



2020 Quality Program Evaluation



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Table of Contents

Definitions	3
Executive Summary	5
2020 Goals	5
Overall Effectiveness	6
Introduction to UCare	9
UCare Product Grid	10
Membership	11
Population Health Strategy and Structure	12
Health and Racial Equity	13
Program Structure and Resources	14
Data Sources and Infrastructure	15
COVID-19 Response	17
Structural Interventions	23
Accessibility of Primary Care, Mental Health and Substance Use Disorder, and Specialty Care Providers	23
Availability of Primary Care, Mental Health and Substance Use Disorder, and Specialty Care and Providers	27
Assessment of Network Adequacy	37
Assessment of Provider Directory Accuracy	55
Value-Based Contracting	57
Delegated Business	60
Medical Record Standard Audit and Advance Directive Audit	62
Community Resources	67
Member Wellness and Safety Initiatives	67
Community Partnerships	68
Social Services Referral Engine	69
Tailored Interventions	72
Quality Metrics and Initiatives	72
Healthcare Effectiveness Data and Information Set (HEDIS)	72
Health Outcomes Survey (HOS)	86
Medicare Star Ratings Program	88
Prescription Medications	89
Member Experience	92
CAHPS and QHP Enrollee Survey	92
Experience of Care and Health Outcomes Survey (ECHO)	100
New Member Feedback and Understanding	104
Customer Service	109
Personalized Information	109
Quality and Accuracy of Pharmacy Information	111
Member Safety	116
Quality of Care	116
Medication Adherence	117
Diabetes Statin Star Measure	120
Focused Studies	121
Continuity and Coordination of Medical Care	121
Continuity and Coordination of Mental Health and Substance Use Disorder and Medical Care	145
Cervical Cancer Screenings	163

SNBC Dental Project.....	165
Opioid Performance Improvement Project	169
Appeals and Grievances.....	172
Care Management Program.....	177
Disease Management Programs	183
Summary	202
Overall Evaluation	202
Effectiveness of Quality Program Structure	205
Adequacy of Resources.....	205
Data and Information Support.....	205
Committee Structure	205
Practitioner Participation.....	206
Leadership Involvement.....	206
QI Program Effectiveness.....	206
2021 Goals Priorities	206

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Executive Summary

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

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

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

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

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

2020 Goals

The goals that guided the 2020 Quality Program were to:

Population Health Management:

- Develop a more robust population health management strategy to address the needs of our members across the continuum of care.
- Foster a partnership among members, caregivers, providers, and community, which allows UCare to promote effective health management, health education and disease prevention, as well as encourage the appropriate use of health care and services by members and providers.

Health and Racial Equity:

- Identify and implement strategies to address social factors influencing health and health care disparities to improve overall health and health outcomes of our members.
- Ensure UCare's organizational initiatives related to cultural competency and diversity for members and providers meet the needs of the UCare membership.

Access:

- Ensure adequate access and availability to medical, specialty, dental, pharmacy, mental health and substance use disorder services to match member needs and preferences, including cultural, ethnic, racial and linguistic needs and preferences.

Quality of Care:

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

Regulatory:

- Achieve NCQA accreditation for all products.
- Maintain compliance with local, state and federal regulatory requirements, and accreditation standards.
- Provide oversight of delegated entities to ensure compliance with UCare standards as well as state and federal regulatory requirements and accreditation standards.

Overall Effectiveness

Overall, most activities planned in the 2020 Work Plan were achieved. The COVID-19 pandemic impacted UCare's planned quality improvement activities for 2020. UCare was able to shift focus, priorities, and resources to address the COVID-19 pandemic and pressing needs of members. The impact on specific activities and initiatives is outlined throughout the Program Evaluation. The activities that were not completed will be considered for continuation in 2021.

Opportunities for improvement were identified and interventions were implemented. Throughout each area, UCare implemented interventions that met the needs of our culturally and ethnically diverse membership. As a result of planned activities in 2020, improvements and achievements are noted in the below areas:

COVID-19 Response

UCare has been a leader in responding to the COVID-19 pandemic for our members. In 2020, UCare's response to the COVID-19 pandemic was to provide outreach and services to our members to ensure members had accurate and correct information about the pandemic and assist in linking them to the right services when applicable including primary care, specialty care, mental health services, dental care and/or community resources to best meet their needs during the pandemic. UCare's strategies and interventions have been tailored to reduce disproportionate burden of COVID-19 among diverse population groups that are at increased risk for infection and severe illness as well as working to address health disparities and inequities related to COVID-19. UCare's 2020 COVID-19 strategies and interventions focused on data analytics, member engagement, member resources, pharmacy, community participation, provider engagement and support, and benefit structure.

Structural Interventions

Access and Availability to Providers: The UCare provider networks have not changed appreciably throughout 2020. There was improved performance on many appointment availability, access and geographic availability metrics. The comprehensive network is sufficient to meet the needs of enrolled members and the standards set by UCare's regulators.

Provider Directory: UCare has made improvements in the accuracy of provider directory data in 2020. Five of the categories measured between primary care and specialty/mental health care that were not previously meeting goals have moved to passing ranges.

Value-Based Contracting: UCare continues to actively engage network providers in alternative payment arrangements to reduce costs and improve outcomes for UCare members.

Delegates: In 2020, UCare ensured the delegates, and their activities, were closely monitored and audited against federal, state and NCQA requirements. Delegates include those that provide services to members for pharmacy, chiropractic care, hearing aid benefits, dental care, disease management, utilization management and credentialing.

Medical Records Standards and Advance Directives Audits: Maintained high performance in most 2020 requirements for medical records.

Community Resources

Member Wellness and Safety Initiatives: UCare maintains various member wellness and safety initiatives including: Mobile Dental Clinic, tobacco and nicotine cessation, fitness programs, fall prevention, community education discounts, healthy savings, food access outreach, Management of Maternity Services (MOMS) program, preventive incentives, and Seats, Education, and Travel Safety (SEATS) Program. UCare tracks member engagement.

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

Social Services Referral Engine: UCare utilizes a social services referral engine to support referrals for relevant services in the member's community. UCare tracks utilization of the referral engine and identified opportunities to build out the tool to better track member engagement. The platform includes 12,280 services and 3,804 organizations across the state of Minnesota. Currently, UCare has 82 platform users, spread across 8 departments.

Tailored Interventions

NCQA: Achieved Health Plan Accreditation for UCare's full line of Medicare, Joint Medicare, Medicaid and Marketplace products.

HEDIS: Interventions were developed and implemented for all products. Interventions included member and provider outreach. The following percentages of measure elements were above the national 75th percentile for each product:

- 67% of EssentiaCare
- 61% of UCare Medicare
- 60% of MnCare
- 54% of Connect + Medicare
- 54% of M Health Fairview North Memorial
- 47% of MSHO
- 47% of Individual and Family Plans
- 46% of Connect
- 36% of PMAP

HOS: Measure score changes were mixed. MSHO improved from the previous year and obtained a 4 Star in *Improving or Maintaining Physical Health* and *Monitoring Physical Activity*. MSHO maintained a 5 Star in *Reducing Risk of Falling*. MSHO decreased by one Star rating in *Improving or Maintaining Mental Health* and *Improving Bladder Control*. UCare Medicare improved by one Star rating in all measures: 5 Star in *Improving or Maintaining Mental Health*, 4 Star for *Improving Bladder Control*, 3 Star in *Monitoring Physical Activity* and *Improving or Maintaining Physical Health*, and 2 Star in *Risk of Falling*.

Star Ratings: The majority of the Medicare plans that qualified for an individual Star Rating for 2021 achieved a 4.5 out of 5.0 Stars. Both Connect + Medicare and UCare Medicare's overall weighted average improved from last year, with both product lines increasing by 0.5 Star levels. MSHO received a slightly lower overall score for 2021 but maintained a 4.0 overall Star Rating. Areas of improvement for all products have been identified and improvement efforts have begun.

CAHPS: Although CMS canceled the submission requirements for the 2020 CAHPS survey due to COVID-19, UCare elected to continue the survey as scheduled for internal quality improvement. In 2020, UCare members reported an overall positive experience with the UCare Medicare plan. CMS did not release 2020 national averages, but in comparison to the 2019 national average UCare Medicare results are at or above the national average in 6 of 11 measures. The greatest improvement UCare saw in comparison to 2019 was the *Rating of Drug Plan*. CAHPS results for the MSHO plan showed consistent performance overall compared to 2019, with the greatest improvement seen in *Rating of Health Care Quality*. MSHO scored above the national average in *Rating of Health Plan* and *Rating of Drug Plan*. Connect + Medicare improved in the *Rating of Health Plan* and the *Rating of Health Care Quality*. The main opportunity for improvement is the *Coordination of Care* measure, as there were declines from 2019 to 2020. UCare administered the CMS CAHPS survey to EssentiaCare plan members for the first time in 2020. Although we do not have trending data, in comparison to the 2019 national average EssentiaCare performed well in the provider related measures and has opportunities related to the health plan administration measures including the *Rating of Health Plan*, *Rating of Drug Plan*, and *Customer Service*.

ECHO survey: In 2020, Individual and Family Plan, UCare Medicare, EssentiaCare, UCare Medicare with M Health Fairview and North Memorial Health, Medicaid and Medicare + Medicaid members reported scores above the UCare benchmark in the composite scores for *How Well Clinicians Communicate*. UCare Medicare and UCare Medicare with M Health Fairview and North Memorial Health also reported scores above the UCare benchmark for *Rating of Counseling or Treatment*. In addition, Medicaid members reported scores above the UCare benchmark composite in *Rating of Health Plan for Counseling or Treatment*.

Customer Service: In 2020, UCare met all goals, except one, related to functionality of self-service processes available in UCare's portal and quality and accuracy of the information members receive through the portal and phone regarding benefits and pharmacy information. UCare identified opportunities for improvement and interventions to improve timeliness of portal responses.

Member Safety: UCare continued to focus on member safety. In 2020, the primary mechanism for monitoring this area was through Quality of Care (QOC) cases and medication adherence. In 2020, 6 QOC cases were substantiated and appropriate actions were taken. UCare continues to perform well in Medicare Part D Star measures where UCare Medicare improved its previous performance and continued to outperform the MA-PD average across all adherence measures.

Focused Studies: Focused studies topics include cervical cancer screenings, continuity and coordination of medical care, continuity and coordination between mental health and substance use disorder and medical care, a dental project, and the opioid epidemic. Partnerships and both internal and collaborative interventions are developed and implemented to improve member health and achieve project goals. Through tailored interventions, UCare saw improvement in cervical cancer screening rates, decrease in emergency department dental visit rates, reduction in rate of new chronic opioid users in almost all product lines, and increase in postpartum visits for Marketplace and Medicaid members.

Appeals and Grievances (A&G): UCare’s A&G department supports member needs related to dissatisfaction with UCare’s services. During 2020, UCare received a total of 6,826 grievances and appeals. Of these cases, 23% (1,552) were grievances and 77% (5,274) were appeals. The change from 2019 reflected a 2% increase overall.

Care Management Program: UCare makes care management services available to all members in all products through in-house staff or contracts with counties, care systems and care coordination entities. Members enrolled in the PMAP complex case management for at least three months demonstrated a decrease in per member per month (PMPM) costs as well as a decrease in admissions per 1,000.

Disease Management Program: UCare’s Disease Management (DM) Program saw favorable results in the following programs:

- At-risk asthma program: Connect
- High-risk asthma program: PMAP
- At-risk diabetes program: Connect, PMAP, MnCare, MSC+, MSHO, IFP
- At-risk heart failure program: Connect, UCare Medicare, MnCare, PMAP
- High-risk heart failure program: Connect, Connect + Medicare, MnCare, MSC+, MSHO, UCare Medicare, PMAP
- Migraine management program: PMAP
- Chronic Care Improvement Program (CCIP): Connect + Medicare, UCare Medicare, MSHO

The contents of this report will be reviewed by UCare’s Quality Improvement Council (QIC) and Quality Improvement Advisory and Credentialing Committee (QIACC), and the Board of Directors (BOD). Findings included in this document serve as the framework for developing the Quality Program Work Plan for 2021.

Introduction to UCare

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

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

Over the years, UCare has evolved and adapted to changes in the health care marketplace. Most recently, UCare introduced new Institutional Special Needs Plans (I-SNPs), Medicare supplement plans, and \$0 premium and low-cost Medicare Advantage plans. The organization expanded its Individual and Family plan offerings to 49 new Minnesota counties for total availability in 77 counties. In addition, UCare entered into a relationship with Aspirus Health Plan in Wisconsin to perform operational, marketing and sales functions for their new Medicare Advantage plans.

UCare’s total enrollment stands at over 500,000 members and its provider network includes 96% of providers across Minnesota. All UCare plans are accredited by the National Committee for Quality Assurance (NCQA).

Today UCare offers:

- Individual and Family Plans for Minnesotans shopping on MNSure, including
 - Health Savings Account plans
 - Partner plans with M Health Fairview
- UCare Medicare Plans statewide, including
 - EssentiaCare plans in northern Minnesota and three western Wisconsin counties

- Partner plans with M Health Fairview and North Memorial
- Medicare supplement plans
- Institutional Special Needs Plans (I-SNPs)
- MinnesotaCare and Prepaid Medical Assistance Program plans
- Special Needs BasicCare plans for adults with disabilities, including
 - UCare Connect (Medicaid only)
 - UCare Connect + Medicare (dual Medicaid/Medicare plan)
- Medical Assistance plans for Minnesotans 65 years of age and older, including
 - Minnesota Senior Care Plus (Medicaid only)
 - UCare’s Minnesota Senior Health Options (MSHO) (dual Medicaid/Medicare)

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

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

Quality matters at UCare. UCare Medicare consistently earns high scores on the CMS Medicare CAHPS member satisfaction survey. In 2020, UCare Medicare and Connect + Medicare achieved overall ratings of 4.5 out of 5 Medicare Stars. UCare’s MSHO achieved a 4 out of 5 Medicare Star rating.

UCare has maintained NCQA Accredited health plans since 2014 and as of 2020, all UCare health plans have achieved this distinction of accreditation. NCQA sets the standard for health plan performance and UCare is proud to be one of the few organizations with accreditation for all lines of business.

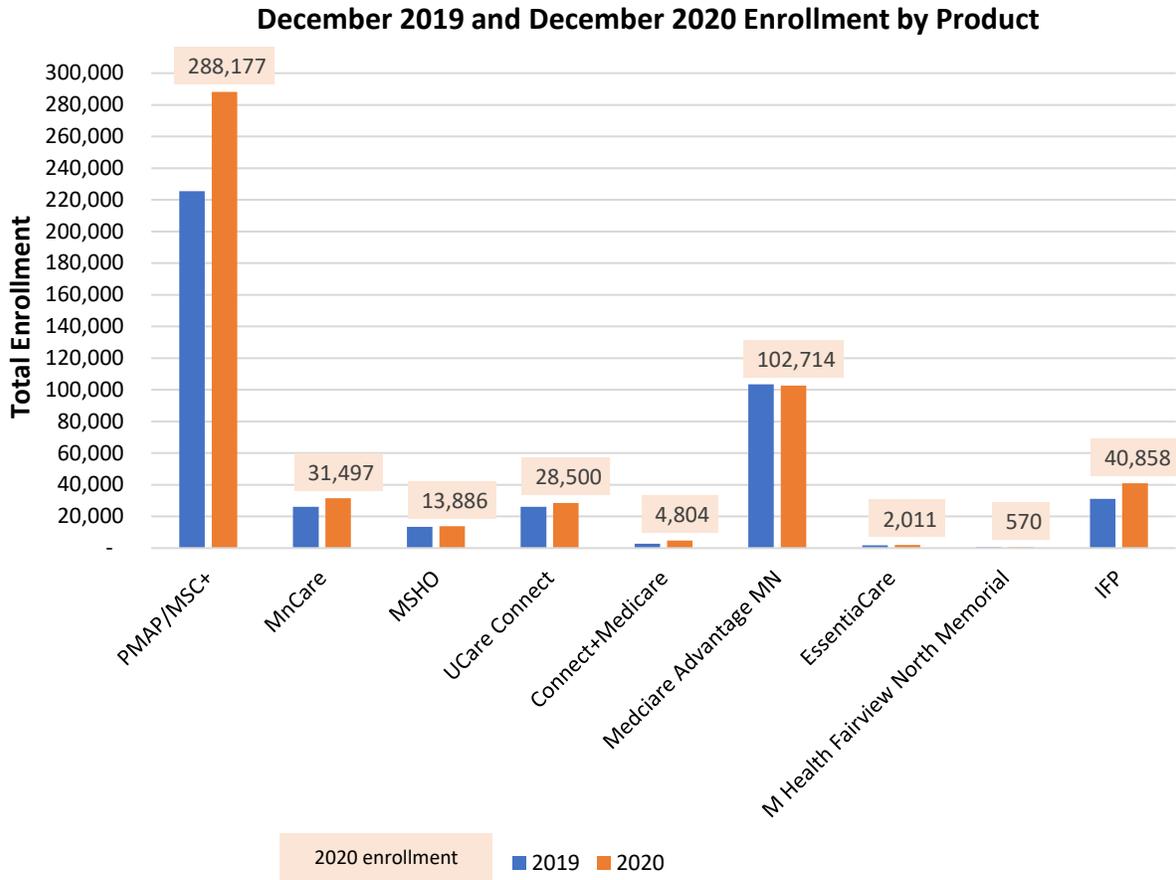
As a people powered health plan, UCare fosters a respectful, collaborative culture for employees. It has been recognized as a Star Tribune Top 150 Workplace since the rankings began in 2010. Recently, it launched a Diversity, Equity and Inclusion (DEI) project to strengthen its workplace further.

UCare Product Grid

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

Membership

As of December 2020, UCare had 513,017 fully insured members. Between December 2019 and December 2020, UCare’s enrollment increased by approximately 78,917 members. A breakdown of enrollment by product is as follows:



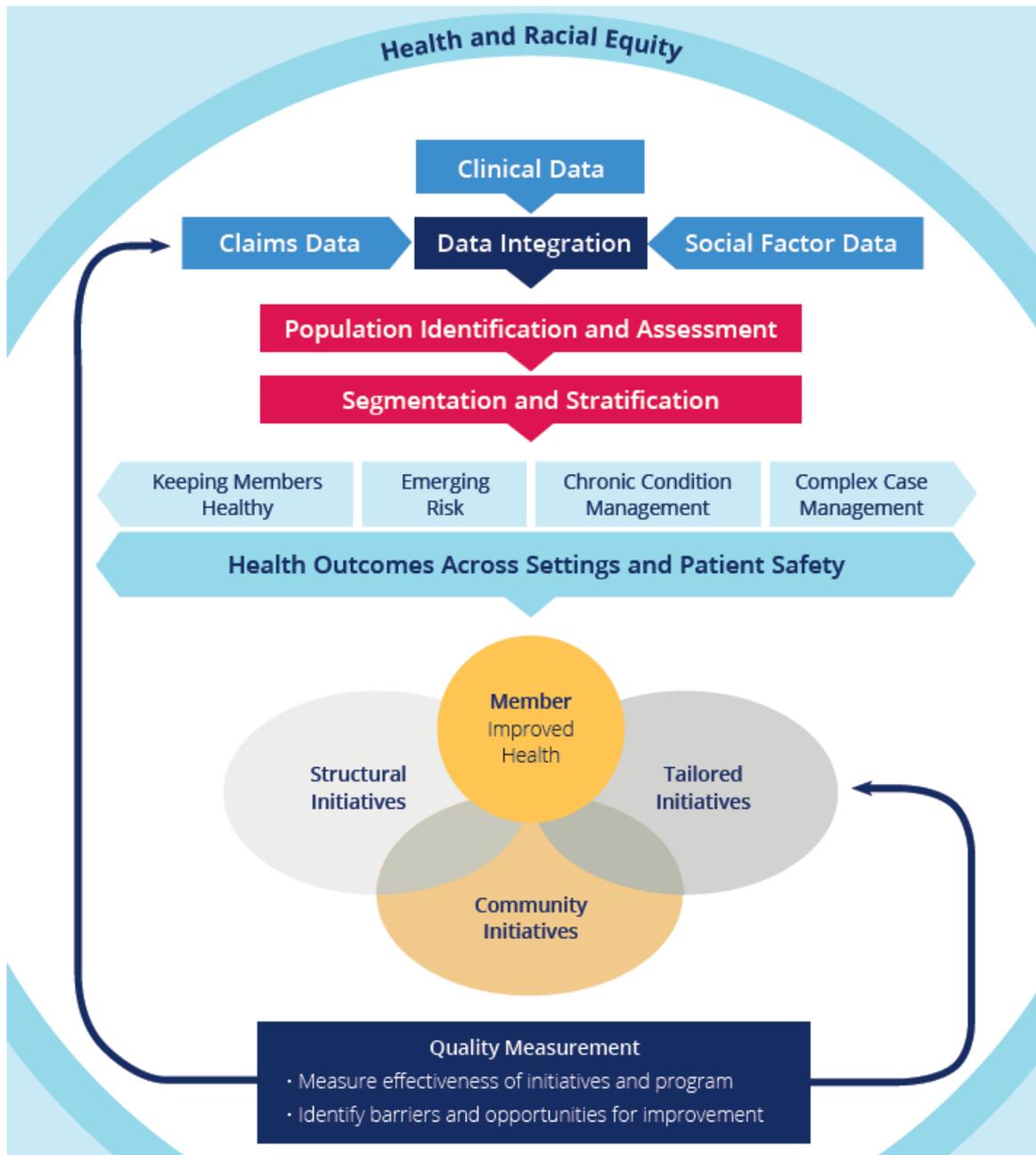
Source: Enrollment - December 2019 and 2020 Enrollment Report Package.

About 70% of UCare’s membership is in State Public Programs. These programs serve a more diverse membership – specifically African American, Asian and Native American. Almost 40% of the state public programs are non-Caucasian.

Population Health Strategy and Structure

UCare’s Population Health Framework guides the development and refinement of our Population Health Program and related quality improvement activities with a cross-departmental, intersectional, equity-centered approach that improves the health of UCare members. This framework highlights a continuous cycle of data integration from various sources, identifying characteristics, barriers and needs of populations, segmenting members by risk level, targeting various interventions based on member need and risk level, and evaluating effectiveness of UCare’s processes and interventions, within an environment of health and racial equity.

UCare’s 2020 Quality Program Evaluation is organized within this framework, with quality improvement initiatives organized in the following categories: Structural Interventions, Community Resources, and Tailored Initiatives.



Health and Racial Equity

UCare looks at quality improvement through a health and racial equity lens to ensure alignment with the quadruple aim – improved clinical experience, better health outcomes, lower cost of care, and improved patient experience.



UCare uses a variety of interventions to address social risk factors, health and racial equity, and health care disparities. These include, but are not limited to:

- **Data Analytics:** analyzing HEDIS measures to look at racial and ethnic gaps compared to the Caucasian population, rural compared to urban access to care, etc. Evaluating population health assessments to identify and segment our data to tailor intervention strategies.
- **Carrot Health:** using a vendor approach to improve population engagement and health outcomes by prioritizing interventions and outreach based on underlying barriers to health including social risk factors that impact our members.
- **Population Health Approach:** restructure and alignment of UCare’s Population Health Program to support the needs of our membership and support members across the continuum of care.
- **Value-base Contracting:** using a value-based approach with our providers to close gaps in care. Partnering with providers who serve a diverse UCare membership in both the metro and rural Minnesota to work on improving access and health outcomes.
- **Tailored Initiatives:** Partnering with organizations and providers in the community to help support closing gaps in care. Using a multi-pronged approach to engage members on preventive screenings to improve their overall health.

Health Equity Committee

UCare’s Health Equity Committee is part of the Quality Program structure. The purpose of the Health Equity Committee is to ensure that UCare’s organizational initiatives work to eliminate health disparities and reach health equity for all. The Committee works to advance the health of all UCare membership and help reach UCare’s quality goals. The Committee develops, implements, and evaluates health care initiatives and unique partnerships aimed at reducing the disparities in health status among targeted UCare populations. They do this by:

- Ensuring that UCare policies and programs work to eliminate health disparities and reach health equity for all our members.
- Connect with the diverse communities that UCare serves.
- Create an annual CLAS (Culturally and Linguistically Appropriate Services) standards work plan developed by the U.S. Department of Health and Human Services Office of Minority Health.
- Promote diversity and cultural competency initiatives for our members and providers.
- Maintain, disseminate, and annually review the Limited English Proficiency (LEP) plan for the MN Department of Human Services.
- Explore opportunities to coordinate efforts and larger initiatives to reduce health disparities/improve health equity.

In 2020, UCare created a new position and hired a Health Equity Officer to lead organizational health and racial equity efforts. The Health Equity Officer started conducting key stakeholder interviews to help refine the purpose and activities of the Health Equity Committee to further key organization priorities related to health and racial equity. These changes will be made in 2021.

Health and Racial Equity Assessment

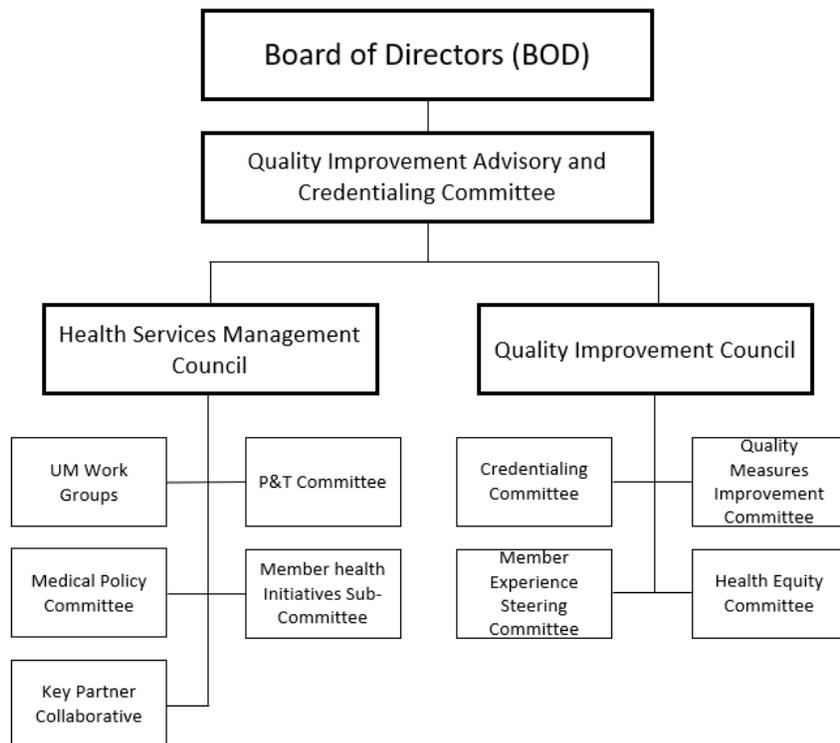
In 2020, UCare developed a Health and Racial Equity Assessment to assess the health and racial equity implications of business decisions at UCare. The tool will be used in the planning, development, implementation and review of business decisions, initiatives, products, proposals, programs, policies, communications, and budgets. This tool includes a glossary of definitions to build a shared understanding of key health and racial equity terms at UCare. Through use of this tool across departments, including Quality Management and Population Health, UCare expects the following outcomes:

- Initiative conversations about health and racial equity.
- Identify and combat biases that hinder the advancement of health and racial equity.
- Strengthen health and racial equity efforts at UCare.
- Strengthen accountability to UCare members and communities.
- Infuse health and racial equity within all UCare business strategies for the benefit of members, employees, communities and providers.
- Measure progress towards health and racial equity efforts at UCare.

Program Structure and Resources

The 2020 UCare Quality Program Committee structure is outlined below. Details of the Quality Program are included in the 2020 Quality Program Description.

2020 Quality Program Committee Structure



Data Sources and Infrastructure

UCare's ability to understand and meet the unique health needs of our members is supported by our capabilities to effectively access, integrate, and analyze data. We have built and continue to invest in our people and technology to support industry-leading capabilities in data analytics and our Enterprise Data Warehouse (EDW). UCare's data warehouse supports data integration from a variety of sources and can support data and analytics solution needs. Our experienced Health Care Economics (HCE) team includes 30 staff members responsible for the data mining, statistical analysis, quality improvement reporting, clinical support, and actuarial analysis. The HCE team includes certified actuaries and analysts with degrees in statistical analysis. Our deep understanding of health care analytics and statistics enables us to develop and adjust standard methodologies and achieve targeted and accurate results. We apply industry standards and statistical precision to support our analyses including attribution, clinical measures, cutoffs or continuous variable frameworks, confidence intervals and data sufficiency minimums, particularly as it relates to clinical program evaluations, product pricing and quality program measurement.

We continue to expand our state-of-the-art EDW that consolidates and stores clinical and non-clinical data for all members, providers, and products. UCare's EDW houses data including, but not limited to enrollment, member, eligibility, claims, provider, clinical, regulatory, legal, and financial data. UCare's EDW integrates non-clinical member and claim information with additional clinical data including lab values, health risk assessments, provider-submitted patient histories, and medical record review abstractions to perform a broad range of analytics. Our EDW is updated daily with data from UCare's core systems and from vendor files as soon as they are available. This schedule ensures UCare is able to create and distribute timely information both internally and externally. While the transactional data originates from other source systems, the EDW is UCare's primary source of data for UCare's analytics and reporting. Data quality programs are in place to rigorously check and confirm the quality and timeliness of the EDW data, including completeness and consistency with originating data sources.

Our data warehouse solution allows for a variety of tools to connect to the system such as SQL, SAS, or various Microsoft tools to perform analytics and reporting functions. Additionally, our EDW environment contains Business Objects™ and MedAnalytics™ analytics tools that provide flexibility and definition for integrating and analyzing data. We utilize Business Objects™ ETL tools to extract, transform and load data to and from the EDW from multiple disparate sources and to obtain and share data with external partners. We use John Hopkins ACG™ resource utilization bands to define several strata of illness levels ranging from perfectly healthy to critically ill, and multiple categories of increasing levels of illness in between these two strata. Our NCQA-Certified HEDIS software calculates and measures results, and UCare retains a longitudinal history of member-level quality measure results for ongoing analysis. Examples of the analysis performed include:

- Measure and compare providers (utilization and financial performance).
- Measure rates and look at patterns of utilization.
- Help develop guidelines and disease management programs.
- Assess provider compliance with clinical practice guidelines.
- Measure and analyze customer service interactions.
- Produce HEDIS reports and dashboards that are used to measure quality improvement projects, effectiveness of care, utilization, and to provide comparison data.
- Store provider demographics in a central database that can be easily and quickly accessed.
- Communicate informal complaints to the appropriate department for resolution.

As part of its nightly update process, the EDW runs validation checks for both the completeness and the integrity of the data. In addition, since the EDW serves as the basis for a variety of audited regulatory reporting (HEDIS, risk adjustment, encounter submission), its accuracy is further evaluated during the audits of those processes. Finally, as the data backbone of most operational clinical, quality, and financial reporting, it is regularly scrutinized through routine investigation of performance and trends. External audits and surveys also provide useful information to assess overall quality. Examples include:

- DHS Triennial Compliance Audit
- Medicare and Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys
- Disenrollment Surveys and Comments
- Health Outcomes Surveys (HOS)

GuidingCare

UCare implemented Altruista Health's GuidingCare platform in 2020, which integrates all activities and functions required for optimal population health management and care coordination, including case management, disease management, mental health and substance use disorder, health promotions, utilization review and appeal and grievance cases. The platform is designed around the concept of a patient-centric and team-driven model of care. All users along the care continuum, including but not limited to case managers, health coaches and utilization reviewers, interact, collaborate and share a single member record. The member record includes case management programs and activities, disease management programs and activities, health promotion activities, prior authorizations requests, appeals and grievance complaints, and medical and pharmacy claims*. From the perspective of UCare, the tool offers one place to see all the member's activities, thereby making care coordination more comprehensive and effective in meeting the needs of the member.

**Pharmacy claims are being implemented in 2021.*

Carrot Health

UCare partners with Carrot Health, a consumer analytics company serving the health industry. Carrot Health supports a more effective and equitable healthcare system that ensures all consumers have access to the support needed to live their healthiest lives. Recognizing each individual plan member is more than a series of clinical diagnoses and procedure codes, Carrot consumer data provides a full 360-degree view, highlighting unique member preferences, behaviors, and social determinants of health. By utilizing the Carrot MarketView platform, UCare has an enhanced view of every healthcare consumer by leveraging a vast database of consumer insights and predictive models. This intelligence enables UCare to meet members where they are in their healthcare journey, powering effective risk identification, member engagement, and health management.

MarketView Health shines the bright light of data on every consumer in America to help health plans understand the underlying social determinant of health (SDoH) risks that impact the populations they manage. SDoH accounts for approximately 60-80% of an individual's health outcomes and healthcare-related costs, resulting in billions of dollars of preventable health-related expenses annually.

Effective and efficient population health solutions require a deeper understanding of consumers and underlying social determinants of health. UCare utilizes MarketView to identify *who* is targeted, *how* they're communicated to and engaged, *what* programs and services are developed and invested in, and much more. MarketView Health is a HIPAA compliant, web-based platform that surfaces the insights from the underlying data and predictive modeling. Users of MarketView can securely access the interactive dashboards through most web browsers and use the dashboards to uncover insights, inform program strategy, and plan targeted outreach.

At the core of the MarketView solution is a vast consumer database comprised of thousands of data points on every adult in the U.S. Using this data, Carrot Health has created the "Social Risk Grouper" (SRG)[™], a proprietary taxonomy for social determinants of health. SRG helps health plans and organizations understand, identify, measure, and quantify the social barriers and circumstances in which people live. SRG highlights SDoH risks for every consumer in the country and feeds into a library of models predicting healthcare cost, utilization, and behaviors. UCare uses these aggregated insights through dynamic MarketView Health reporting dashboards along with member-level data outputs to gain a deeper understanding of the covered populations and uncover opportunities to improve population health at multiple levels.

COVID-19 Response

UCare has been a leader in responding to the COVID-19 pandemic for our members. In 2020, UCare’s response to the COVID-19 pandemic was to provide outreach and services to our members to ensure members had accurate and correct information about the pandemic and assist in linking them to the right services when applicable including primary care, specialty care, mental health services, dental care, and/or community resources to best meet their needs during the pandemic. UCare’s strategies and interventions have been tailored to reduce disproportionate burden of COVID-19 among diverse population groups that are at increased risk for infection and severe illness as well as working to address health disparities and inequities related to COVID-19.

The COVID-19 pandemic impacted UCare’s planned quality improvement activities for 2020. UCare was able to shift focus, priorities, and resources to address the COVID-19 pandemic and pressing needs of members. The impact on specific activities and initiatives is outlined throughout the Program Evaluation.

UCare’s 2020 COVID-19 strategies and interventions included:

Data Analytics

UCare has implemented a variety of tools to analyze the data to better understand our members and how they are or could be affected by COVID-19. Since the pandemic, we have been using predictive analytics to determine potential high, medium and low risk members to develop tailored intervention strategies and touchpoints for UCare members.

Intervention	Strategies	Member Impacted
Data Analysis	<ul style="list-style-type: none"> - Identify all members who meet the definition of high risk for COVID-19 by WHO criteria. Stratify into 3 risk categories by ACG criteria, SRG score (Carrot Health) and race/language risks. - Use data to stratify the population for outreach interventions. 	<ul style="list-style-type: none"> - High Risk Members - Medium Risk Members - Low Risk Members
Dashboard	<ul style="list-style-type: none"> - COVID-19 dashboard report includes information on paid claims for a COVID-19 Dx or COVID-19 test and inpatient claims with a COVID-19 Dx. 	<ul style="list-style-type: none"> - Information sent weekly to key leaders leading COVID-19 initiatives

Member Engagement

During the start of the pandemic, UCare refined communication and engagement strategies with UCare members, especially those with high risk factors for COVID-19. UCare has employed key drivers to realign member engagement strategies with the current health care landscape including working to improve collaboration efforts with providers and members, stratifying members’ based on a clinical risk level, social drivers of health, and level of engagement, so that outreach can be personalized and made meaningful to members. UCare recognizes taking a proactive approach in engaging our membership, as the COVID-19 pandemic is changing almost every day.

Intervention	Strategies	Members Impacted
UCare Resources	<ul style="list-style-type: none"> - Created a one-page handout for all UCare staff that conduct member engagement activities or interact with members to help them quickly identify covered services due to COVID-19. 	<ul style="list-style-type: none"> - Resource list shared with various following departments.
Telephonic Outreach - Initial	<ul style="list-style-type: none"> - Live calls to engage high risk members regarding health and safety, including members with high isolation level and/or mental health diagnosis. - Created a call script to better assess members. Used the CDC self-checker when doing calls. 	<ul style="list-style-type: none"> - 277 members

	- Provided Customer Service an update on telephonic outreach initiatives.	
Interactive Voice Response (IVR) Calls - Initial	- IVR calls to engage high risk members regarding health and safety. - Provided Customer Service an update on IVR outreach initiatives.	- 30,603 members reached
General Member Engagement – Addressing Gaps in Care	- Telephonic outreach to close gaps in care. During calls connected with members to assess for COVID-19 screening and connected to other resources as needed.	- Outreach Efforts Conducted by: Disease Management, Health Promotion, Quality Improvement
Community Response Team	- Live calls to engage high risk members health and safety - Developing an ad hoc team within UCare to address this need	- 523 members to receive contact
Telephonic Outreach – Members Diagnosed with COVID-19	- Live calls from UCare Care Managers to engage high risk members diagnosed with COVID-19 regarding health and safety.	- 523 members to receive contact
Telephonic Outreach – High Risk Pregnant Members	- Live calls from UCare Care Managers to engage high risk pregnancy members regarding health and safety.	- 7,085 members to receive contact
Telephonic Outreach – Pregnant Members	- Live calls from a UCare Member Engagement Specialist to engage pregnant members to get in for prenatal and postpartum care.	- Monthly identification of members
Care Management	- Live calls to engage members who had COVID-19 via care management.	- 16,231 members to receive contact
NowPow	- All telephonic outreach includes engaging with members on who need additional support for community resources. Use of NowPow during telephonic outreach to connect members to resources in the community based on their level of need.	- Each touchpoint with a member

Member Resources

In addition to conducting member engagement activities resulting in personalized outreach, UCare has also worked on additional efforts to help members understand COVID-19 and how UCare is here to help support them. UCare recognizes wanting easy-to-use access to health information; therefore, UCare has implemented various educational strategies through a multi-modal approach.

Intervention	Strategies	Members Impacted
COVID Resource Guide	- Development of an informative resource guide for members regarding prevention, what to when you are sick, when to seek care, post d/c, UCare offerings, etc.	- 1,200 members
COVID Informational Postcard	- Developed a postcard to provide general education on COVID-19.	- 140,000 members
UCare Web Page	- UCare web page created for COVID-19 basic health information, access to providers, & tele health services.	- Available to all members
Pregnancy Resources	- Developed a one-page letter with COVID-19 information to insert into the MOMS booklet. - Updated the incentives with COVID-19 language.	- All members who have been identified as being pregnant

Pregnancy Kits	- Developed a COVID-19 pregnancy kits for pregnant mothers	- 5,000 members
Email Campaigns	- Developed an email message to send to all members with an email address notifying them about the COVID-19 resource booklet and where to find information about COVID-19 on the UCare website.	- 150,000 members
Pregnancy Risk Article	- Sent a pregnancy risk article out to members.	- All pregnant members

Pharmacy

COVID-19 has made member engagement more important than ever and UCare’s Pharmacy Team has taken steps to actively engage members as well as collaborate with pharmacies within the community. UCare is helping support members by leveraging clinical strength from the Pharmacy Team to support member engagement initiatives and provide assistance in helping answer drug benefit questions for our members.

Intervention	Strategies	Members Impacted
Pharmacist Outreach	- Medication Therapy Management (MTM) outreach, prioritizing members who have been discharged from the hospital with a diagnosis of COVID-19 to complete medication reconciliation and educate members on seeing their primary care provider (telehealth or clinic visits).	- Members discharged from the hospital with a COVID-19 diagnosis
COVID-19 Vaccine Communication	- Drafted content to prepare for the COVID-19 vaccine launch. - Engaging various provider groups (Primary Care, Pharmacy, MVNA) on collaboration efforts for vaccine rollout.	- All members
Pharmacy Collaboration	- Pharmacy supplies sent to two pharmacies – providing masks and sanitizers during home deliveries.	- 2,500 disposable masks, 2,500 hand sanitizers, 87 pill boxes
Clinical Pharmacists	- Clinical Pharmacists are available to help answer member benefit questions relating to drug coverage and cost. - Customer Services team can transfer member calls to the Clinical Pharmacists when a Customer Service representative trained in drug coverage is not able to assist the member.	- All members as applicable

Community Participation

UCare continues to stay actively involved with our community. We recognize that community organizations that support our members and other community members are a key resource and guide during the COVID-19 crisis. UCare continues to partner with organizations to promote healthy communities by providing funding and resources.

Intervention	Strategies	Members Impacted
Personal Protective Equipment	- Partnered with Group Homes, transportation and non-physician small allied providers to provide masks. - Mailed fabric masks to MSHO, MSC+, and other high-risk members.	- 70,000 disposable masks - 10,000 fabric masks
Food Insecurity	- Partnership with Health Fair 11 to support food distribution to individuals experiencing food insecurity and assist in connecting those individuals to the appropriate resources. - Additional partners: Twin City Mobile Market, Low Income Housing areas, Minneapolis Public Housing Support, Homeless Shelters, Food Shelves, Essential Workers,	- 2,712 Halal food boxes - 9,000 MATTERbox snack packs

	Childcare Facilities, Fire Departments, Community Organizations, Providers.	
Grants	<ul style="list-style-type: none"> - Provided immediate aid to organizations impacted by COVID-19. - Supported small community-based organizations for infrastructure/system enhancements due to changes with COVID-19. 	<ul style="list-style-type: none"> - \$575,000 to short-term immediate aid organizations - \$1,000,000 to small community-based organizations
Resources	<ul style="list-style-type: none"> - Distribution of supplies to various homeless shelters, food shelves, community organizations, providers and churches. 	<ul style="list-style-type: none"> - 14,000 hand sanitizers - 15,000 tote bags to food shelves - 1,000 pair of socks to shelters - 1,200 toothbrush/toothpaste to shelters & halfway houses

Provider

UCare continues to look to enhance our health plan-provider relationship. UCare has provided opportunities for our providers that support our members and community members by supporting their financial, professional and personal needs during COVID-19.

Intervention	Strategies	Members Impacted
Provider Access	<ul style="list-style-type: none"> - Created and updated weekly a COVID-19 site restriction log and provider care system health access. - Identified clinics that were closed, open and when clinics re-opened for preventive and specialty screenings. 	<ul style="list-style-type: none"> - Weekly reviewed provider clinics open and closure sites
Telehealth	<ul style="list-style-type: none"> - Efforts to support providers with flex payment in telemedicine. 	
Telehealth Resources	<ul style="list-style-type: none"> - Provided remote home monitoring kits for management of chronic medical conditions to Department of Family Medicine, NorthPoint Health & Wellness, Federal Urban Health Network. 	<ul style="list-style-type: none"> - 3,500 thermometers - 4,750 BP monitors - 2,850 weight scales - 22,000 AA batteries
Payments	<ul style="list-style-type: none"> - Increased COVID related service payments and waived cost share. - Increased payments to smaller providers (e.g. rural MN). - Offering incentive programs (e.g. paying more for office visits, grants, prepayment on 2020 settlement dollars, etc.). - Grants to help support providers addressing health equity. - Incentives for providers to increase annual wellness and well child visits. - Transportation paid premium rate. 	
iPads	<ul style="list-style-type: none"> - Donated iPads to providers to promote virtual connections to Hennepin Healthcare OB-GYN, Leading Age Minnesota (Nursing Home & Assisted Living locations), Kandiyohi County, Somali Circles of Health, Fairbault Families First. 	<ul style="list-style-type: none"> - Donated 300 iPads
Education	<ul style="list-style-type: none"> - Two-part education series for Mental Health and Substance Use Disorder providers on COVID-19. 	

Benefits

Since the pandemic, UCare has analyzed our benefit structure and made changes to ensure that services are covered, and members have access to health care. UCare continues to analyze our data trends, utilization of services and accessibility to ensure members needs are being met.

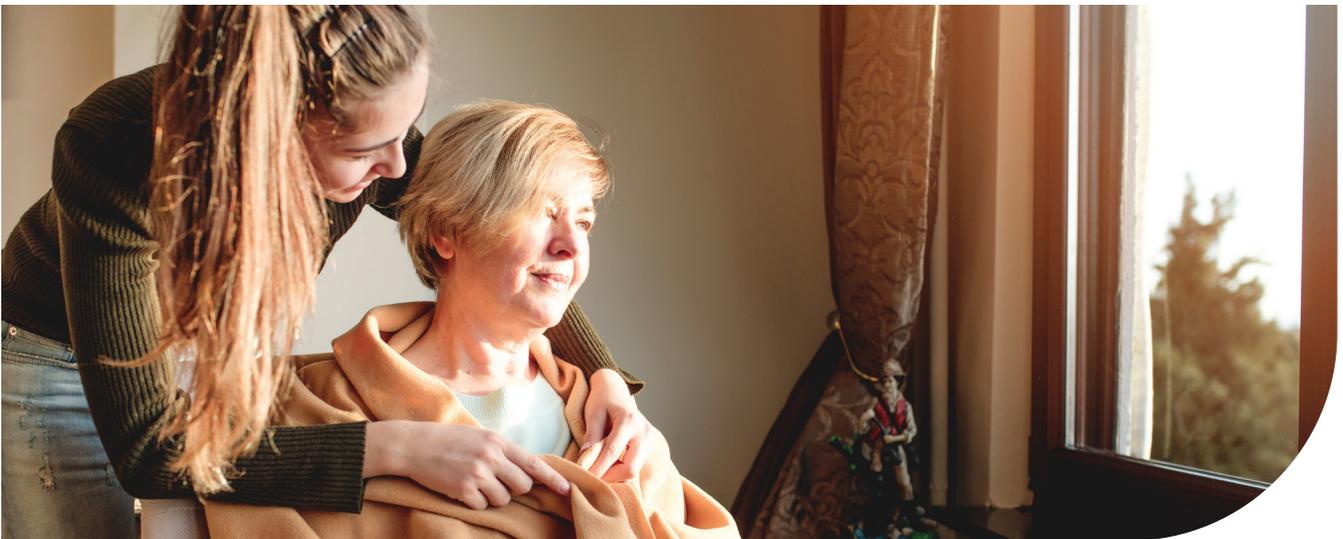
Intervention	Strategies
Premiums	- Decreased copays for premiums during COVID-19.
Authorizations	- Suspended authorizations. - Provided additional support inpatient and residential stays.
Prescriptions	- Relaxed refill too soon edits to allow for early refills due to COVID-19 for IFP and Medicare. This has been in place since March 2020 and is planned to be in place until the emergency declaration is over. - 90-day supplies for Medicaid – We have begun allowing Medicaid members to fill 90-day supplies of medications for maintenance medications. This began in April and will stay in effect until the emergency declaration is over. - Expanded Delivery Service – We worked with Express Scripts to ensure that our network pharmacies were allowed to perform delivery services through the duration of the pandemic. This started in March and is on-going. - Extended prior authorization approvals – In May 2020, we expanded all prior authorization approvals by 90 days across all lines of business to ease administrative burden on members and providers.
Telehealth	- Expanded telehealth services to members. - Paying for telephonic services. - Medication therapy management services.
Covered Services	- COVID-19 covered services communicated to members - tests, services, hospital services, vaccines, medications, hospitalization and treatment, supplies, wages and non-health care costs. - Waiving copays, coinsurance or deductibles for doctor-ordered COVID-19 tests, clinic and urgent care services.

We recognize that COVID-19 has exposed longstanding inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic minority populations (Centers for Disease Control & Prevention, 2020); therefore, UCare is continuing to develop strategies in 2021 to address these inequities. UCare’s main priority is to “raise awareness” that focuses on the community, member and provider. Key focus areas include:

- Education: provide accurate and credible health information relating to COVID-19 that is linguistically and culturally appropriate to our members.
- COVID-19 Vaccine: develop approaches and strategies to address vaccine hesitancy.



2020 Quality Program Evaluation- Structural Interventions



Structural Interventions

Accessibility of Primary Care, Mental Health and Substance Use Disorder, and Specialty Care Providers

Activity Description

The accessibility report is the annual analysis of primary, specialty and mental health and substance use disorder providers to ensure there is adequate coverage for UCare's membership enrolled in all products. The 2020 analysis allows UCare to determine if members have adequate access to care while ensuring compliance with state and federal statutes, the Department of Human Services (DHS) contract, the Medicare Managed Care Manual, and the National Committee for Quality Assurance (NCQA).

Methodology

UCare collects and analyzes information using a sound data collection methodology that produces valid and reliable results. UCare contracts at the group level instead of the individual provider level. UCare monitors the performance of our contracted facilities for appointment availability of all available individual providers at the contracted locations. Annually, PRC conducts appointment verification calls of primary care clinics, high volume specialty clinics (cardiology, general surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery and neurology), and high impact specialty clinics (oncology) to determine access and availability. In 2020, UCare utilized the 80% confidence interval with a 20% margin of error to assess access and availability of the primary care and specialty care clinics. Mental health and substance use disorder providers (psychiatry, psychology, and licensed clinical counselors) are assessed at the individual provider level. UCare utilizes the 80% confidence interval with a 20% margin of error to assess access and availability of mental health and substance use disorder providers, annually.

In 2020, we identified that there were, approximately, 2,900 Family Medicine Physicians, 2,500 Internal Medicine Physicians, 3,345 high volume specialty providers (566 cardiology, 670 surgery, 760 OB/GYN, 326 ophthalmology, 617 orthopedic, 406 neurology), 507 (oncology) high impact specialty providers and 5,360 mental health and substance use disorder providers. Based on the 80% confidence interval and 20% margin of error, UCare conducted a direct call survey for 13 primary care providers, 10 cardiology, 6 surgery, 11 OB/GYN, 6 oncology, 14 ophthalmology, 10 orthopedic, 9 neurology specialty providers, and 10 mental health and substance use disorder individual providers.

Quantitative Analysis and Trending of Measures

Primary Care Appointment Availability

Standard	Expected Result	2018 Results	2019 Results	2020 Results	UCare Goal	Goal Met
Scheduling routine appointments	2 weeks (14 days) or less	91.3% (21 of 23)	91.7% (22 of 24)	92% (12 of 13)	90%	● Yes
Scheduling urgent appointments	24 hours or less	82.6% (19 of 23)	83.3% (20 of 24)	100% (13 of 13)	90%	● Yes
After hours response	On-call coverage 24 hours a day, 7 days a week. After-hours voicemail informs patients where they can obtain urgent care.	96.5% (22 of 23)	95.8% (23 of 24)	100% (13 of 13)	100%	● Yes

Results from the 2020 survey indicated that UCare's network of primary care clinics have met UCare's appointment availability goals for scheduling routine appointments, scheduling urgent appointments and for having after hours responses. UCare's primary care clinic network is made up of medium and large care systems with a small proportion of independent clinics.

In 2018, UCare modified its sampling methodology from online surveying to direct outreach by phone call. In 2019, we continued using this methodology and collected results that resembled the 2018 results. Phone calls in 2020 were enhanced to include further guidance relating to what a potential appointment may entail for our providers. Results were better; however, the COVID-19 pandemic reduced the number of calls we could make. We refrained from calling our provider network at times during the year to allow our providers to dedicate resources to COVID-19 patients instead.

There was only one clinic that was identified to be slightly outside of the 14-day routine appointment availability standard. The provider acknowledged that they were working to catch up after a wave a COVID-19 cases disrupted their schedule. The provider also reiterated their commitment to meeting the standard.

Specialty Availability

Specialty	Appointment Access Results	2018 Results	2019 Results	2020 Results	UCare Goal	Goal Met
Cardiology (High Volume)	Less than 60 Days	86.4% (19 of 22)	91.3% (21 of 23)	100% (10 of 10)	80%	● Yes
General Surgery (High Volume)	Less than 60 Days	86.4% (19 of 22)	95.7% (22 of 23)	100% (6 of 6)	80%	● Yes
Obstetrics & Gynecology (High Volume)	Less than 60 Days	95.7% (22 of 23)	91.3% (21 of 23)	100% (11 of 11)	80%	● Yes
Ophthalmology (High Volume)	Less than 60 Days	95.5% (21 of 22)	95.5% (21 of 22)	100% (14 of 14)	80%	● Yes
Orthopedic Surgery (High Volume)	Less than 60 Days	100.0% (22 of 22)	95.7% (22 of 23)	100% (10 of 10)	80%	● Yes
Neurology (High Volume)	Less than 60 Days	90.5% (19 of 21)	45.0% (10 of 22)	89% (8 of 9)	80%	● Yes
Oncology (High Impact)	Less than 60 Days	95.0% (19 of 20)	86.4% (19 of 22)	100% (6 of 6)	80%	● Yes

The specialty care samples included specialties that are identified as high volume and high impact. The high-volume specialties include: Obstetrics/Gynecology, General Surgery, Orthopedic Surgery, Neurology, Ophthalmology, and Cardiology. The high impact specialty is Oncology. In 2018, UCare set a goal for members to be able to schedule appointments with high impact and high-volume specialty providers within 2 weeks or less. In 2019, UCare studied standards published by peers in our service area. After reassessing industry community standards, UCare set an 80% goal for members to be able to schedule an appointment with high volume and high impact specialty providers within 60 days or less. In 2020, UCare met the goal for all high impact and high-volume specialties.

There was one neurology provider located in Duluth, MN, the largest city outside of the concentrated Twin Cities Metro area, that didn't meet the appointment availability standard. UCare referred to the Interim Member Experience survey results conducted by our Quality Improvement team. Of the 16 members who were attributed to the contracted provider, no major issues with scheduling appointments were reported. Only 1 member reported that "sometimes" they got an appointment for a check-up or routine care as soon as they needed it. All other members reported "Usually", "Always", or left the question blank.

UCare followed up with this provider to identify circumstances that may have contributed to the missed appointment availability target. There were no immediate trends identified and the provider reiterated their commitment to meeting appointment availability standards.

Availability Complaints Log – Primary Care and Specialty

Availability Complaints	2018 Rate Per 1K	2019 Rate Per 1K	2020 Q1 -Q3 Rate Per 1K	UCare Goal	Goal Met
Medicare	0.08	0.010	0.010	<=0.5	● Yes
Medicaid	-	0.00	0.00	<=0.5	● Yes
Medicaid-Duals	-	0.00	0.003	<=0.5	● Yes
Marketplace	0.00	0.00	0.00	<=0.5	● Yes

In 2020 Quarter 1 through Quarter 3, Medicare, Medicaid, Medicaid-Duals and Marketplace were assessed for availability complaints. Currently, UCare is meeting the goal by being below the threshold for availability complaints for all products for primary care and specialty care. There were only 2 complaints relating to provider appointment availability. From a Medicare Member and a Medicare Dual member. The minimal complaints were in line with what we experienced in 2019.

Mental Health and Substance Use Disorder Appointment Availability

Standard	Expected Result	2018 Results	2019 Results	2020 Results	UCare Goal	Goal Met
Care for non-life-threatening emergencies – Prescriber	Within 6 hours	43%	8%	100%	80%	● Yes
Care for non-life-threatening emergencies – Non-Prescriber	Within 6 hours	35%	40%	100%	80%	● Yes
Urgent care - Prescriber	Within 48 hours	40%	77%	100%	80%	● Yes
Urgent care - Non-Prescriber	Within 48 hours	63%	60%	100%	80%	● Yes
Initial visit for routine care – Prescriber	Within 10 business days	63%	62%	100%	80%	● Yes
Initial visit for routine care - Non-Prescriber	Within 10 business days	76%	67%	100%	80%	● Yes
Follow-up routine Care – Prescriber	Within 10 business days	27%	54%	100%	80%	● Yes
Follow-up routine Care – Non-Prescriber	Within 10 business days	85%	67%	100%	80%	● Yes

UCare assessed mental health and substance use disorder providers at the individual provider level. Results from 2020 indicated that UCare’s mental health and substance use disorder providers have met UCare’s appointment availability criteria for both prescriber and non-prescriber specialties. UCare had improved in all categories relating to Emergency, Urgent and Routine appointments.

The individual Non-Prescriber provider types meeting goals were found in both Large Metro and Rural counties.

Availability Complaints Log – Mental Health and Substance Use Disorder

Availability Complaints	2018 Rate Per 1K	2019 Rate Per 1K	2020 Q1 – Q3 Rate per 1K	UCare Goal	Goal Met
Medicare	0.00	0.00	0.00	<=0.5	● Yes
Medicaid	-	0.00	0.00	<=0.5	● Yes
Medicaid-Duals	-	.063	0.00	<=0.5	● Yes
Marketplace	0.00	0.00	0.00	<=0.5	● Yes

In 2020 Quarter 1 through 3, Medicare, Medicaid, Medicaid-Duals, and Marketplace were assessed for availability complaints. Currently, UCare is meeting the goal by being below the threshold for availability complaints for all products for mental health and substance use disorder. In 2018, there were no availability complaints for the Medicare and Marketplace population. In 2019, there were no complaints for Medicare, Medicaid, and Marketplace. There was 1 availability complaint, or 0.063 complaints per 1000 members, related to appointment availability for the Medicaid-Duals population.

Evaluation of Effectiveness

Primary Care Access

With all the challenges 2020 presented, appointment availability was not one of them. UCare's network of providers was able to show a marked increase in appointment availability for our members. UCare's efforts to establish and monitor appointment availability standards have started showing improvement. Our network of primary care providers has met our goals and remains committed to serving their patients and our members despite the global COVID-19 pandemic. There was one member complaint relating to preferring to be seen in person as opposed to a virtual appointment. This was an isolated incident but something to monitor as the pandemic and care delivery moves forward.

Call methodology changes gave the providers more background when answering the appointment availability questions. The surveyor kept a potential member's need in the forefront when asking our providers if they had an appointment available. This moved the conversations from a simple yes or no to a more substantive answer. We have found if there is an emphasized need for a routine, urgent or emergency appointment, our providers are more than willing to accommodate a member.

Utilized High Volume/Impact Provider Specialties: Cardiology, General Surgery, OB/GYN, Oncology, Orthopedic Surgery, Ophthalmology, and Neurology

UCare's comprehensive network for high volume and high impact providers also saw an improvement in 2020. Neurology moved from not meeting the 80% goal to meeting the goal. All high impact and high-volume specialty providers were meeting appointment availability goals. The work UCare has done establishing, communicating, and monitoring our appointment availability standards has helped us meet these goals.

UCare is continuously looking for new contracting opportunities. UCare utilizes regulatory entity provider data sources: Non-Par Claims reporting, Quest Analytics Market Provider tools, as well as competitor website data to evaluate the size and scope of the provider networks. If providers are identified that are not currently within our network, we pursue these providers for contracts.

UCare maintains an adequate network of providers available in Oncology. The UCare network of oncologists is sufficient to meet access requirements. We are meeting the goals for appointment availability.

Mental Health and Substance Use Disorder Services (Mental Health non-prescriber types, Chemical Dependency, Psychiatrist/prescriber types)

Currently, mental health and substance use disorder providers are meeting UCare's goals in providing timely access to care for members. The work UCare has done establishing, communicating, and monitoring our appointment availability standards has helped us meet these goals.

In 2020, both Medicare and Medicaid regulators allowed more flexibility to providers relating to Tele and Virtual visits. The new service delivery method seemed to impact mental health and substance use disorder providers in a positive way. The added flexibility has contributed to more providers being able to meet UCare's standards.

UCare continues to support members through our customer service mental health and substance use disorder triage line. The line helps members find mental health and substance use disorder providers and access the care they may need. UCare's contracting department also continues to host monthly "Maximizing Provider Network"

meetings. These meetings bring together quantitative and qualitative data analysis with representatives from across UCare to review and improve our provider networks.

Barrier Analysis

The COVID-19 Pandemic made 2020 a year like no other. There were multiple factors which may have impacted our results. UCare held off on surveying providers until the late summer and early fall. UCare did not want to burden providers with appointment questions when they were focused on treating individuals infected with Coronavirus. Fears relating to community spread of Coronavirus galvanized regulators, payors, and providers to offer virtual services on a scale not previously seen. One contracted provider reported an 8,000% increase in virtual encounters on a year over year analysis. There has also been some evidence to suggest individuals are delaying care out of fears of contracting the virus. Other impacts included state guidance to cancel or postpone elective and non-urgent surgeries affecting appointment availability. Clinic closure due to COVID-19 was also identified and this may have added difficulty for members to scheduling appointments.

The pandemic will inform how our providers work in the future. Adapting to a new normal will be critical for UCare to baseline and monitor our provider network. We will need to encourage what works and what doesn't work as well.

Opportunities for Improvement

UCare will start capturing how the pandemic has shifted care delivery in our provider network. We will focus on a hybrid of monitoring survey calls along with email questionnaires to capture the most and richest data possible. This may help improve response from smaller and independent providers, who prefer communicating online during a time they are available. This will help us re-base our goals in our next survey and track appointment availability in the world with COVID-19.

UCare will remind our provider network of appointment availability standards. We will add an item to one of our health lines newsletters that points out the standard in our provider manual. This will help ensure our provider network keeps their contracted responsibilities top of mind when managing their patient panels.

Availability of Primary Care, Mental Health and Substance Use Disorder, and Specialty Care and Providers

Activity Description

The majority of UCare's service area is in Minnesota. Our UCare Medicare product is offered in all 87 Minnesota counties and we have two Medicare partner products: EssentiaCare and UCare Medicare with Fairview and North Memorial. UCare Medicare with Fairview and North Memorial is offered in the Minneapolis/St. Paul metro counties, and the EssentiaCare product is offered in northern Minnesota and northwestern Wisconsin counties. The Individual and Family Plans (IFP) product has two networks (UCare Individual and Family Plans and UCare Individual and Family Plans with Fairview). In 2020, IFP was available in 28 counties in Minnesota and IFP with Fairview was available in 10 counties in Minnesota. UCare also offers 6 Minnesota sponsored Medicaid health program products: MinnesotaCare (MnCare), Prepaid Medical Assistance Program (PMAP), UCare Connect (Connect), UCare Connect + Medicare (Connect+), Minnesota Senior Health Option (MSHO), and Minnesota Senior Care Plus (MSC+). These products are offered throughout the state in all CMS county classifications (as established in CMS managed Care Manual Chapter 6). UCare leverages state and federal guidelines to help establish parameters to monitor network availability on all our provider networks and measure the geographic distribution of providers. We do this to ensure our network is optimal to provide care to our members.

Methodology

UCare's product lines employ almost the same providers for the networks. The nuanced differences in service area and provider groups led us to address our networks separately.

Medicare

UCare analyzes geographic accessibility for our Medicare products by establishing goals informed by the Medicare Managed Care Manual, Chapter 4 published by the Centers for Medicare (CMS). UCare applies the travel time and distance from a member beneficiaries' residence to the provider.

CMS standards require varying travel time and distance availability requirements for primary care practitioners, high-volume and high-impact specialty care practitioners, as well as mental health and substance use disorder practitioners (i.e. psychiatrists). This is dependent on whether the member resides in a county that has a higher or lower population and population density. These designations are established by CMS, referencing the most recently available US Census data on a county's population and density and are published on the CMS HSD Reference file. Designations include (most densely populated to least): Large Metro, Metro, Micro, Rural and County Extreme Access Considerations (CEAC). For high volume and high impact mental health and substance use disorder practitioners (e.g. therapists, psychologists) that do not have requirements specified by CMS, we defer to Minnesota Statute 62D for guidance in establishing goals.

UCare reviews network availability for our Medicare members by analyzing the network for primary care services including general practitioners, family practitioners, and internists. High volume providers are measured by claims volumes for specialty practitioners and include cardiology, general surgery, gynecology, ophthalmology, orthopedic surgery, and neurology. High impact specialty is addressed as a type of specialist who treats specific conditions that have serious consequences for the member and require significant resources and includes oncology. High volume mental health and substance use disorder providers are measured by claims volumes and include psychiatry, social workers, and psychologists.

UCare reviews the practitioner to member by geographic position by county using CMS standards for primary care providers and high impact, high volume specialty care providers. UCare reviews the practitioner to member by geographic position by county using DHS standards for mental health and substance use disorder providers.

UCare sets a ratio goal of 1 provider to 2,000 members to ensure there are enough providers of primary care services, high impact specialty services, high volume specialty services and mental health and substance use disorder services in our network to meet the needs of our members. We observe this metric in each county of our service area and by those counties' class designation as determined by the most recent CMS HSD Reference File.

Individual Family and Plans

UCare analyzes geographic availability for IFP products by utilizing the Minnesota Statutes, chapter 62D.124 to ensure all our service areas are within 30 miles of a primary care and mental health and substance use disorder provider type and 60 miles for a specialty care provider type. UCare applies the travel time and distance from a potential member beneficiaries' residence to the provider.

UCare reviews network availability for IFP members by analyzing the network for primary care services including family medicine (and general) practitioners, internists, and pediatricians. High volume specialists are determined by claims volumes and include cardiology, general surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, and neurology. High impact specialists are determined to be a type of specialist who treats specific conditions that have serious consequences for the member and require significant resources and includes oncology. High volume mental health and substance use disorder providers are measured by claims volumes and include psychiatry, social workers, and psychologists.

UCare sets a goal of 1 provider to 2,000 members to ensure there are enough providers in our network to meet the needs of our members. For general practice provider types UCare has included them with the family medicine practitioner types, as general practitioners are becoming extremely rare. We observe this metric in each county of our service area, and we summarize our observations by the counties' class designation as determined by the most recent CMS HSD Reference File.

Medicaid

UCare also analyzes geographic accessibility for our Medicaid products by utilizing the Minnesota Statutes, chapter 62D.124 to ensure all our service areas are within 30 miles of a primary care and mental health and substance use disorder provider type and 60 miles for a specialty care provider type. UCare applies the travel time and distance from a potential Member beneficiaries’ residence to the provider.

UCare reviews network adequacy for all our Medicaid members enrolled in MnCare, PMAP, Connect, Connect + Medicare, MSC+ and MSHO by analyzing the network for primary care services including general practitioners, family practitioners, internists and pediatricians. High volume specialists are determined by claims volumes and include cardiology, general surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, and neurology. High impact specialists are determined to be a type of specialist who treats specific conditions that have serious consequences for the member and require significant resources and includes oncology. High volume mental health and substance use disorder providers are measured by claims volumes and include psychiatry, social workers, and psychologists.

UCare sets a goal of 1 provider to 2,000 members to ensure there are enough providers in our network to meet the needs of our members. For general practice provider types UCare has included them with the family medicine practitioner types, as general practitioners are becoming extremely rare. We observe this metric in each county of our service area, and we summarize our observations by the counties’ class designation as determined by the most recent CMS HSD Reference File.

Goals

UCare sets internal goals to meet established guidelines for access to primary care practitioners, high volume and high impact specialty care practitioners, and mental health and substance use disorder practitioners.

Medicare

UCare’s internal goal to meet established geographic guidelines in the counties within the service areas for all UCare Medicare products for the following practitioners include:

Provider Type	UCare Medicare Internal UCare Goal (% members within Time/Distance criteria)
Family Practitioner*	90%
Internists	90%
Cardiology	90%
General Surgery	90%
Gynecology	90%
Oncology	90%
Ophthalmology	90%
Orthopedic Surgery	90%
Neurology	90%
Psychiatry	90%
Psychologists	90%
Social Workers	90%

**The general practitioner provider type has been combined with family practitioners, due to the scarcity of General Practitioner provider types available in UCare service areas.*

UCare’s internal goal to meet the provider network Provider to Member needs for the following practitioners include:

Provider Type	UCare Medicare Internal UCare Goal (Providers to Members)
Family Practitioner*	1:2000
Internists	1:2000
Cardiology	1:2000
General Surgery	1:2000
Gynecology	1:2000
Oncology	1:2000
Ophthalmology	1:2000
Orthopedic Surgery	1:2000
Neurology	1:2000
Psychiatry	1:2000
Psychologists	1:2000
Social Workers	1:2000

**The general practitioner provider type has been combined with family practitioners, due to the scarcity of General Practitioner provider types available in UCare service areas.*

Individual Family and Plans

UCare’s internal goal to meet established geographic guidelines in the number of counties within the service for area for the following practitioners include:

Provider Type	UCare IFP Internal UCare Goal (% members within Time/Distance criteria)
Family Practitioner*	90%
Internists	90%
Pediatricians	90%
Cardiology	90%
General Surgery	90%
Obstetrics & Gynecology	90%
Oncology	90%
Ophthalmology	90%
Orthopedic Surgery	90%
Neurology	90%
Psychiatry	90%
Psychologists	90%
Social Workers	90%

**The general practitioner provider type has been combined with family practitioners, due to the scarcity of General Practitioner provider types available in UCare service areas.*

UCare’s internal goal to meet the provider network Provider to Member needs for the following practitioners include:

Provider Type	UCare IFP Internal UCare Goal (Providers to Members)
Family Practitioner*	1:2000
Internists	1:2000
Pediatricians	1:2000
Cardiology	1:2000
General Surgery	1:2000
Obstetrics & Gynecology	1:2000
Oncology	1:2000
Ophthalmology	1:2000
Orthopedic Surgery	1:2000
Neurology	1:2000
Psychiatry	1:2000
Psychologists	1:2000
Social Workers	1:2000

**The general practitioner provider type has been combined with family practitioners, due to the scarcity of General Practitioner provider types available in UCare service areas.*

Medicaid

UCare’s internal goal to meet established geographic guidelines in the number of counties within the service for area for the following practitioners include:

Provider Type	UCare Medicaid Internal UCare Goal (% members within Time/Distance criteria)
Family Practitioner*	90%
Internists	90%
Pediatricians	90%
Cardiology	90%
General Surgery	90%
Obstetrics & Gynecology	90%
Oncology	90%
Ophthalmology	90%
Orthopedic Surgery	90%
Neurology	90%
Psychiatry	90%
Psychologists	90%
Social Workers	90%

**The general practitioner provider type has been combined with family practitioners due to its due to the scarcity of General Practitioner provider types available in UCare service areas.*

UCare's internal goal to meet the provider network Provider to Member needs for the following practitioners include:

Provider Type	UCare Medicaid Internal UCare Goal (Providers to Members)
Family Practitioner*	1:2000
Internists	1:2000
Pediatricians	1:2000
Cardiology	1:2000
General Surgery	1:2000
Obstetrics & Gynecology	1:2000
Oncology	1:2000
Ophthalmology	1:2000
Orthopedic Surgery	1:2000
Neurology	1:2000
Psychiatry	1:2000
Psychologists	1:2000
Social Workers	1:2000

*The general practitioner provider type has been combined with family practitioners, due to the scarcity of General Practitioner provider types available in UCare service areas.

Quantitative Analysis and Trending of Measures

Quantitative Results- Medicare

Primary Care Providers

UCare Medicare

UCare's Medicare product is currently in all 87 counties in Minnesota; therefore, UCare looked at the time and distance to a provider according to CMS guidelines established for a county for each primary care provider type. Currently, the UCare Medicare product is meeting all ratio goals and is meeting all geographic access goals except Internal Medicine provider types in CEAC counties. In 2020, members for Internal Medicine in the CEAC counties had a decrease in population, while the providers had an increase. This shows that while UCare Medicare had an increase in Internal Medicine practitioners, they are still outside of the time and distance requirements for the members in the CEAC counties.

EssentiaCare

UCare's EssentiaCare product is meeting all goals in the micro and rural counties. In 2019 EssentiaCare was not passing for Internal Medicine in the Micro counties for percent of members with access. For 2020, EssentiaCare membership location and Internal Medicine provider offering locations shifted. The shift resulted in a higher percentage of members being within the time and distance standards and resulted in an achieved goal.

UCare Medicare with Fairview and North Memorial

UCare Medicare with Fairview and North Memorial is meeting all goals in the metro and large metro counties.

High Volume and High Impact Specialty Care Providers

UCare Medicare

The UCare Medicare network continues to meet all High Impact and High-Volume Specialists goals with little change from the previous year.

EssentiaCare

In 2019, EssentiaCare was not meeting provider ratio goals in all high impact and high volume specialty types. There was an overall increase in high impact and high volume providers for the CEAC counties that helped EssentiaCare pass in all provider ratios, except ratio goals in CEAC counties for Ophthalmology.

UCare Medicare with M Health Fairview and North Memorial Health

The UCare Medicare with M Health Fairview and North Memorial Health product continues to meet all High Volume and High Impact ratio and geographic access goals.

Mental Health and Substance Use Disorder Providers**UCare Medicare**

The UCare Medicare network continues to meet all mental health and substance use disorder ratio and geographic access goals.

EssentiaCare

The EssentiaCare network meets all geographic access goals.

UCare Medicare with M Health Fairview and North Memorial Health

All ratio goals are met for the UCare Medicare with M Health Fairview and North Memorial Health network. In 2019, Psychologists in the Metro were not meeting the geographic 90% members with access goal, this goal is now met in 2020. Psychiatry in the Metro county is not meeting the 90% member with access goal. There was an increase in members and a decrease in providers which impacted member accessibility.

Quantitative Results- Individual Family and Plans***Primary Care Providers*****IFP**

UCare's IFP product is not meeting member access goals in the CEAC counties for Internal Medicine and Pediatrics provider types. Although there was an increase in provider types for Internal Medicine and Pediatrics, the percent of members with access increased from 2019 and are still not meeting the 90% of member access goal for Internal Medicine and Pediatrics provider types.

IFP with Fairview

There was a slight increase of members in UCare's IFP product and this product is still not meeting ratio goals in Micro counties which still align with 2019's member access. All other goals are met.

High Volume and High Impact Specialty Care Providers**IFP**

UCare's IFP product is meeting ratio goals throughout the service area, however are still not meeting geographic access goals in CEAC counties. This is an improvement from 2019, as we did not have adequate member ratios for CEAC counties for Ophthalmology and Oncology. UCare's IFP product did see an overall increase in high impact and high volume providers and members for CEAC counties, however all provider types are still below the 90% member access goal.

IFP with Fairview

UCare's IFP with Fairview product is meeting geographic access goals throughout the service area but is still not meeting ratio goals in micro counties.

Mental Health and Substance Use Disorder Providers**IFP**

The IFP network meets all ratio goals but does not meet geographic access goals for Psychologists and Psychiatrists. Psychiatry saw a significant decrease in percentage of member access for the Rural and CEAC counties in 2020. Psychologists in the CEAC counties increased, however continued to be below the 90% percentage of member access.

IFP with Fairview

The IFP network with Fairview is not meeting a goal in Psychiatry in the Micro counties that it was previously meeting in 2019.

Quantitative Results- Medicaid***Primary Care Providers*****MinnesotaCare**

UCare's MnCare network is meeting all goals except for geographic adequacy goals for Pediatric practitioners in CEAC and Rural counties.

PMAP

The PMAP network is not meeting Pediatric geographic adequacy goals in Rural and CEAC counties. There was a significant increase in members and providers for the CEAC and Rural counties for Pediatrics that helped increase the geographic adequacy goal, however it is still not meeting the 90% threshold for member access.

UCare Connect

The 2020 Connect network is meeting all ratio goals for all counties. It is not meeting geographic access goals for Internal Medicine in CEAC counties and Pediatric goals in Rural and CEAC counties.

UCare Connect + Medicare

UCare's Connect Plus product is meeting all primary care goals.

MSHO

The MSHO network is meeting all ratio goals but is not meeting CEAC geographic access goals or the Rural Pediatric geographic access goals. However, there was an increase in Family Medicine providers in the CEAC county which helped meet the time and distance standards for member access.

MSC+

The MSC+ network is meeting all ratio goals but is not meeting CEAC and Rural geographic access goals for Pediatrics. Family Medicine and Internal Medicine provider types are now meeting access goals for CEAC counties due to an increase of providers.

High Impact and High-Volume Specialty**MinnesotaCare**

UCare's MnCare network is meeting all network ratio and geographic adequacy requirements except for Neurology in CEAC counties. Although there was a significant decrease in members and a slight increase in Neurology providers, the percentage of member access is still not meeting the adequacy goal.

PMAP

The 2020, PMAP network is now meeting all ratio and geographic access goals as previously in 2019. Ophthalmology and Oncology ratio goals were not being met in CEAC counties.

UCare Connect

The network is meeting all High Impact and High-Volume ratio goals but is not meeting geographic adequacy goals in CEAC counties for OBGYN and Oncology. Ophthalmology for CEAC counties has met adequacy goals for 2020, which it was not meeting in 2019.

UCare Connect + Medicare

The Connect + Medicare network is meeting all ratio and geographic access goals.

MSHO

The MSHO network is meeting ratio goals in all counties but is not meeting high impact and high-volume specialty goals in CEAC counties, except the Cardiovascular provider type where it is meeting.

MSC+

MSC+ is now meeting adequacy goals for CEAC counties for OBGYN, Ophthalmology, and Oncology, these were previous adequacy goals that were not met in 2019. MSC+ is not meeting adequacy goals in Neurology for CEAC counties, as there was a decrease in both the number of members and providers.

Mental Health and Substance Use Disorder Providers**MinnesotaCare**

UCare's MnCare network is meeting all ratio and geographic access goals, except in Psychiatry in the CEAC counties. The overall decrease in the number of members within the time and distance of Psychiatry in CEAC counties has changed the adequacy percentage of member access and is no longer meeting the adequacy goal.

PMAP

PMAP Mental Health and Substance Use Disorder ratio goals are met in all counties. Geographic access goals are not met for Psychiatrists in CEAC counties, as there was an increase of members outside of the time and distance goals and decrease in Psychiatric providers.

UCare Connect

Connect is meeting all ratio goals and is meeting most geographic adequacy goals except in CEAC counties where it is not meeting Psychiatrists, Psychology, and Social Work goals. Psychiatrists are also not meeting geographic adequacy goals in the Rural counties, as there was a significant decrease in Psychiatry providers for UCare Connect 2020.

UCare Connect + Medicare

The Connect + Medicare network is meeting all ratio and geographic network goals.

MSHO

The 2020 MSHO network is meeting ratio and geographic adequacy goals in all categories except geographic CEAC access goals and Psychiatry in Rural and CEAC counties. There was a significant decrease in Psychiatry providers in the Rural and CEAC counties.

MSC+

MSC+ is now meeting geographic access goals in CEAC counties for Psychologists and Social Workers. There was a slight decrease of members and providers for Psychiatry in CEAC counties, however adequacy has remained the same and is still not meeting the adequacy goal.

Evaluation of Effectiveness

UCare is meeting its' goals in most of the county class designations: primary care providers, high volume and high impact specialty care providers and mental health and substance use disorder providers. There are certain rural and CEAC counties that do not have adequate access to the scarcer provider types, as defined by UCare's benchmarks. UCare has contracted with all available provider groups, yet areas without availability remain.

Throughout 2020, practitioners came into network and out of network which caused fluctuation in our geographic adequacy percentages. MSC+ had the most changes as the geographic availability requirements for most of the primary care, mental health and substance use disorder, and high impact high volume providers that were previously not meeting in 2019, met geographic adequacy goals for 2020. Six of the adequacy goals were met in the CEAC counties for the following providers: Family Medicine, Internal Medicine, OBGYN, Ophthalmology, Oncology, Psychologists, and Social Workers. Primary Care in the CEAC counties had additional clinics included from data cleanup that occurred in 2020. This improved the geographic access for Family Medicine and Internal Medicine.

Psychiatry providers had the most geographic adequacy decrease for 2020, as seven of the products changed from meeting the adequacy goal in 2019 to not meeting. The changes also occurred in various counties and was not

significant in only one county classification; changes occurred in Metro, Rural, Micro, CEAC, counties. Specific to the CEAC counties in MnCare, we had a decrease in Psychiatrists in the following areas, Silver Bay, MN, McGregor, MN, Ada, MN, Red Lake Falls, MN, Roseau, MN, and Warroad MN; this has drastically impacted our member geographic adequacy access.

UCare worked and continues to work toward an adequate availability network by conducting the following interventions:

- Conduct weekly monitoring of the provider network using Quest Analytics Cloud tool. UCare leveraged the Quest Market Provider Data function to quickly identify geographic access gaps with changing provider data. We are then able to work with provider groups to understand the changes to our network and do so quickly.
- Identified IFP and Medicaid members that are outside of 30- and 60-mile and identified Dual and Medicare members that are outside of their respective CMS time and distance standards and referred those members to UCare's Clinical Services and Mental Health and Substance Use Disorder departments. The sharing of data allows these departments to understand a member's geographic access considerations when assisting the member with connecting to providers.
- Monthly monitoring of newly available providers for all specialty types through the cross departmental Network Monitoring workgroup.
- Added an additional Senior Analyst to assist and perform more geographic network adequacy analysis.

Barrier Analysis

Although UCare continues to meet most of our geographic availability goals, there are a few trends that are present and prevent us from fully meeting goals. Much of Minnesota is quite rural in nature with large areas of land that are sparsely populated. We are also hemmed in by the Canadian border and Lake Superior, limiting our options for out of state providers. In addition, Minnesota is experiencing chronic health care professional shortage areas, or areas designated by the state, that do not have enough providers to meet the needs of our members. These attributes will continue to cause geographic availability issues and our goals will be adjusted accordingly.

Opportunities for Improvement

UCare has several intervention strategies in place to review and improve network availability for our members. Intervention strategies for 2021 include:

- The Provider Data and Network Analytics Team will continue to host monthly meetings with the focus of identifying and tracking non-contracted providers in our service area. These meetings include various departments across the organization to provide input on network adequacy and expansion efforts which will include the following teams: Sales, Product Development, County Government Relations, Clinical Services, Mental Health and Substance Use Disorder, and PRC. During these meetings, out of network request logs, complaints, single case agreements, and non-par claim analysis will continue be reviewed against network availability. Stakeholders represented at the meetings can recommend providers to target for contracting where contracts do not exist. In 2020, UCare was able to successfully contract with four provider groups identified by the single case agreements, and an additional provider by the non-par claims analysis.
- UCare will continue to seek additional mental health and substance use disorder contracting opportunities, especially in rural areas of Minnesota to increase provider availability. UCare continues to engage with the provider community to expand the mental health and substance use disorder specialty providers, particularly focusing on providers with diverse ethnic, racial, cultural, and linguistic characteristics that match member needs. We are collaborating in over 30 state and local workgroups addressing the issue of provider network scarcity. Effective in 2020, UCare added 238 mental health clinic locations to the network. The mental health locations were added in various county classifications in Minnesota (Large Metro, Metro, Micro, Rural, CEAC) and Wisconsin which will allow greater geographic access to members in those areas.
- UCare will continue to support telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare has funded telehealth

development infrastructure around the state to enable local mental health centers to expand their psychiatric availability. The impact of the COVID-19 pandemic has enabled many provider groups to shift and expand to telehealth as a primary source of providing care for their patients. As telehealth becomes more accessible to all and especially to communities with provider scarcity, UCare will need consider new ways to address geographic adequacy. This will entail UCare reassessing adequacy on how geographic access will be measured and when would it apply to members who would need in-person visits or procedures.

- UCare will continue to provide mental health and substance use disorder coordination to assist members with managing their best health. This includes care coordination/navigation services to help members access providers by helping them find mental health and substance use disorder care providers with open appointments and connecting eligible members to transportation and/or interpreter services to help decrease barriers to members scheduling appointments.

Assessment of Network Adequacy

Activity Description

UCare completed an annual assessment of its Medicare, Medicaid and Marketplace plan networks to identify opportunities for improvement in member access to needed non-mental health and substance use disorder (non-MH/SUD) and mental health and substance use disorder services (MH/SUD). This assessment focused on:

- Medicare Plans: UCare Medicare, EssentiaCare, UCare Medicare with M Health Fairview and North Memorial
- Medicaid Plans: Prepaid Medical Assistance Plan (PMAP), Minnesota Care (MnCare), Connect, Connect + Medicare, Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+)
- Marketplace: Individual and Family Plans, Individual and Family Plans with M Health Fairview

Member accessibility to care was analyzed in order to evaluate whether an adequate number of network practitioners, providers and resources were in place to meet member population needs. The 2020 network assessment included data from UCare's Appeals and Grievances (A&G) department relating to access, member complaint logs, out-of-network requests, the Quality Health Plan Experience (QHP), the Consumer Assessment and Healthcare Providers Systems (CAHPS) and the Experience of Care and Health Outcomes (ECHO) surveys.

Data from A&G was collected and reviewed daily, monthly, and quarterly. It was also shared quarterly with UCare's Quality Improvement Advisory and Credentialing Committee (QIACC) and monthly with UCare's Member Experience Workgroup. Other member experience data was shared annually with UCare's Quality Measures Improvement Committee and Quality Improvement Council.

Methodology

Data from A&G was divided into five categories: quality of care, access, attitude and services, billing and financial issues, and quality of practitioner office site. A&G data in this report was from October 1, 2019 through September 30, 2020. Access, however, was the key category reviewed for this report.

Refer to CAHPS and QHP Enrollee and Experience of Care and Health Outcomes (ECHO) Survey sections for methodology of survey administration and data collection.

Goals and Benchmarks

UCare's goal was to reduce the number of appeals and grievances related to access to care. UCare also strived to decrease the number of out-of-network requests related to access to care for primary care, specialty care and mental health and substance use disorder services. UCare focused on improving CAHPS scores in order to remain above the national average for Getting Needed Care and Getting Care Quickly. UCare also worked to improve ECHO scores in order to obtain the UCare threshold for Getting Treatment Quickly and Getting Treatment and Information from the Plan.

UCare set benchmarks based on an internal threshold for the following:

- 3.0 for both MH/SUD and non-MH/SUD appeals.
- 3.0 for both MH/SUD and non-MH/SUD grievances.
- Per 1,000 members for out-of-network requests.

UCare used NCQA’s National Average benchmark for the CAHPS survey (i.e. Getting Needed Care and Getting Care Quickly measures) and the benchmark is the 2019 national average. UCare’s internal benchmark for the ECHO survey (i.e. Getting Treatment Quickly and Getting Treatment and Information from the Plan) was 80%.

The following items were included in access to care reporting:

- Appointment scheduling - delay/inability/mix-ups
- Delay in delivery/completion of product/item
- Delay in ability to obtain service/care
- Inability to contact a clinic representative during business hours
- Inability to make appointment/obtain care with provider of choice/not given a choice
- Excessive office wait times or excessive phone wait times

Quantitative Analysis and Trending of Measures

Access to Care Grievances and Appeals

Access to Care Grievances: Medicare

UCare Medicare Access	2019	2019 Rate per 1K	2020	2020 Rate per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	128	1.32	79	0.76	3.0	• Met
MH/SUD	1	0.01	0	0.00	3.0	• Met

EssentiaCare Access	2019	2019 Rate per 1K	2020	2020 Rate per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	4	2.66	1	0.53	3.0	• Met
MH/SUD	0	0.00	0	0.00	3.0	• Met

UCare Medicare with M Health Fairview and North Memorial Health	2019	2019 Rate per 1K	2020	2020 Rate per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	1	2.92	0	0.00	3.0	• Met
MH/SUD	0	0.00	0	0.00	3.0	• Met

Medicare Grievances: In 2020, UCare was below the threshold for access to care for both non-MH/SUD and MH/SUD grievances for UCare Medicare, EssentiaCare and UCare Medicare with M Health Fairview and North Memorial Health. There were no MH/SUD related grievances received for UCare Medicare, EssentiaCare and UCare Medicare with M Health Fairview and North Memorial Health.

In 2020, the rate for non-MH/SUD grievances for UCare Medicare decreased compared to 2019 and UCare remained below the threshold. The rate for MH/SUD access related complaints remained the same for EssentiaCare and UCare Medicare with M Health Fairview and North Memorial Health in 2020 compared to 2019. In 2020, the rate for behavior health related grievances for UCare Medicare decreased compared to 2019.

Access to Care Grievances: Medicaid

State Public Programs	2019	2019 Rate per 1K	2020	2020 Rate per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	601	2.18	242	0.80	3.0	● Met
MH/SUD	1	0.10	0	0.00	3.0	● Met

Connect + Medicare Access	2019	2019 Rate per 1K	2020	2020 Rate per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	44	17.28	21	5.42	3.0	● Not Met
MH/SUD	0	0.00	0	0.00	3.0	● Met

MSHO Access	2019	2019 Rate per 1K	2020	2020 Rate per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	78	6.00	33	2.42	3.0	● Met
MH/SUD	0	0.00	0	0.00	3.0	● Met

Medicaid Grievances: The rate per 1,000 members decreased for non-MH/SUD access to care grievance measures for State Public Programs, Connect + Medicare and MSHO between 2019 and 2020. UCare met the threshold for State Public Programs and MSHO. Connect + Medicare remained above the threshold for 2020 for non-MH/SUD access.

Access to Care Grievances: Marketplace

Marketplace Access	2019	2019 Rate Per 1K	2020	2020 Rate Per 1K	Threshold Met/Not
Non-MH/SUD	73	2.32	65	1.69	● Met
MH/SUD	0	0.00	0	0.00	● Met

Marketplace Grievances: In 2020, UCare was below the threshold for to non-MH/SUD and MH/SUD access.

Access to Care Appeals: Medicare

UCare Medicare Access	2019	2019 Rate Per 1K	2020	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	662	6.81	787	7.59	3.0	● Not Met
MH/SUD	0	0.00	3	0.03	3.0	● Met

EssentiaCare Access	2019	2019 Rate Per 1K	2020	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	4	2.66	6	3.10	3.0	● Not Met
MH/SUD	0	0.00	0	0.00	3.0	● Met

UCare Medicare with M Health Fairview & North Memorial Access	2019	2019 Rate Per 1K	2020	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	9	26.33	6	11.45	3.0	● Not Met
MH/SUD	0	0.00	0	0.00	3.0	● Met

Medicare Appeals: UCare was below the threshold for access to care MH/SUD appeals for UCare Medicare, EssentiaCare and UCare Medicare with M Health Fairview and North Memorial in 2019 and 2020.

There was a slight increase of non-MH/SUD appeals for UCare Medicare and EssentiaCare in 2020 compared to 2019, and thus the threshold was not met. The top five appeals reported for access to care for non-MH/SUD services were related to pharmacy, hospital (i.e. inpatient and outpatient), primary care, specialty care and vision services.

There was a decrease of non-MH/SUD appeals for Fairview North Memorial in 2020 compared to in 2019, however the threshold was not met. The appeal trends for Medicare plans in access appeals were related to denial of prior authorizations and non-formulary exceptions.

Access to Care Appeals: Medicaid

Medicaid Access	2019	2019 Rate per 1K	2020	2020 Rate per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	1649	5.97	1858	6.13	3.0	● Not Met
MN/SUD	14	0.05	65	0.21	3.0	● Met

Medicaid- Connect + Medicare Access	2019	2019 Rate per 1K	2020	2020 Rate per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	40	15.70	91	23.51	3.0	● Not Met
MH/SUD	0	0.00	2	0.52	3.0	● Met

Medicaid- MSHO Access	2019	2019 Rate per 1K	2020	2020 Rate per 1K	UCare Threshold	Threshold Met/Not Met
Non-MH/SUD	211	16.23	289	21.20	3.0	● Not Met
MH/SUD	0	0.00	0	0.00	3.0	● Met

Medicaid Appeals: UCare was below the threshold in 2020 for access to care MH/SUD appeals for all Medicaid product lines, which is consistent with 2019.

In 2020, UCare was above the threshold for non-MH/SUD appeals for Medicaid, Connect + Medicare and MSHO. The rate per 1,000 members increased for all access to care appeal measures, between 2019 and 2020. The top appeals reported for access to care for non-MH/SUD services were related to pharmacy, home health, primary care, transportation, and durable medical equipment. UCare correlates access to care with the following: denial, termination or reduction of authorization or denial of claims payment for all services listed above.

Access to Care Appeals: Marketplace

Marketplace Access	2019	2019 Rate Per 1K	2020	2020 Rate Per 1K	Threshold Met/Not
Non-MH/SUD	159	5.05	169	4.38	● Not Met
MH/SUD	1	0.03	0	0.00	● Met

Marketplace Appeals: In both 2019 and 2020, UCare was above the threshold for non-MH/SUD appeals. In 2020 the rate of access appeals decreased slightly compared to 2019. However, UCare is still above the threshold. Most of the appeals in the access category did not pertain to network adequacy and were instead related to denial, termination or reduction of pharmacy, surgery, therapy, and durable medical equipment services. UCare has contracted with both Allina Health System and Exact Sciences for the UCare Individual and Family Plans in 2020.

In 2020, UCare was below the threshold for MH/SUD appeals in access.

Access Complaints and Out-of-Network Requests

Access Complaints Log - Primary Care, Specialty, and MH/SUD

Complaints	2019 Rate Per 1K	2020 Q1-Q3 Rate Per 1K	UCare Benchmark	Threshold Met/Not Met
UCare Medicare Access	0.050	0.010	0.500	● Met
Medicaid Access	0.010	0.000	0.500	● Met
Dual Access	0.063	0.054	0.500	● Met
IFP Access	0.000	0.000	0.500	● Met

Access Complaints: UCare was below the threshold for access complaints in 2020 (quarters 1 through 3) for UCare's Medicare, Medicaid, Medicaid-Dual, and Marketplace products. The one UCare Medicare product access complaint was specific to a member's disappointment related to a virtual appointment. The one Medicaid-Dual product access complaint related to an appointment scheduling issue. In summary, compared to the total number of access complaints in 2019, UCare showed an improvement in the first three quarters of 2020, by means of a reduction of four complaints.

Out-of-Network Requests: Access to services (Availability or Accessibility): Medicare, Medicaid, Duals, Marketplace

Out-of-Network (OON) Requests	2019	2019 Rate Per 1K	2020	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
UCare Medicare OON Requests (Non-MH/SUD)	19	0.182	146	0.182	1.0	● Met
UCare Medicare OON Requests (MH/SUD)	0	0.000	0	0.00	1.0	● Met
Medicaid OON Requests (Non-MH/SUD)	43	0.154	110	0.36	1.0	● Met
Medicaid.OON Requests (Behavioral)	1	0.004	18	0.06	1.0	● Met
Dual OON Requests (Non-MH/SUD)	9	0.571	35	1.91	1.0	● Not Met
Dual OON Requests (MH/SUD)	0	0.000	6	0.33	1.0	● Met

Marketplace OON Requests (Non-MH/SUD)	2	0.061	28	0.65	1.0	• Met
Marketplace OON Requests (MH/SUD)	0	0.000	2	0.05	1.0	• Met

Out-of-Network Requests (Request Types): Medicare, Medicaid, Duals, and Marketplace

UCare reviewed the out-of-network requests specific to care for primary care, specialty care, and mental health and substance use disorder services. In 2020, these requests related to:

Type of Request	Number of Medicare OON Requests	Number of Medicaid OON Requests	Number of Duals OON Requests	Number of MP ^[1] OON Requests	Total Number of OON Requests
MH/SUD Services	0	18	6	2	26
Bone Growth Stimulation	7	4	3	1	15
Cariology	0	1	1	0	2
Cosmetic Surgery	0	1	0	0	1
Dental	2	1	0	0	3
Durable Medical	29	33	10	3	75
Emergency Services	0	2	0	1	3
Genetic Testing	96	50	6	15	167
Infusion Services	0	2	2	0	4
Laboratory Services	3	1	2	1	7
Miscellaneous ^[2]	3	2	4	1	10
Office Visit – Routine	2	3	1	4	10
Orthopedic Services	0	0	0	1	1
Orthotics/Prosthetics	0	3	0	0	3
Pain Therapy	0	0	1	0	1
Podiatry	0	0	1	0	1
Radiation Therapy	0	0	0	1	1
Surgical Procedures	0	2	0	0	2
Vein Procedures	2	4	1	0	7
Vision	2	1	3	0	6
Total	146	128	41	30	345

^[1] MP = Marketplace

^[2] Miscellaneous includes but is not limited to acupuncture, home care, sleep management, and wound care.

UCare Out-of-Network Requests: Because UCare seeks to streamline or eliminate the need for authorizations for OON Genetic Testing providers, in particular the Oncotype DX Breast Genetic Test (Code: 81519), it was necessary to expand the criteria for determining the number of OON authorization requests in 2020 by including Genetic Testing as a Service Type. In addition to Genetic Testing as a designated Service Type, Durable Medical (Rental) was included as a filter item as it has proven beneficial in identifying DME providers that frequently require single case agreements since UCare doesn't holding an exclusive provider agreement.

UCare Medicare Out-of-Network Requests: Of the 146 UCare Medicare OON authorization requests in 2020, 14 requests for authorization were denied, and 2 were pended. The vast majority of the 96 requests were for the Oncotype DX Breast Genetic Test, and one provider, Genomic Health, accounted for 72 authorization requests, or 75% of all Genetic Testing OON authorization requests. Of the 29 OON authorization requests for DME OON authorizations, three providers, who accounted for 11 of the requests, which accounted for 38% of all Medicare DME requests, are now contracted with UCare. In addition, one provider that accounts for all 5 of the Bone Stimulation OON authorization requests, Bioventus, was contracted in 2020. The ability to secure agreements with these providers was possible by maintaining the trending of single case agreements requested in 2020. UCare's monthly Maximizing Provider Networks meeting was an instrumental forum to determine a strategy for

contracting DME providers. An effort to contract with at least two additional DME providers identified in this analysis is ongoing in 2021.

Medicaid Out-of-Network Requests: Of the 128 UCare Medicare OON authorization requests in 2020, 33 requests for authorization were denied, and 3 were pended. Like UCare Medicare, the majority of the Genetic Testing OON authorization requests were for the Oncotype DX Breast Genetic Test. With respect to DME OON authorization requests, 9 of the 50 authorization requests, or 18%, were from 2 provider providers who are now contracted with UCare. All 7 of the authorization requests for Bone Stimulation OON authorization requests were from Bioventus, who is now contracted with UCare.

Dual Out-of-Network Requests: Of the 41 Dual OON authorization requests in 2020, 15 requests for authorization were denied, and 1 was pended. The most notable item to note is that 10 of the total requests for OON authorization, or roughly 25%, were specific to DME. Two of the DME OON authorization requests, or 205 of total DME requests were from Zoll Medical. Because UCare secured a provider agreement with Zoll Medical in late 2019/early 2020, the volume of DME OON authorization requests will be greatly reduced in 2021.

Marketplace Out-of-Network Requests: One half of the 2020 OON authorization requests for Marketplace (IFP) were related to Genetic Testing. Had UCare contracted with Genomic Health in 2020, similar to the UCare Medicare analysis where 75% of the total 2020 OON authorization requests for genetic testing were attributed to Genomic Health, 33% or 5 OON authorization requests attributed to Genomic Health in 2020 for Marketplace (IFP) would have been eliminated. Obtaining a provider agreement with this and potentially other Genetic Testing providers will be a focus for PRC in 2020 for the reasons indicated.

Member Satisfaction – CAHPS

CMS CAHPS - Medicare

The tables below show UCare’s 2018, 2019, and 2020 CMS CAHPS results for some of the Composite Measures. Responses to individual survey composite questions were combined to form composite measures of members’ experiences with their health plans. Enrollees responded on a 1-4 scale (1=never, 2=sometimes, 3=usually and 4=always). The measures are calculated as the case mix adjusted mean score. UCare did not release 2020 national averages due to COVID-19. The tables below compare the 2020 results to the 2019 national average.

UCare Medicare	2018	2019	2020*	2019 National Average	Threshold Met/Not Met
Getting Needed Care	3.64	3.56	3.47	3.51	● Not Met
Getting Care Quickly	3.53	3.44	3.37	3.35	● Met

*CMS canceled submission of the 2020 M-CAHPS due to COVID-19. Although UCare did not submit the results to CMS, we conducted the survey as usual to allow for quality improvement initiative.

UCare Medicare CAHPS: UCare was above the national average for *Getting Care Quickly* and dropped slightly below the national average for *Getting Needed Care*. COVID-19 could be a reason for the decreased scores due to clinic closures during the time the survey was in the field.

MSHO	2018	2019	2020*	2019 National Average	Threshold Met/Not Met
Getting Needed Care	3.42	3.45	3.15	3.51	● Not Met
Getting Care Quickly	3.40	3.46	3.14	3.35	● Not Met

*CMS canceled submission of the 2020 M-CAHPS due to COVID-19. Although UCare did not submit the results to CMS, we conducted the survey as usual to allow for quality improvement initiative.

MSHO CAHPS: CAHPS results for MSHO decreased from 2019 to 2020 for both *Getting Needed Care* and *Getting Care Quickly*.

Connect + Medicare	2018	2019	2020*	2019 National Average	Threshold Met/Not Met
Getting Needed Care	3.46	3.53	3.22	3.51	● Not Met
Getting Care Quickly	3.39	3.44	3.08	3.35	● Not Met

*CMS canceled submission of the 2020 M-CAHPS due to COVID-19. Although UCare did not submit the results to CMS, we conducted the survey as usual to allow for quality improvement initiative.

Connect + Medicare CAHPS: CAHPS results for Connect + Medicare decreased from 2019 to 2020 for *Getting Needed Care* and *Getting Care Quickly*.

DHS CAHPS - Medicaid

The tables below show UCare's 2018, 2019, and 2020 DHS CAHPS results for some of the Composite Measures. Responses to individual survey composite questions were combined to form composite measures of members' experiences with their health plans. Enrollees responded on a 1-4 scale (1=never, 2=sometimes, 3=usually and 4=always) and DHS reports the percentage of members who rated questions as 3 or 4. The measures are calculated as the individual health plan mean score.

PMAP	2018	2019	2020	MN Average	Threshold Met/Not Met
Getting Needed Care	55%	83.0%	79.4%	81.3%	● Not Met
Getting Care Quickly	56%	85.7%	81.0%	83.3%	● Not Met

PMAP CAHPS: CAHPS results for PMAP decreased from 2019 to 2020 for *Getting Needed Care* and *Getting Care Quickly*. The threshold was not met.

MnCare	2018	2019	2020	MN Average	Threshold Met/Not Met
Getting Needed Care	57%	82.4%	81.1%	83.0%	● Not Met
Getting Care Quickly	62%	79.1%	80.7%	82.6%	● Not Met

MnCare CAHPS: CAHPS results for MnCare decreased from 2019 to 2020 for *Getting Needed Care* and increased for *Getting Care Quickly*. The threshold was not met.

MSC+	2018	2019	2020	MN Average	Threshold Met/Not Met
Getting Needed Care	45%	84.3%	82.0%	84.7%	● Not Met
Getting Care Quickly	44%	82.8%	82.5%	85.3%	● Not Met

MSC+ CAHPS: CAHPS results for MSC+ decreased from 2019 to 2020 for *Getting Needed Care* and *Getting Care Quickly*. The threshold was not met.

Connect	2018	2019	2020	MN Average	Threshold Met/Not Met
Getting Needed Care	53%	82.3%	82.7%	83.6%	● Not Met
Getting Care Quickly	58%	83.6%	82.9%	83.9%	● Not Met

Connect CAHPS: CAHPS results for Connect increase from 2019 to 2020 for *Getting Needed Care* and decreased for *Getting Care Quickly*. The threshold was not met.

UCare's scores compared to other Minnesota Medicaid health plans were consistent for all measures for all plans including PMAP, MnCare, SNBC, and MSC+. None of the measures scored significantly above or below the state average. In comparison to the 2019 scores, UCare showed improvement in all *Getting Care Quickly* for MnCare but, stayed consistent or declined slightly for the other product lines.

QHP Enrollee Experience Survey - Marketplace

UCare Individual and Family Plans	2018	2019	2020	2019 National Average	Threshold Met/Not Met
Access to Care	3.34	2.89	3.17	2.92	● Met

**Due to COVID-19 CMS canceled the submission of the 2020 QHP survey, but UCare elected to continue the survey as normal for quality improvement initiatives.*

QHP EES: Comparing UCare's QHP results from 2019 to 2020, the Access to Care measure improved and pushed UCare above the 2019 national average.

Member Satisfaction – ECHO

ECHO: Medicare and Medicaid

UCare Medicare	2019	2020	UCare Benchmark 80% Threshold Met/Not Met
Getting Treatment Quickly	60%	71%	● Not Met
Getting Treatment and Information from the Plan	74%	77%	● Not Met

Medicaid (PMAP, MnCare, Connect, and Connect+)	2019	2020	UCare Benchmark 80% Threshold Met/Not Met
Getting Treatment Quickly	73%	76%	● Not Met
Getting Treatment and Information from the Plan	69%	69%	● Not Met

Medicare + Medicaid, (MSHO & MSC+)	2019	2020	UCare Benchmark 80% Threshold Met/Not Met
Getting Treatment Quickly	65%	76%	● Not Met
Getting Treatment and Information from the Plan	71%	67%	● Not Met

⁽¹⁾ The ECHO survey was not completed in 2018

Marketplace (IFP)	2019	2020	UCare Benchmark 80% Threshold Met/Not Met
Getting Treatment Quickly	64%	62%	● Not Met
Getting Treatment and Information from the Plan	63%	55%	● Not Met

Medicare, Medicaid, and Marketplace plans were below the UCare benchmark for the ECHO survey for both Getting Treatment Quickly and Getting Treatment and Information from the Plan. Medicare + Medicaid decreased in Getting Treatment and Information from the Plan. Marketplace decreased in both measures. Medicare and Medicaid have seen an improvement in ECHO survey results from 2019 to 2020.

Evaluation of Effectiveness

UCare reviewed the interventions implemented in 2020 to determine effectiveness and identified opportunities to refine strategies for 2021. The outcomes are as follows:

Non-Mental Health and Substance Use Disorder

Product	2020 Intervention	Priority	Outcome
UCare Medicare and Medicaid Products	Continue working with internal UCare stakeholders to review and update product design and EOCs.	High	<p>Like previous years, in April of 2020, Provider Relations and Contracting contributed to the review of UCare’s Medicare Evidence of Coverage (EOC) in 2020. The specific section PRC lent its expertise was <i>Section 2: Use providers in the plan’s network to get your medical care; Section 2.1 You must choose a Primary Care Provider (PCP) to provide and oversee your medical care.</i></p> <p>PRC was also instrumental in reviewing and revising UCare’s State Public Programs (SPP) member Handbook. The SPP Handbook pertains to non-MH/SUD as well as MH/SUD services.</p> <p>An example of a specific benefit change in 2020, whereby PRC worked internally with other UCare departments was the new contractual relationship with TruHearing to serve as UCare’s preferred hearing aid benefit provider. This new benefit allows UCare Medicare health plan members to receive up to two advanced or premium hearing aids per benefit year through TruHearing.</p>
All Products	Continue utilizing UCare’s Maximizing Provider Networks meeting to identify non-MH/SUD provider network gaps and set priorities to implement interventional strategies.	High	<p>UCare continued sharing and discussing valuable information relative to non-MH/SUD provider gaps and network adequacy during the monthly Maximizing Provider Networks meetings.</p> <p>UCare made significant strides in filling crucial provider gaps in 2020. Many of the following providers were previously utilized by UCare solely through single case agreements. Examples of significant provider secured in 2020 include 1.) Bioventus, LLC, a Durable Medical Equipment (DME) provider that manufactures a device which accelerates the healing of bone fractures, and treats chronic pain associated with osteoarthritis, 2.) Twin Ports Dermatology, a vital practice in Duluth, MN that satisfied a critical gap for this medical specialty in St. Louis County, 3.) Neurotech, NA, a DME provider that specializes in medical grade therapeutic devices for both muscle rehabilitation and pain management.</p> <p>Because the Maximizing Provider Networks workgroup consists of representatives from several of UCare’s departments, expertise from these areas was successfully employed in 2020 to address issues, which involved not only satisfying non-MH/SUD provider gaps due to member appeals and the need for single case agreements, but also to set priorities to implement interventional strategies. Examples of such interventional strategies implemented</p>

			in 2020 include 1) addressing member transportation needs during the COVID-19 pandemic, 2) clarifying the location of child and teen immunization sites and 3) discussing the closing of selected primary clinic locations due to both the aftermath of the George Floyd killing unrest in Minneapolis and the economic stress from the COVID-19 pandemic and determining a strategy for UCare's members to continue uninterrupted care.
All UCare Medicare and Medicaid Products	Continue reviewing UCare's list of "closed network" provider specialties in order to determine whether opportunities for additional non-MH/SUD contracts exist.	High	<p>A comprehensive review of UCare's non-MH/SUD provider network is performed on an annual basis. In June of 2020, a thorough assessment UCare's non-MH/SUD ancillary network was conducted by PRC leadership and contract managers who manage UCare's non-MH/SUD ancillary network contracts. Given the results of the review, a decision was made not to implement any changes to UCare's "Closed Network" list relative to non-MH/SUD providers.</p> <p>In 2020, an evaluation of member appeals was made to determine which non-MH/SUD providers were documented and their specialty. Although the Closed Network list was not modified in 2020, due to trends in appeal requests, exceptions were made to authorize certain cases and/or allow for the contracting of certain unique non-MH/SUD providers. These exceptions were due to the following: a) access and availability standards, b) internal requests, c) external requests (e.g. regulator, community advocate, etc.), d) volume of claims, e) volume of authorizations, f) volume of UCare members served, g) unique services, h) unique member populations served, i) number of Single Case Agreements requested, j) continuity of care, k) non-MH/SUD contracts with the same provider for other services, and l) high risk non-MH/SUD providers as determined by UCare Special Investigations Unit (SIU).</p>
Marketplace	Although the number of billing & financial issues for non-MH/SUD appeals decreased substantially from 2018 to 2019, UCare will identify specific out-of-network non-MH/SUD providers to seek contracts with in 2020.	High	In the context of network transparency, the primary driver of billing and financial issues appeals in 2020, specifically non-MH/SUD services, were related to balance billing by out-of-network providers for emergency services received from out-of-network hospitals. A&G made PRC aware of these instances and PRC addressed the need to contract with said providers when domiciled in UCare's legislatively determined areas of allowed operation. When direct contracting with providers didn't make sense, single case agreements were implemented.
All Products	Continue assessing interventional strategies resulting from appeals and grievances as well as other sources. Intervention strategies include continue supporting non-	High	A&G monitors the number of appeals and grievances UCare receives from various sources, has representation at UCare's Maximizing Provider Networks meeting, their information was shared and analyzed in 2020 during the meeting to determine interventional strategies related to non-MH/SUD and MH/SUD services offered via telehealth and telemedicine. This was especially important during the COVID-19 Pandemic when member access was limited due to health-related constraints and restrictions. Contracted non-MH/SUD providers who were technically capable of providing telehealth and telemedicine

	MH/SUD telehealth (web-based virtual visits) services that bring access to specialized non-MH/SUD care to communities experiencing provider scarcity.		effectively were identified. This information was subsequently shared with UCare members via member communication.
Marketplace	Work will continue to improve education to Marketplace members regarding covered, preventive services verses diagnostic care that may accrue cost to the member.	High	In 2020, UCare’s Policy Coverage team managed its website (ucare.org/preventivecare) by updating all eight (8) pages of content. A brief description of preventive care was also added to direct UCare IFP members to web content in UCare’s new Member Guide. In addition, UCare vouchers were updated in 2020 with clear reference to preventive care, including language specific to diagnostic vs. preventive care.
All Products	Using data from the latest DHS and CMS CAHPS survey results, conduct an analysis to determine the most optimal strategy to improve scoring the next time the CAHPS surveys are administered.	Medium	<p>UCare has a goal of integrating social factor data, interim survey results, appeals and grievance information, disenrollment surveys, HRAs etc. to gain a greater understanding of who is responding to surveys and then determining how specific individuals perceive the plan.</p> <p>UCare is leveraging its partnership with Carrot Health to identify and communicate with members based on engagement and communication trends. This data will assist in stratifying communication methods, so we are communicating with members in the most effective way possible.</p>
All Products	Provide educational material via US Mail to UCare members emphasizing the importance of completing the CAHPS Survey. Additional information clarifying the use of UCare’s in-network provider search tool will be included.	Medium	Due to COVID-19, UCare held the mailing of member materials. CMS eliminated the requirement to submit 2020 survey data submission requirements for QHP. UCare made the decision to keep the survey in the field and continue with the standard methodology. The 2020 data can be compared to 2019 results and is used for internal quality initiatives.
Marketplace	Work will continue to improve	High	In 2020, UCare’s Policy Coverage team managed its website (ucare.org/preventivecare) by updating all eight (8) pages of

	education to Marketplace members regarding covered, preventive services verses diagnostic care that may accrue cost to the member.		content. A brief description of preventive care was also added to direct UCare IFP members to web content in UCare’s new Member Guide. In addition, UCare vouchers were updated in 2020 with clear reference to preventive care, including language specific to diagnostic vs. preventive care.
Marketplace	Emphasize relationships with non-MH/SUD providers that are geographically strategic to UCare	Medium	With MNsure market leader, UCare adding forty nine (49) Minnesota counties, to its IFP Plans product in 2021 (i.e. primarily in Western and Southern MN counties), UCare had to make a concerted effort to identify and execute provider participation agreements with numerous non-MH/SUD providers. This entailed a great number of phone conversations, which helped assure those providers that UCare was reaching out to them for the sole purpose of ensuring access to quality non-MH/SUD care for its IFP members in the upcoming year of 2021.

Mental Health and Substance Use Disorder

Product	2020 Intervention	Priority	Outcome
All Products	<p>Reduce the amount of MH/SUD services requiring prior authorization, thereby allowing for more efficient access to care.</p> <p>Through the funding of telehealth development infrastructure in rural areas, primarily in Northern and Western Minnesota counties, UCare continues enabling MH/SUD that are local to those specific areas to expand their availability of care.</p>	High	<p>UCare reviewed all services included on the Mental Health and Substance Use Disorder Service (MSS) authorization grid to determine what changes should be made. A decision was made in November 2020 to remove the authorization requirement for 1) Peer Recovery Support Specialist (H0038 U8), 2) Treatment Coordination (T1016 U8 HN), 3) Psychotherapy for Individual and Group (90832, 90834, 90837, 90853, 90875, 90876), 4) Psychotherapy for Family (90846, 90847, 90849), and 5) Psychological or Neuropsychological Testing Administration (96146).</p> <p>In 2020, UCare provided a \$100K grant to Convergence Integrated Care (CIC), a formal statewide clinically integrated network of independent non-profit community mental health centers. The grant money will be used by CIC to purchase mobile devices and data plans to distribute to clients with limited technology access. CIC will also conduct a network-wide needs assessment to identify areas to prioritize for technology and will distribute devices based on identified needs. Priority for distribution of funds will be given to rural areas and areas with inadequate broadband internet services, which is vital for effective telehealth operation.</p>
All Products	Continue working with internal UCare stakeholders to	High	Like previous years, in April of 2020, Provider Relations and Contracting contributed to the review of UCare’s Medicare Evidence of Coverage (EOC) in 2020. The specific section PRC lent its expertise was <i>Section 2: Use providers in the plan’s network to</i>

	<p>review and update product design and EOCs</p>		<p><i>get your medical care; Section 2.1 You must choose a Primary Care Provider (PCP) to provide and oversee your medical care.</i> The Medicare EOC addresses MU/SUD services as well as non-MH/SUD services.</p> <p>PRC was instrumental in reviewing and revising UCare’s State Public Programs (SPP) member Handbook. The SPP Handbook pertains to MH/SUD as well as non-MH/SUD services.</p>
<p>All Products</p>	<p>Continue utilizing UCare’s Maximizing Provider Networks meeting to identify MH/SUD provider network gaps and set priorities to implement interventional strategies</p>	<p>High</p>	<p>Due to valuable information shared and discussed during the monthly 2020 Maximizing Provider Networks meetings, PRC was able to secure a provider agreement with The Emily Program, which became effective on June 1, 2020. This agreement allows UCare Medicare and Medicaid members to receive comprehensive psychological, nutritional, medical, and psychiatric treatment for eating disorders.</p> <p>Due to the 2020 COVID-19 pandemic, it became increasingly important for PRC to ensure that MH/SUD telehealth was as robust and accessible to UCare’s members as possible.</p> <p>The Maximizing Provider Networks meeting provided the ideal forum to discuss telehealth access. A great deal of work was accomplished in 2020, including an effort to identify which UCare contracted providers offer both non-MH/SUD and MH/SUD telehealth and telemedicine services. This information was subsequently shared with UCare members via member communication.</p> <p>Although intensive community-based services are not traditionally reimbursed by Medicaid, in 2020, through discussion held at the Maximizing Provider Networks meeting, and other internal forums, UCare determined that such care is necessary and important. As a result, UCare implemented agreements with Mental Health Resources, and several other providers, in order to promote member access to these typically intensive, short-term interventions when members require additional assistance beyond standard care models. These services are provided in the home/community with the goal of stabilizing members by reducing hospitalizations and emergency room utilization while increasing access to appropriate services.</p> <p>Through discussions conducted during Maximizing Provider Networks meetings, in December of 2020, UCare successfully implemented a member access line for UCare members requiring support in scheduling MH/SUD appointments within UCare’s network of MH/SUD providers. This example of successfully implementing an interventional strategy for UCare’s MH/SUD network demonstrates the importance of the conducting monthly Maximizing Provider Networks meeting not only for the purpose of securing new provider agreements, but also for ensuring that the network is utilized as effectively and efficiently as possible.</p>

All Products	Continue reviewing UCare’s list of “closed network” provider specialties in order to determine whether opportunities for additional MH/SUD contracts exist	High	<p>A comprehensive review of UCare’s MH/SUD provider network is performed on an annual basis. In June of 2020, a thorough assessment UCare’s MH/SUD ancillary network was conducted by PRC leadership and contract managers who manage UCare’s MH/SUD ancillary network contracts. Given the results of the review, a decision was made not to implement any changes to UCare’s “Closed Network” list relative to MH/SUD providers.</p> <p>In 2020, an evaluation of member appeals was made to determine which MH/SUD providers were documented and their specialty. Although the Closed Network list was not modified in 2020, due to trends in appeal requests, exceptions were made to authorize certain cases and/or allow for the contracting of certain unique MH/SUD providers. These exceptions were due to the following: a) access and availability standards, b) internal requests, .) external requests (e.g. regulator, community advocate, etc.), d) volume of claims, e.) volume of authorizations, f) volume of UCare members served, g) unique services, h) unique member populations served, i) number of Single Case Agreements requested, j) continuity of care, k) MH/SUD contracts with the same provider for other services, and l) High risk non-MH/SUD providers as determined by UCare Special Investigations Unit (SIU).</p>
Marketplace	Although the billing & financial issues threshold was met in 2019 for MH/SUD appeals, UCare did realize a slight increase in this category from 2018 to 2019. Due to that fact, PRC will work with A&G to identify specific out-of-network MH/SUD providers to seek contracts with in 2020.	High	<p>In the context of network transparency, the primary driver of billing and financial issues appeals in 2020, specifically MH/SUD services, were related to balance billing by out-of-network providers for emergency mental health services received from out-of-network hospitals. A&G made PRC aware of these instances and PRC addressed the need to contract with said providers when domiciled in UCare’s legislatively-determined areas of allowed operation. When direct contracting with providers didn’t make sense, single case agreements were implemented.</p>
Marketplace	Continue leveraging UCare’s single case agreement process to decrease the number of number of appeals related to balance billing	High	<p>When appropriate, UCare PRC allowed for single case MH/SUD agreements for UCare IFP members who lived in areas where mental health care was not readily available. Often, specialized mental health care wasn’t available in certain areas. With the increase in telehealth and telemedicine during the 2020 COVID-19 pandemic, the need for single case agreements lessened primarily due to an increase in contracted in-network providers offering the option of virtual visits.</p>
Marketplace	Emphasize relationships with MH/SUD providers	High	<p>With MNsure market leader, UCare adding forty nine (49) Minnesota counties, to its IFP Plans product in 2021 (i.e. primarily in Western and Southern MN counties), UCare had to make a</p>

	who are geographically strategic to UCare		concerted effort to identify and execute provider participation agreements with numerous MH/SUD providers. This entailed a great number of phone conversations, which helped assure those providers that UCare was reaching out to them for the sole purpose of ensuring access to quality MH/SUD care for its IFP members in the upcoming year of 2021.
All Products	Continue to analyze the most recent ECHO survey results to determine the most optimal strategy to improve scoring of subsequent surveys.	Medium	A review of the results with UCare’s internal MSS SUD Workgroup as well as the MSS SUD Collaborative of Key Partners external group was conducted in 2020. The Workgroups continue to evaluate interventions.

Barrier Analysis

UCare continues monitoring barriers to care using the tools mentioned above. Barriers identified include:

- Although telehealth and telemedicine were utilized to its fullest possible extend by UCare contracted providers in 2020, during the COVID-19 pandemic, great challenges were realized and continue to remain in 2021 as the need for routine and specialized non-MH/SUD and MH/SUD care continues for UCare members.
- Adapting to a new normal will be critical for UCare to baseline and monitor its provider network. UCare will pay close attention to what works well and what doesn’t as the COVID-19 pandemic continues.
- Due to a decreasing trend for general practitioners to serve as the patient’s common, go-to provider for medical needs, the ability to adequately measure how care is delivered is becoming much more difficult to accomplish.
- In 2020, the CAHPS and QHP survey was impacted by the COVID-19 pandemic. Both surveys were fielded in mid-March thru May which correlates with the beginning of the pandemic. Although CMS allowed health plans the option to cancel the survey fielding, UCare utilizes these survey responses to direct internal interventions, so it was crucial to complete the survey, especially with the large impact COVID-19 had on our membership. Response rate to the 2020 survey was not impacted, but members perception and integration with health care and their health plan may have been impacted by COVID-19. In addition, members may or may not have interacted with their providers during the pandemic affecting scores relating to personal doctor, specialist, etc. Additionally, members may have felt that they were not able to access care or had longer wait times due to clinic restrictions and closures affecting how they responded to the CAHPS survey.
- A major barrier that is experienced with the CAHPS survey is the method by which the survey is administered. CMS offered the survey in English, Spanish and Chinese, while DHS offers the survey in English and Spanish. UCare’s membership is very diverse which makes it difficult for members who prefer to complete the survey in the language primarily spoken rather than the languages the survey is currently offered. UCare’s largest non-English speaking members are Somali and Hmong. In addition to the language speaking barrier, achieving optimal CAHPS and QHP scores is difficult when not all members read/write in English. Non-English speaking members may have a caregiver assist with completing the CAHPS or QHP survey which can result in bias answers or influence the member to respond to questions differently than if the survey was completed in the read or written language.
- Member experience survey results can be challenging to impact as it is scoring member perception and not the concrete interaction with the plan. UCare continues to make overall plan improvement, but it is a possibility these improvements do not directly impact the member sample selected each year. UCare has increased sample sizes to gain a better understanding and a statistically significant representation of our membership.

- Minnesota consists of sparsely populated rural areas with large tracks of land, the challenge continues for UCare to meet the demands of achieving geographically accessible health care for its members.
- Minnesota continues to experience a chronic shortage of health care professionals not willing to serve in areas designated by the state as lacking adequate health care professionals to serve its populace.
- Low response rates for the ECHO survey continues to be a barrier. The data gathered is not entirely representative of all UCare members.
- Members may not always be aware of how to access mental health materials from the health plan and may not be aware of services offered.
- The COVID-19 pandemic was also a barrier due to clinic closures and providers getting telehealth services set up efficiently.

Opportunities for Improvement

UCare identified the following opportunities for improvement (prioritized in order of importance):

Non-Mental Health and Substance Use Disorder

Product	Opportunity	Priority	2021 Intervention
All Products	Continue seeking additional non-MH/SUD contracting opportunities, especially in rural areas of Minnesota to increase provider availability.	High	UCare is engaging the provider community to expand the number of non-MH/SUD specialty providers including diverse ethnic and cultural service types. UCare is collaborating in over 30 state and local workgroups addressing the issue of provider network scarcity.
All Products	Continue supporting telehealth (web-based virtual visit) services to bring access to specialized care into communities experiencing provider scarcity.	High	UCare has funded telehealth development infrastructure around the state to enable providers to expand availability. UCare intends to continue to educate members relative these added benefits.
All Products	Identify non-MH/SUD provider network gaps in all UCare's Medicare and Medicaid products.	High	Utilize UCare's Maximizing Provider Networks meeting to identify non-MH/SUD provider network gaps and set priorities to implement interventional strategies
All Products	UCare will continue evaluating applicable policies and procedures to more effectively support the evaluation and improvement of availability to the non-MH/SUD provider network. The goal will be to streamline data collection and evaluation efforts to enhance quality reporting.	Medium	PRC will continue leveraging existing and/or developing new channels to collect member experience insights regarding access to various MH/SUD providers. This will include continuing quarterly forums with member-facing staff to discuss barriers and challenges that members experience while accessing care across our service area.
All Products	Understanding the national landscape and impacts of COVID-19 on member experience.	Medium	Due to the lack of a 2020 national average provided by CMS because of COVID-19, UCare is working with ACHP health plans to conduct a deeper analysis of 2020 CAHPS survey results. ACHP is assisting its MCO members by providing trends and data analytics to observe the impact

			that COVID-19 has had on member experience with their health plan.
All Products	Improved data integration to improve member experience.	Medium	<p>UCare has a goal of integrating social factor data, interim survey results, appeals and grievance information, disenrollment surveys, HRAs etc. to gain a greater understanding of who is responding to surveys and then determining how specific individuals perceive the plan.</p> <p>UCare is leveraging its partnership with Carrot Health to identify and communicate with members based on engagement and communication trends. This data will assist in stratifying communication methods, so we are communicating with members in the most effective way possible.</p> <p>Interim CAHPS surveys will be sent to members on an annual basis to continue identifying areas needing improvement. The survey will collect both quantitative and qualitative data to better gauge member experience and help identify how UCare can better serve and improve the health of member more effectively.</p> <p>The Interim CAHPS survey will continue to go to MSHO, Connect + Medicare, UCare Medicare and MSC+ members. Due to the positive impact experience for other UCare products, EssentiaCare will be an additional product that will be surveyed to gain a better understanding of the needs of this population.</p>

Mental Health and Substance Use Disorder

Product	Opportunity	Priority	2021 Intervention
All Products	Continue seeking additional MH/SUD contracting opportunities, especially in rural areas of Minnesota to increase provider availability.	High	UCare is engaging the provider community to expand the number of MH/SUD specialty providers including diverse ethnic and cultural service types. UCare is collaborating in over 30 state and local workgroups addressing the issue of provider network scarcity.
UCare Medicare and Medicaid Products	Identify MH/SUD provider network gaps in all UCare’s Medicare and Medicaid products.	High	Continue utilizing UCare’s Maximizing Provider Networks meeting to identify gaps in UCare’s MH/SUD provider network and set priorities to implement interventional strategies.
All Products	Continue supporting telehealth (web-based virtual visit) services to bring access to MH/SUD care into communities experiencing provider scarcity.	High	UCare has funded telehealth development infrastructure around the state to enable local mental health centers to expand their psychiatric availability. UCare intends to continue to educate members on these added benefits.
Marketplace	Identify MH/SUD provider network gaps in each of UCare’s IFP products.	High	Continue utilizing UCare’s Maximizing Provider Networks meeting to identify gaps in UCare’s MH/SUD provider network and set priorities to implement interventional strategies.

All Products	UCare will continue evaluating applicable policies and procedures to more effectively support the evaluation and improvement of availability to the MH/SUD provider network. The goal will be to streamline data collection and evaluation efforts to enhance quality reporting.	Medium	PRC will continue leveraging existing and/or developing new channels to collect member experience insights regarding access to various MH/SUD providers. This will include continuing quarterly forums with member-facing staff to discuss barriers and challenges that members experience while accessing care across our service area.
All Products	Analyze the most recent ECHO survey results to determine the most optimal strategy to improve scoring of subsequent surveys	Medium	A Review of the results with UCare’s internal MSS SUD Workgroup as well as the MSS SUD Collaborative of Key Partners external group was conducted in 2020. These groups meet on a monthly and quarterly basis.
All Products	Review and analyze the 2020 Provider Survey to see themes related to why practitioners rated the health plan on various questions within the survey.	Medium	Review policies and procedures where themes emerged and increase clarity around UCare processes and communication.
All Products	Develop a partnership with Certified Community Behavioral Health Clinics (CCBHC) and Behavioral Health Homes (BHH).	Medium	Reach out to specific agencies to initiate and partner with UCare to close dental and preventive gaps in care.

Assessment of Provider Directory Accuracy

Activity Description

UCare conducts an annual assessment of the provider directory that is offered to members and prospective members to determine the accuracy of the directory listings. UCare reviews the provider directory’s primary care providers and our high impact and high-volume specialty care providers. High volume specialty care providers include cardiology, surgery, neurology, OBGYN, ophthalmology, and orthopedic surgery. High impact providers include oncology. The review focused on determining whether the information published in the online provider directory is accurate. UCare samples the provider directory and conducts outbound calls to validate provider data elements.

UCare collects and analyzes information using a sound data collection methodology that produces valid and reliable results. UCare utilizes the 85% confidence interval with a 15% margin of error to assess the accuracy of the online provider directory.

There are approximately; 16,000 primary care providers available at 1,000 locations, 11,700 high impact and high-volume specialty and mental health providers at 3,800 locations. Based on the 85% confidence interval and 15% margin of error, UCare conducted a survey of 22 primary care providers, 42 specialty and mental health providers.

Quantitative Analysis and Trending of Measures

The below tables include survey results for: office location, phone number, hospital affiliations, accepting new patients, and awareness of contract. The numerator of each chart represents the number of correct records specific to the question category and the denominator represents the number of records that were sampled. The

percentage is the rate of correct records. An analysis of each category is provided at the end of this section after the quantitative summaries for the primary and specialty care providers.

Primary Care Providers

Categories	2018 Results	2019 Results	2020 Results	UCare Goal	Goal Met
Office Location	100% (11/11)	63% (7/11)	95% (21/22)	90%	● Yes
Phone Number	82% (9/11)	90% (10/11)	86% (19/22)	85%	● Yes
Hospital Affiliations	45% (5/11)	63% (7/11)	59% (13/22)	70%	● No
Accepting New Patients	100% (11/11)	45% (5/11)	95% (21/22)	90%	● Yes
Awareness of Contract	55% (6/11)	100% (11/11)	95% (21/22)	90%	● Yes

UCare made major progress in the accuracy of office location and accepting new patients for primary care providers in 2020. Those two categories were not meeting goals in 2019 and in 2020 met the goal. Accuracy of primary care providers' phone numbers slipped slightly but remained above our goal. Hospital affiliation declined slightly from 2019 and remained below our goal.

Specialty and Mental Health Providers

Categories	2018 Results	2019 Results	2020 Results	UCare Goal	Goal Met
Office Location	91% (10/11)	63% (7/11)	93% (39/42)	90%	● Yes
Phone Number	55% (6/11)	81% (9/11)	88% (37/42)	85%	● Yes
Hospital Affiliations	36% (4/11)	72% (8/11)	38% (16/42)	70%	● No
Accepting New Patients	91% (10/11)	45% (5/11)	98% (41/42)	90%	● Yes
Awareness of Contract	73% (8/11)	91% (10/11)	98% (41/42)	90%	● Yes

UCare saw a major improvement in the accuracy of office location, phone number, and accepting new patients for specialty and mental health providers in 2020. The improvements in the categories amounted to moving from not meeting the goal in 2019 to meeting the goal in 2020. The accuracy of hospital affiliation remained below goal and decreased from levels observed in 2019.

Analysis

UCare has made good progress in the accuracy of our provider directory data in 2020. 5 of the categories measured between primary care and specialty/mental health care that were not previously meeting goals have moved to passing ranges.

Hospital affiliations remains the only category for both primary care providers and specialty/mental health providers not meeting our goals. Hospital affiliations is important for our members; however, we had prioritized the other elements over it. UCare focused on the directory elements that would prevent a member from knowing where to find and how to contact a provider. The goals have now been met for those items and we should now focus on hospital affiliations.

Evaluation of Effectiveness

Although 2020 was a very different year, it was a good year for provider directory data accuracy. UCare's efforts including; delegated credentialing roster reconciliations, ongoing sampling, LexisNexis provider data accuracy tool, National Plan and Provider Enumeration System (NPPES) data comparisons and PDAT (Provider Data Accuracy Tool) operations, have improved our accuracy scores to levels that meet our set goals.

PRC's ongoing partnership with Credentialing and delegated roster reconciliation has been formalized in procedure (PRC-0188). The process continues to be fruitful in catching practitioner data changes that delegates may have failed to communicate clearly. PRC's call monitoring and LexisNexis data accuracy continues to identify invalid phone numbers throughout the year. Identifying and correcting invalid phone numbers is crucial in maintaining high levels of provider data accuracy. NPPES has been loaded into UCare's Integrated Data Layer (IDL) and processes have been established to keep the data updated. PDAT operations continue to prove to be a best practice in allowing (and reminding) providers to tell us directly about data changes.

Barrier Analysis

The COVID-19 pandemic was the largest barrier to provider data accuracy in 2020. PRC opted to pause monitoring calls over several months during the year. Contracted provider care system layoffs and furloughs also caused challenges for data accuracy and monitoring. Provider office staff that maintain data changes were out at times during the year which may have delayed change data notifications to UCare.

Provider data continues to evolve and change so rapidly that it remains imperative to prioritize and monitor provider data accuracy. Now that UCare is meeting most goals relating to provider data accuracy, competing priorities might receive more attention. It will be important for UCare to continue best practices relating to accurate provider data.

Opportunities for Improvement

UCare can further improve provider data accuracy and processes by continued development of provider portal and Provider Data Update Tool (PDUT) work. UCare has been involved in a multi-year digital transformation project (DXT) which will create a better provider experience on our website. UCare plans on integrating current provider data updating interfaces into a one stop shop for providers. These changes along with comprehensive communication will galvanize providers to correct inaccurate data even more than they do today.

UCare should also continue to analyze NPPES data and encourage providers to update the database. The Centers for Medicare Services (CMS) announced plans in 2020 to make the NPPES database the single source of truth for practitioner at site data in the US. UCare will continue to support CMS with their efforts to create the data set. If providers had to only keep one database updated, the administrative burden would be greatly reduced and there would be a better chance the updates make it to UCare's provider directory. There is an opportunity to develop communication strategies that emphasize and facilitate provider NPPES use.

Value-Based Contracting

Activity Description

Through the Path to a Best Health Program, UCare actively engages network providers in alternative payment arrangements across Medicare, State Public Programs, Integrated Plans, and Commercial products. As outlined below, this program provides a range of provider incentives designed to reduce costs and improve outcomes for UCare members.

Medicare Products

Accountable Care Collaborative Program (ACCP): ACCP includes both financial and quality components. It utilizes shared risk arrangements with adjustments based on quality outcomes. Quality measures use HEDIS standards

and provider performance is measured against both the UCare aggregate rate and the CMS Five STAR rating. Measures contained under these contracts include:

- Plan All Cause Readmissions
- Medication Adherence (diabetes, hypertension, statins)
- Comprehensive Diabetes Care
- Colorectal Cancer Screening

Co-Sponsored Joint Branded Product: Through our partnership with Essentia Health, UCare offers the EssentiaCare product to our Medicare members. This is a “co-owned” product with shared responsibility for care management, quality, outcomes and financial performance.

State Public Programs and Integrated Products

Care Improvement Incentive Program (CIIP): CIIP is an outcomes-focused provider program that rewards primary care providers and care systems for addressing common health disparities. Targets are set in order to achieve a four percentage-point improvement year over year. Measures contained under these contracts include:

- Annual Wellness Visit
- Chlamydia Screening
- Diabetes A1C Control
- 30-day follow-up after Mental Health ER visit or Hospitalization
- Annual Dental Visit
- Appropriate ER and Inpatient utilization

Recognizing that most traditional providers are just starting to collect and address social determinants of health on a routine basis, UCare also added a bonus measure to the CIIP program to reward providers for this activity.

Integrated Care System Partnerships (ICSP): ICSP is focused on incentives that will allow providers to target specific outcomes for members experiencing gaps in care. Several of these agreements focus on cancer screening and chronic condition management, which are prominent health care disparities in our membership. All of the providers participating under these contracts are financially at risk for performance to quality measures. Measures contained under these contracts include:

- CMS Nursing Home Star Ratings
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder
- Plan All Cause Readmissions
- Breast Cancer Screening,
- Medication Adherence (hypertension and statins)
- Follow-up after Hospitalization for Mental Illness
- Follow-up after Emergency Visit for Mental Illness

Delegated Care Coordination with Total Cost of Care: Under Delegated Care Coordination with Total Cost of Care arrangements, UCare provides flexible funding to partners through monthly capitation payments under delegation agreements. The delegated providers are obligated to perform high quality, comprehensive activities that are required by UCare, as well as state and federal regulations. Provider groups are financially at risk for controlling the costs of care by arranging preventive care, managing chronic disease to avoid unnecessary hospitalizations and emergency room visits, ensuring appropriate medication use, and meeting member’s social needs. UCare shares any financial gains or losses with the delegated provider groups.

Commercial Products

Co-Sponsored Joint Branded Product: UCare offers a co-branded commercial product in collaboration with providers M Health Fairview and North Memorial. Through this three-way partnership, UCare and these providers share jointly accountable for care management, quality, outcomes and financial performance.

Other Alternative Payment Arrangements

In addition to the above programs, UCare has also contracted with several targeted providers in order to meet population-specific service needs, including outreach programs for members without primary care, work with adult day centers and group homes and implementation of programs to improve dental access.

Provider Support

As outlined above, UCare engages in alternative payment arrangements with a sizeable and growing cross-section of our providers. In total, UCare has over 150 non-traditional agreements in place with providers (*Note: Some providers may participate in more than one alternative payment arrangement*). This includes providers contracted through the Path to Best Health Program, as well as providers with capitation arrangements, innovation partnership agreements, delegate value-based agreements and financial risk/gain share contracts. Providers receiving extra payments for patient management, care coordination and case management services are also represented in this figure.

Providers in value-based arrangements are provided with a range of reporting to support their performance in focus areas of the agreement. Examples of data exchanged are:

- Member rosters with demographic and cost/utilization data – used to stratify the population and identify those at highest risk for focused attention
- Gaps in care action lists – used to identify members overdue for care such as mammograms, diabetes checks, preventive visits, dental visits, etc.
- Financial reports – provides information if the provider is at a surplus or loss
- Quality Performance reports – provides information on how well the provider is performing towards their quality goals
- Full claims data – for providers who want to do their own analysis

UCare also provides technical assistance and practice transformation support to partners through meetings with UCare Quality Improvement, Provider Relations and Contracting, Clinical Services and data analytics staff. Meetings vary in frequency (quarterly, annually) but are highly valued by providers as an opportunity to evaluate and discuss performance measurement and outcomes, identify collaborative efforts to support members, and combine resources to share accountability for outcomes.

Quantitative Analysis and Trending of Measures

See HEDIS section for trended quality metrics and quantitative analysis.

Evaluation of Effectiveness

See HEDIS section for evaluation of effectiveness.

Barrier Analysis

The following barriers have been identified related to executing value-based contracts and facilitating quality improvement activities:

- The COVID-19 pandemic negatively impacted access to routine healthcare, leading to decreased utilization of preventive services.
- UCare technical and data privacy issues prevented the timely transmission of member data to select providers, temporarily limiting their capability to manage their membership.
- Small membership size prevented the execution of value-based agreements with some small and mid-sized providers.

Opportunities for Improvement

After completing the above barrier analysis, UCare has identified the following opportunities for improvement:

- UCare will adjust contractual quality metrics and targets, when appropriate, to address COVID-19 utilization impacts.
- UCare will develop a corporate policy/process for provider data sharing, in order to streamline

- transmission of needed member information.
- UCare will continue to explore alternative provider agreements designed to improve member outcomes, regardless of provider size.

Delegated Business

Activity Description

UCare delegates several member related functions to outside entities through a contracting process. UCare currently delegates chiropractic services to Fulcrum Health, Inc.; dental services to Delta Dental; pharmacy benefit management to Express Scripts, Inc. (ESI); hearing aid benefits to TruHearing; disease management to Medtronic, Essentia Health and Essentia Care; utilization management to Magellan, Fairview Partners and Care Continuum, Inc.; and practitioner credentialing to several entities. All the services delegated to these entities on behalf of UCare members are outlined in contracts that are reviewed on a regular basis.

These delegated business services are audited by UCare against state, federal and NCQA requirements. Any deficiencies where the delegate does not meet the minimum compliance standards requires a corrective action plan (CAP) to resolve the root cause of the deficiency. A monitoring program may be necessary, depending on the deficiency, to ensure sustained compliance after the CAP has been implemented.

Quantitative Analysis

UCare conducts annual audits (per the schedule below) of the services provided by the delegates to ensure contractual and regulatory obligations are being met. Delegation agreements starting in 2020 will be reflected 2021 audits (Care Continuum, Essentia Care, Medtronic). Audit results are reviewed at Compliance Oversight Committee or Credentialing Committee.

Delegated Entity	Delegated Functions	Last Audit	Status
Fulcrum Health, Inc.	Utilization Management; Claims Administration; Network Management	4Q 2020	In progress
Magellan	Utilization Management	November 2020	Ongoing monitoring
Fairview Partners	Utilization Management	May 2020	Ongoing monitoring
Medtronic	Disease Management – Heart Failure	February 2020	Ongoing Monitoring
Essentia Health	Disease Management – Heart Failure	February 2020	Ongoing Monitoring
Delta Dental	Claims payment and administration; Complaints Appeals Grievances; Credentialing; Customer Service; Network Management, Utilization Management	4Q 2020	In progress
Express Scripts (ESI)	Utilization Review; Claims Administration Formulary Administration; Prescription Drug Event Management; Pharmacy Network Management	4Q 2020	Ongoing monitoring
Delta Dental	Credentialing	January 2020	Ongoing monitoring
Fulcrum Health, Inc.	Credentialing	May 2020	Ongoing monitoring
ESI	Credentialing	September 2020	Ongoing monitoring

Delegated Entity	Delegated Functions	Last Audit	Status
Altru Health System (North Region Health Alliance)	Credentialing	June 2020	Ongoing monitoring
Avera Health	Credentialing	August 2020	Ongoing monitoring
Children’s Hospitals & Clinics of MN	Credentialing	March 2020	Ongoing monitoring
Essentia Health – East Duluth Clinic (SMDC)	Credentialing	September 2020	Ongoing monitoring
Essentia Health – West Innovis	Credentialing	June 2020	Ongoing monitoring
Fairview Health Services	Credentialing	September 2020	Ongoing monitoring
MCHS-Franciscan Skemp Healthcare	Credentialing	May 2020	Ongoing monitoring
HealthPartners	Credentialing	June 2020	Ongoing monitoring
MCHS-Eau Claire	Credentialing	May 2020	Ongoing monitoring
Sanford Health System	Credentialing	July 2020	Ongoing monitoring
University of Wisconsin	Credentialing	May 2020	Ongoing monitoring
Hennepin County Medical Center	Credentialing	November 2020	Ongoing monitoring
Gundersen Health System	Credentialing	May 2020	Ongoing monitoring
St. Luke’s	Credentialing	February 2020	Ongoing monitoring
Minute Clinic	Credentialing	December 2020	Ongoing monitoring
Olmsted Medical Center	Credentialing	August 2020	Ongoing monitoring
Winona Health	Credentialing	October 2020	Ongoing monitoring
Mayo Clinic in Rochester	Credentialing	August 2020	Ongoing monitoring
MCHS – DCO	Credentialing	May 2020	Ongoing monitoring

Evaluation of Effectiveness

UCare’s delegation oversight has been strong in 2020, with opportunities for improvement identified that have been addressed at UCare. For the individual delegates, UCare’s oversight has identified issues in the audits that have also been addressed or are in the process of being addressed through corrective action.

For the Credentialing delegates, based on the analysis, the delegate oversight program has been strong. Overall, compliance has improved with UCare’s delegates based on the outcomes from our annual audit recommendations and action plan oversight.

Barrier Analysis

Barriers in the review of delegated data that exists outside of our Credentialing database were identified. We are striving toward continuous improvement for these specific delegates. Access to systems that house this information has been a challenge.

Opportunities for Improvement

As mentioned above, for the individual delegates, UCare’s oversight has identified issues in the audits that have been either addressed or are in the process of being address through corrective action. Opportunities exist with further review of the new NCQA standard for Utilization Management System Controls.

UCare’s credentialing staff provided several recommendations to the delegates during the annual audits. Opportunities exist with further review of the new NCQA standard for Credentialing System Controls. UCare continues to work with the Minnesota Council of Health Plans (MCHP) Collaborative to identify a clear and concise review process. Other recommendations include minor policy verbiage changes.

All entities are working towards completing timely recommendations from annual audits, if not already completed. UCare will continue to monitor the delegates by using Compliance TPRM 360 for tracking audits and monitoring results, approval, and review by the Credentialing Committee and through the Compliance Oversight Committee to review audit results.

Medical Record Standard Audit and Advance Directive Audit

Activity Description

In 2020, UCare conducted the Medical Records Standards Audit (MRSA) and the Advance Directive Audit (ADA). The purpose of completing accurate patient record documentation is to foster quality and continuity of care. It creates a means of communication between providers and members about health status, preventive health services, treatment, planning, delivery of care and the holistic needs of an individual to achieve optimum health. In addition, providing documentation from referral encounters to specialist and from both planned and unplanned hospital care to a member’s primary care provider ensures that the primary physician has a complete medical record on file and that the referring provider has necessary information. The medical records also need to document an advance directive or discussion regarding advance directives to provide members an opportunity to be a participant in their own care.

Quality Management’s internal HEDIS team conducted the Medical Records Standard Audit and the Advance Directive Audit as is the normal process. There were 595 UCare members randomly selected for the Medical Records Standards Audit and 927 members were selected for the Advance Directive Audit as part of the HEDIS 2020 audit (on 2019 records). For the Advance Directive Audit, reviews were completed for members 18 years of age and older from care locations or provider practice groups that service a high volume of UCare members.

The Medical Records Standards Audit used a list of 14 criteria to assess provider medical record keeping practices. 10 out of 14 criteria scored above the established 85 percent standard. The only criteria below the standard was criterion numbers 8, 12, 13 and 14 in the table below. Both 8 and 12 criteria have had lower performance in prior years. The 2020 audit for the first time added two additional criteria related to social factors and the rates produced were baseline measures.

Due to COVID-19, a large percentage of medical records needed for a complete set of data for HEDIS 2020 were not retrievable. The annual Medical Record Standards audit relies on complete HEDIS data to have a strong sample size. Rates and sample sizes may be different this year in light of COVID-19’s impact.

Quantitative Analysis and Trending of Measures

Medical Record Standards Audit Results

		Adjusted HEDIS 2018 (CY2017)	Adjusted HEDIS 2019 (CY2018)	Adjusted HEDIS 2020 (CY2019)
1	Record is legible to someone other than the author.	99.94%	99.62%	↑100%
2	For every entry, the visit note includes the practitioner’s signature—handwritten, a unique electronic identifier or initials, and credentials with the date and time documented.	99.77%	98.99%	↑99.66%
3	Record contains a current problem list or problems documented in the progress notes.	99.24%	96.84%	↑99.33%

4	The medication list, including OTC drugs, is updated at the last visit and is documented in the progress notes. Prescribed medications should include dosages and dates of initial or refill prescriptions.	94.49%	97.47%	↑97.82%
5	The presence/absence of allergies/adverse reactions is documented in a consistent, prominent location. If the member has no known allergies or adverse reactions, this is noted in the record.	98.83%	97.59%	↑97.98%
6	If the member has been referred to a specialist, the summary of care and/or operative, treatment reports, etc. are present in the medical record.	94.17%	93.38%	↑93.40%
7	If the member received care at a hospital or an outpatient care facility (ER/Urgent Care), the report for that care is in the medical record.	91.79%	85.15%	↑93.18%
8	Immunizations are updated and documented on an immunization record.	71.38%	70.63%	↑74.62%
9	Documentation exists related to the inquiry/counseling of smoking habits.	95.01%	94.43%	↑95.46%
10	Documentation exists related to the inquiry/counseling of alcohol/other substance habits.	88.09%	92.53%	↓91.26%
11	Abnormal lab/diagnostics are noted and there is documented follow up.	95.34%	92.37%	↑95.98%
12	Documentation addresses the availability of preventive screening services.	80.94%	75.70%	↓73.45%
13	Social Factors (SDoH) have been assessed (Including access to food, housing, transportation, etc.).	NA	NA	21.85%
14	If a social need was identified, there was evidence the provider and clinic worked to address/intervene on the need.	NA	NA	63.64%

UCare improved or maintained high performance in 10 out of the 14 criterions. One criterion that declined to levels previously experienced was the documentation and availability of preventive screening services. Many providers are continuing to utilize medical record tools such as a health maintenance schedules for preventive care monitoring, but providers commit to keeping those tools updated at varying degrees. It was also noted that not every health maintenance schedule is programmed to be addressed at every visit. There also seemed to be less training provided to staff updating the health maintenance schedules who are not on the patient's direct primary care team. For example, more errors in the schedule entries seemed to come from staff doing outreach effort to patients for closure of care gaps. One observed error was a staff member called a patient and documented refusal for a colonoscopy by writing the word "refusal" in the date field and thus the tool auto calculated the next due date for 10 years in the future. This type of error could be why recent preventive schedules are less reliable or not always used. This indicator will be important to monitor into 2021 as COVID-19 has caused major declines in preventive care services and many members are behind schedule on routine screenings for 2020 and 2021. It will be more important than ever to ensure providers are making patients aware of what preventive services they are due for. This includes vaccinations, which was the third lowest performing indicator.

The two lowest performing indicators are new criteria to our annual MRSA and the rates for 2020 will serve as baseline measurements. The two indicators are 1) if members are getting at least one annual social needs assessment and 2) if social needs are identified, there is evidence of efforts to provide a member with resources to meet that need. It is unclear if the normal threshold of 85% is appropriate for these new criterions, but it is clear that all UCare providers have room to improve both rates. The number of members who were routinely assessed for their social needs was very low, less than 22%. Most electronic medical records (EMRs) have built-in assessment tools for social needs, but few were completed by providers or members of the care teams. Much more encouraging was that when a social need was identified, more than 60% of the time providers attempted to

address the need. One of the largest drivers to the low assessment rates was providers not having resources to help meet member needs. However, as more medical dollars are able to fund social supportive programs, more assessments will likely begin to happen.

Advance Directive Audit Results by HEDIS Year and Product

Product Name	Total Member Charts Reviewed		% Compliant by Product	
	2019	2020	2019	2020
Connect	105	67	39.05%	↓26.87%
Connect + Medicare	83	85	39.76%	↑40.00%
MSHO	411	411	90.27%	↓89.29%
PMAP	272	55	18.38%	↓5.45%
UCare Medicare	121	87	59.50%	↓37.93%
Individual and Family Plans (IFP)	114	72	18.42%	↓9.72%
UCare Medicare with M Health Fairview & North Memorial Health	NA	51	NA	33.33%
EssentiaCare	NA	99	NA	51.52%
Total	1,106	927	53.16%	↑57.17%

Advance directive performance increased by 4.01 percentage points from last year overall. The greatest driving force for our improvement was the addition of two generally higher performance Medicare Advantage products to our audit: EssentiaCare and UCare Medicare with M Health Fairview and North Memorial Health. Most other product lines saw declines in our 2020 audit, which could have been caused by our lower sample sizes. Many of our audited providers are doing work to influence advanced care planning in a favorable manner. During UCare's audit, observations were made of the following:

- Clinics facilitated classes (Honoring Choices, etc.)
- Clinics offered talking points for care givers to provide "word of mouth" impact
- Advance directive home visits
- EMRs prompted providers to ask the questions
- More members were enrolling in hospice and palliative care, which qualifies as advanced care planning

Evaluation of Effectiveness

For the 2020 audit, there was a decreased denominator for almost all product lines and some dramatic decreases such as PMAP down from 272 to 55, due to limited access to medical records during the COVID-19 pandemic. Most individual product rates declined. The reason the overall rate improved was due to the addition of moderately high performing Medicare Advantage products, taking our total audited products up from 6 to 8. The products that saw the least significant changes were the special needs plans (SNPs), which are MSHO and Connect Plus. Due to the strong support of UCare's care coordinators, documentation covering advanced care planning for members is generally more accessible internally to the health plan, thus less impacted by COVID-19.

UCare maintained detail information in our Provider Manuals to educate providers on advance directives and medical record standard criterion. The Provider Manual includes information stating that a medical record needs to document an advance directive is present or document discussion about the importance of an advance directive. UCare reinforces that advance directive resources are available for their patients and clients. UCare will continue providing advanced care planning information to the community health providers that service populations like the disabled to facilitate improvement across all products.

In the current COVID-19 pandemic, much advancement has taken place to encourage more telemedicine care, including for Annual Medicare Wellness visits. Annual Well visits are key to ensuring annual advanced care

planning discussions are taking place. UCare has been working to encourage members and providers to continue Annual Well visits, even if it needs to take place virtually. In the 2021 audit, UCare will look closely at whether telemedicine assisted members in meeting advanced care planning activities with their providers and clinics.

Barrier Analysis

In 2020, the most apparent barrier for this audit was the major impact COVID-19 had on our ability to access medical records from providers' offices who have been overburdened physically, mentally and financially by the pandemic. In addition to less medical record data for the 2020 audit, many providers have not prioritized quality improvement efforts related to these types of measures as they navigate impacts of COVID-19. Moving into 2021, signs point to another year of a challenging audit with limited access to medical records.

We also noted an increase in the adoption of telemedicine for routine visits, however it is still lagging behind traditional in-person care and can be a complex and difficult process for some members to navigate, including our special needs populations. We will continue to monitor the impact of telemedicine on MRSA and ADA results in 2021.

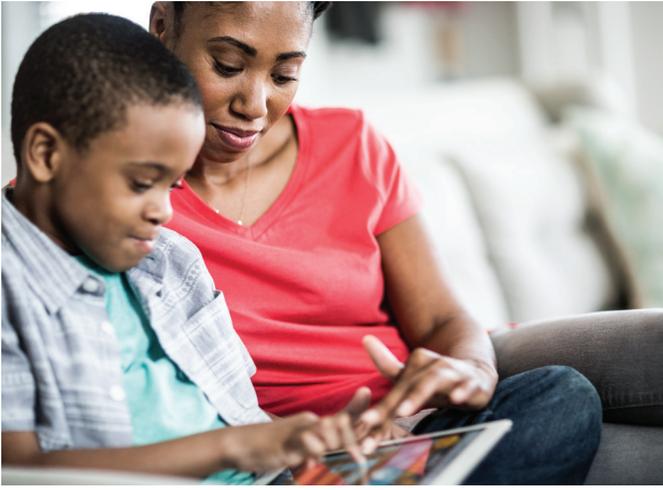
There continues to be minor issues with finding documentation of an advance directive or evidence of discussion about an advance directive in charts. UCare is evaluating the best sampling technique to ensure consistency. The MRSA did not include sample criteria for hospitals or specialists, thus the sub-populations for criterion like 6 and 7 can fluctuate year to year.

Opportunities for Improvement

For the MRSA, Quality Management will continue to publish an article for the monthly provider newsletter. This article will include information summarizing the process, audit results, and emphasize the importance of well-documented and complete medical records. Additionally, UCare will continue to encourage bi-directional data exchange opportunities across the provider network.

For the 2021 MRSA, the 13th and 14th criterion will be measured again to assess if providers are documenting social factors and intervening when needed. UCare has an invested interest in social factors, particularly if providers are incorporating that information into their assessments and physical exams. A second year of measurement will provide the opportunity to see some trending, however the effects of COVID-19 could skew the results.

To improve both the MRSA and the ADA results for 2021, UCare will continue to promote and support the use of telemedicine to ensure members are staying engaged with their primary care providers during the disrupted period of the COVID-19 pandemic. UCare will continue to promote the importance of maintaining annual well visits, preventive screenings and vaccinations, and even basic check-ins about a member's changing position in life such as job loss, housing stability and access to food and necessities.



2020 Quality Program Evaluation- Community Resources



Community Resources

Member Wellness and Safety Initiatives

UCare's Health Promotions team develops, coordinates, and evaluates member wellness and safety initiatives in collaboration with other UCare departments.

Activity Description and Quantitative Analysis

Member Wellness Initiatives

Mobile Dental Clinic

UCare is proud to be the first Minnesota health plan to own and operate a Mobile Dental Clinic. The Mobile Dental Clinic offers dental check-ups, cleanings and simple restorative care to UCare members who have limited access to quality dental care. The clinic rotates visits at five metro area locations and six greater Minnesota locations providing care to UCare members. All care is provided by faculty-supervised dental, dental hygiene and dental therapy students from the University of Minnesota School of Dentistry, UCare's Mobile Dental Clinic (MDC) partner. The clinic is a specially designed, wheelchair-accessible, 43-foot "dentist's office on wheels." It has three dental chairs, state-of-the-art instruments, chairside digital radiography, and an electronic health record system.

Tobacco and Nicotine Cessation

The UCare Tobacco and Nicotine Quit Line is available to UCare members, age 13 and older. The quit line offers one-on-one coaching support for members to get help to quit smoking, chewing tobacco and vaping. Coaching is available over the phone, online and through mobile app. The quit line is available 24 hours a day, 7 days a week. Members age 18 and older can receive a free eight-week supply of nicotine replacement therapy (i.e. gums, patches) through the quit line. UCare offers pregnant and postpartum members a \$25 incentive for enrolling in the quit line. From January 1, 2020 to December 31, 2020, there were 693 enrollments in the quit line, with 13 members reporting pregnancy or postpartum.

Fitness programs

UCare offers two fitness programs to its member population, SilverSneakers and Health Club Savings. The goals of this program are to increase physical activity among our members and reduce the financial barriers to gym memberships and achieving physical fitness. The SilverSneakers program offers free basic gym memberships to eligible members at participating locations. From January 1, 2020 -November 30, 2020, members participating in the SilverSneakers program averaged 5.9 visits per month. The Health Club Savings Program is offered to members 18 and older to receive up to \$20 a month towards their gym memberships. Up to two members per household on a UCare plan can participate in the program. UCare partners with 6 gyms and gym associations to offer a variety of gym locations that participate in the Health Club Savings program.

Fall Prevention

Falls are a major concern for older adults. They can cause serious injury and other health problems. UCare created the Strong & Stable Kit, to help members stay strong and protect them against falls. In 2020, 525 kits were distributed with education from Care Coordinators. Some of the tools included are resistance bands for strength exercises, tub grips to make a bath or shower safer, nightlight to brighten dark areas, and a medication box to help keep medications in order.

Community Education discounts

Members can receive up to \$15 discounts on community education classes through partnering community education programs. UCare partners with community education programs across the state of Minnesota. The goal of this program is for members to engage in their communities without financial barriers.

Healthy savings

UCare members have access to weekly discounts on healthy foods at participating stores. The discounts are valued up to \$50 a week and change weekly. The healthy food discounts include items such as lean meat, whole grains,

milk, produce, and more. To receive the discounts, members scan their Healthy Savings card during checkout. In 2020 members redeemed 43,910 discount offers and saved \$28,299 on healthy foods.

Additionally, some members have access to the over the counter (OTC) benefit through Healthy Savings. Members can use their OTC benefit in store at participating locations, online, and over the phone to purchase eligible OTC items such as pain relief, allergy medication, and oral care items. In 2020, members received \$25 a quarter to spend on eligible OTC items. In 2020, members had 356,715 transactions with their OTC benefit and purchased \$1,380,277 worth of OTC items with the benefit.

Food Access Outreach

In partnership with hunger relief organizations, UCare is working to improve our members' health and wellbeing by addressing food insecurity. We identify members who are at-risk for or experiencing food insecurity and assist them one-on-one with applying for SNAP food benefits and/or with finding food resources in their community (i.e. food shelf, meal programs). Members are identified to get help in two ways: 1) Through an interactive voice response (IVR) call in which they can choose to be transferred to a food access specialist for immediate help or to get a call back at a later time, and 2) Member is identified as food insecure by a UCare care manager, care coordinator or customer service representative and is offered a referral for further assistance with a food access specialist. From January 1, 2020 to November 30, 2020, 4.4% of households who were outreached via IVR call engaged and received assistance (1413 households), and an additional 140 members were identified as food insecure by a UCare team and referred for further support.

MOMS program

Our Management of Maternity Services (MOMS) program supports our members by promoting healthy pregnancies and healthy birth outcomes. Pregnant and postpartum members receive an outreach call and are offered a survey to assess for high risk indicators and information on resources from UCare (i.e. car seat, breast pump) and their community (WIC, Public Health Nurse). All pregnant members are mailed the MOMS handbook which provides information on prenatal visits, healthy eating, breastfeeding, resources and more. From January 1, 2020 to December 31, 2020, 1,236 prenatal and postpartum members engaged in an outreach call and completed the risk survey and/or received information on resources. A total of 6,646 members were mailed the MOMS handbook.

Preventive Incentives

UCare members can earn rewards and incentives for taking care of their health. Members are encouraged to actively engage in their health care by completing certain wellness exams, tests, or services. All members are eligible for rewards and encouraged to check with their doctor for what is best for their health. In 2020, UCare offered over 20 unique reward programs such as earning a gift card for completing an annual well visit or for completing a colon cancer screening.

Member Safety Initiatives

SEATS Program

Seats, Education and Travel Safety (SEATS) Program distributed 2,478 car seats to members who were pregnant and children under age eight from January 1, 2020 to December 31, 2020. Members are required to participate in safety and installation education to receive the car seat at no charge. UCare maintains a statewide network of over 60 SEATS partners, including Public Health and Fire and Law Enforcement agencies to provide car seat safety education to UCare members. All SEATS partners are certified through Safe Kids Worldwide and the National Highway Traffic Safety Administration.

Community Partnerships

Activity Description

At UCare, our community partnership efforts support our mission statement, business purpose and values, while connecting us to the larger community. These efforts build on our status as a nonprofit organization and highlight how we consistently demonstrate our tax-exempt purposes.

UCare's community partnership activities are consistent with our mission of improving our members' health and wellness through innovative services and partnerships across communities, including support of family medicine education and research.

Our community partnership efforts go beyond our everyday commitment to members. We engage the larger community by supporting community organizations and providers with services, research and programs to:

- Address social needs that may undermine the health of the community.
- Strengthen the providers who serve populations with barriers accessing care.
- Encourage the wellness of families and seniors in our neighborhoods.
- Support research, programs, and organizations that benefit health care quality and delivery.
- Support medical education related to improving access to primary care.

UCare works with our community partners and providers to assist in supporting:

- Gaps in reimbursement.
- Disease management efforts.
- Improved access to dental care.
- Obesity and healthy eating initiatives.
- Community clinic infrastructure.
- Outreach to uninsured and diverse communities.
- Improved quality of care.
- Community health workers.
- Mobile dental service.

UCare is always seeking to strengthen existing partnerships and develop new partnerships to improve the health and wellness of our members and the larger community. UCare's Quality Program works with various community partners to develop and implement innovative solutions to improve access to services, engage members and mitigate social risk factors.

Social Services Referral Engine

Activity Description

UCare utilizes a social services referral engine, NowPow, in our existing care management and outreach workflows. When formal assessments or standard member needs interviews identify health-impacting needs for services or supports, UCare staff can create NowPow referrals for the relevant services in the member's community. The tool allows precise filtering on variables such as chronic condition(s), address, age, gender, language, ability to pay, special needs, accessibility, organization hours of operation, transportation and more. UCare staff use these filters to create a customized resource list and distribute the referral information to the member by text, email or mail, depending on member preference (information can be shared verbally for those without electronic devices).

Quantitative Analysis and Trending of Measures

The NowPow platform includes 12,280 services and 3,804 organizations across the state of Minnesota. Currently, UCare has 82 NowPow users, spread across 8 departments: Community Relations, Disease Management, Health Promotion, Quality Improvement, PMAP Case Management, MSHO/MSU+ Care Management, Mental Health and Substance Use Disorders Case Management, and Connect/Connect + Medicare Case Management.

Evaluation of Effectiveness

Searches

2020 YTD searches between UCare's 8 departments total nearly 1,000. The most frequently searched service types were for free or low-cost services, including food pantries, transportation, home goods, legal and financial assistance. The remainder of top ten service types were housing related, including rent/mortgage payment assistance, income-based housing and housing search assistance.

Referrals

2020 YTD referrals made by UCare NowPow users total almost 1,500. 30% of these referrals were related to food (254 - WIC resources, food pantries) and housing (241 - income-based housing and housing search assistance).

Barrier Analysis

There are several barriers that impact widespread utilization of NowPow as a resource to connect members to needed social services:

- Process barriers:
 - Closing referral loops – UCare cannot automatically validate the member’s use of the agency referral.
 - Integration – Currently the tool is not integrated within UCare’s documentation systems. Integration of the tool into case management workflows would increase the volume of searches and ease of use for UCare staff.
- Coverage barriers:
 - For Medicaid, UCare does not cover transportation to social services which can make it hard for members to use the referral and access services.

Opportunities for Improvement

Intervention strategies for 2021:

- Improve use of tool among a more focused group of staff and build support for increased use through case management unit supervisors.
- Improve awareness of the value the tool can provide to staff through NowPow analysis of statewide resources in database.
- Continue exploration of linked referrals through PowRx tool and identify opportunities for care system partnership.
- Explore possible Customer Service Specialist for Social Service referral needs identified on the Member Services or Transportation lines.



2020 Quality Program Evaluation- Tailored Initiatives



Tailored Interventions

Quality Metrics and Initiatives

Healthcare Effectiveness Data and Information Set (HEDIS)

Activity Description

Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. Both CMS and DHS require that UCare and other managed care plans annually collect HEDIS measurement data. UCare places an emphasis on improving the health and wellness of members, including a strong focus on preventive screenings. The HEDIS 2020 report is based on the 2019 calendar year data. The COVID-19 pandemic impacted many interventions UCare was conducting in 2020. COVID-19 impacts are noted wherever applicable. Interventions conducted in 2020 to improve HEDIS rates are as follows:

Interventions - Medicare

Intervention strategies for UCare Medicare, EssentiaCare, M Health Fairview North Memorial Medicare, and MSHO members included: Breast Cancer Screening, Care of Older Adults, Colorectal Cancer Screening, Controlling Blood Pressure, Diabetes, Osteoporosis Management, Transitions of Care - Post Discharge Follow Up Engagement, and General Improvements.

Breast Cancer Screening (BCS)

- Social media campaign was done to educate on mammograms and frequency of screens.
- Members who were identified as having a gap in care received an incentive voucher providing education and prompting them to schedule a breast cancer screening.
- Due to COVID-19, UCare delayed a few initiatives around breast cancer screening until guidance was received that in-person appointments were safe for our members and acceptable by providers. Quarter 3 onwards, UCare began to encourage members to complete their screening with the following approaches:
 - Carenet live agent calls were conducted in quarter 4 to address breast cancer screening gaps in care. Education and assistance to schedule appointments provided by live agent calls, along with reassurance of safety during the COVID-19 pandemic.
 - Breast cancer screening Interactive Voice Response (IVR) call campaigns were conducted that included education and encouragement to schedule a mammogram.
- Action lists were sent to Care Coordinators and providers to encourage outreach to members in need of breast cancer screening.
- Medtronic heart failure program nurses continued to conduct breast cancer screening reminders to members participating in the Cardiocom program.
- UCare Disease Management health coaches supported recommendations of breast cancer screenings for members that receive health coaching.
- The CVS Bag Tag program is a collaboration with UCare's Pharmacy department and CVS pharmacy. CVS pharmacies attached printed messages to selected members reminding them of a mammogram gap in care.
- UCare's Chief Medical Officer (CMO) was interviewed monthly on Health Fair 11's A Matter of Health TV Broadcast series; the October 2020 episode conveyed the importance of Breast Cancer screening.

Care of Older Adults (COA)

- Conducted Care Coordinator training to provide education for completing the correct elements of the COA measures in the Care Coordinator Long-Term Care Consultation (LTCC) assessment in quarter 4.
- Provided additional outreach and clarification to delegates when data was received to ensure documentation that was sent was complete.
- Continued to operationalize receiving medical records from nursing care facilities in a systematic process to capture COA data for institutionalized members.

- Built out the advanced directive module of the new UCare case management software, Guiding Care, and trained the HEDIS team on locating Advance Directives (AD) documentation in that system.
- Education was given to providers on the importance of Annual Well Visits including complete review of the four COA elements.

Colorectal Cancer Screening

- Due to COVID-19, UCare delayed a few initiatives around colon cancer screening until further guidance was received that in-person visits were safe for our members and acceptable by providers. Quarter 3 onwards, UCare began to encourage members to complete their screening with the following approaches:
 - Members who were identified as having a gap in care received an incentive voucher providing education and prompting to schedule a colon cancer screening.
 - Fit Kits were mailed to members with a two-year gap in colon cancer screening. We also partnered with a provider system to send Fit Kits to eligible members.
 - Colorectal cancer screening IVR call campaign was conducted that included education and encouragement to schedule an appointment.
 - Colon cancer screening e-mail addressing colon cancer screening gap and education.
- Medtronic heart failure program nurses continued to conduct colon cancer screening reminders to members participating in the Medtronic program.
- UCare Disease Management health coaches support recommendation of colorectal cancer screenings for members that receive health coaching
- UCare's Chief Medical Officer (CMO) was interviewed monthly on Health Fair 11's A Matter of Health TV Broadcast series; the July 2020 episode conveyed the importance to continue in-person visits for tests and cancer screenings including colonoscopies.

Controlling Blood Pressure

- Medicare members who were late to refill their blood pressure medications received additional outreach and education about filling prescriptions timely to help stay in control of their blood pressure.
- Hold-time messages on the UCare Customer Service line provided education to members about controlling high blood pressure.
- An educational webpage on UCare.org provides information on blood pressure management. An email was sent to all members with a blood pressure diagnosis directing them to the webpage and seeing their primary care provider on an annual basis.

Diabetes

- Call campaigns (including IVR calls and member outbound calls) were conducted to assist members with diabetes with scheduling an appointment. Automated calls were recorded in English, Hmong and Somali.
- Newsletter articles were written to educate members and providers about diabetes management for A1c, nephropathy testing, and diabetic eye exam.
- Diabetes measures were included in Accountable Care Collaborative Program (ACCP) agreements with large care systems.
- Members who were identified as having gaps in care received incentive vouchers providing education and prompting to schedule diabetic screenings.
- Ongoing collaboration was conducted with four metro area Adult Day Centers (ADC) to close gaps in care for breast cancer, colorectal cancer and diabetes screening. Virtual educational trainings were conducted for ADCs.
- Care Coordinators addressed diabetes care when completing Health Risk Assessments (HRA) through gaps in care reports.
- In quarter 4, BioIQ sent in-home A1c and protein urine kits to members in need of exams.
- UCare offered diabetic health coaching and education programs to all members meeting program enrollment criteria. The programs are designed to assist members in self-management of their condition, and to partner with the member to discover barriers, vision for future, establish short- & long-term behavioral goals, and empower them to achieve these goals.

- Current status of diabetes screenings (A1c, retinal eye exam and nephropathy) was discussed with each enrolled member in diabetes health coaching programs at enrollment and at graduation.
- Medtronic heart failure program nurses continued to conduct diabetes (A1C, retinal eye exam and nephropathy) screening reminders to members participating in the Medtronic program.
- Carenet live agent calls were conducted in quarter 4 to address diabetes gaps in care. Education and assistance to schedule appointments (including transportation) was provided by live agent calls.
- The CVS Bag Tag program is a collaboration with UCare's Pharmacy department and CVS pharmacy. CVS pharmacies attached printed messages to selected members' prescription bags reminding them to schedule annual diabetes care.

Osteoporosis Management

- Initial outreach to women who had a recent fracture in need of a bone density scan was moved in-house. A Member Engagement Specialist and/or a UCare Registered Nurse received action lists of identified members and made personal calls to each member, educating them on the scan and offering to assist with scheduling the appointment.
- If a member preferred an in-home scan, the Member Engagement Specialist and/or a UCare Registered Nurse warm-transferred the member to our vendor Quest HealthConnect (previously MedXM) for scheduling.
- UCare increased the incentive offering to women in need of this scan from \$25 to \$100. The incentive voucher was sent directly to their homes along with a personalized letter from the UCare Chief Medical Officer (CMO) detailing the importance of receiving the scan.

Transitions of Care (TRC) – Post Discharge Follow Up Engagement

- Telephonic outreach was conducted to members discharged from an acute inpatient setting. Education was provided on the importance of engaging with a primary care provider within 30 days of discharge for continuity of care, including medication reconciliation.
- Assistance and engagement were provided by a UCare Registered Nurse or a Clinical Pharmacist/PharmD with the focus on ensuring that the member either has established an upcoming hospital follow up visit, or that the member has already had one.
- In some cases, members were identified as good candidates for the RN or PharmD to obtain a discharge medication list and conduct a formal medication reconciliation.
- Due to the COVID-19 pandemic, efforts to engage members post-discharge were delayed until quarter 4. Engagement was resumed once protocols for non-acute primary care visits both in-person and via telehealth were established. Overall, UCare experienced significant declines in the total number of hospitalizations across all products.
- The core talking points for post-discharge follow up engagement shifted to additionally educate and prioritize COVID-19 and public health safety during this pandemic.
- UCare began promoting the use of telemedicine and virtual care for post-discharge primary clinic visits whenever possible.

General Improvements

- UCare enhanced data monitoring and predictive analysis abilities through a contract with Carrot Health.
- Quarterly meetings were held with key UCare providers to review HEDIS screening measures and medication adherence measures to identify improvement opportunities and implement interventions. The key UCare providers included: Essentia, Fairview, Olmsted Medical Center, Mankato Clinic, University of Minnesota Physicians, Entira Family Clinics, North Clinic and Hennepin County Medical Center.
- Quarterly meetings were held with key providers enrolled in our value-based payment programs. Conversations around collaboration and key areas of focus were discussed. Key providers included: Allina, Mayo, CentraCare, North Memorial, Catholic Charities, Genevive, Lifesprk, Olmsted Medical Center, Bluestone Physicians, Fairview Partners, Genevive and Mental Health Resources.

- Quarterly meetings were held with our provider partners for UCare joint Medicare products (EssentiaCare and UCare with M Health Fairview and North Memorial Health) around initiatives to improve Star Ratings for these products.
- UCare continued to collaborate and enhance member-level gaps of care reporting to our partner providers and medical centers.

Interventions – State Public Programs and Marketplace

Targeted interventions for the State Public Programs (SPP) and Marketplace populations included: Community Events, Annual Dental Visits, Antidepressant Medication Management, Cervical Cancer Screening, Chlamydia Screening, C&TC and Immunizations, Controlling Blood Pressure, and Prenatal/Postpartum.

Community Events

- The Parents in Community Action (PICA) Event provided free health screenings to all family members in quarter 1 only.
- A 3-day drive-through flu shot clinic was coordinated with Hennepin Healthcare-Minnesota Visiting Nurses Association (MVNA) in quarter 3. Several other flu shot clinics were setup statewide to provide easy access for members and the community to get their flu shot.

Annual Dental Visit

- A Member Engagement Specialist provided telephonic outreach to members who had a gap in care for an annual dental exam. Members were assisted in finding a dentist and scheduling transportation to the exam. Members who were not reached via phone received an educational letter about the importance of scheduling a dental exam.
- UCare’s dental delegate, Delta Dental, provided additional telephonic outreach to members that had a gap in care for dental services. Delta Dental assisted members with finding a dental home and scheduling a dental exam.
- IVR call campaigns were conducted to educate members about dental benefits and scheduling a preventive dental exam.
- An ER diversion letter was sent to members who had a non-traumatic dental visit about how and where to find appropriate care. Members also received a phone call from a Member Engagement Specialist who educated the member about appropriate care and the importance of scheduling a follow up dental exam.
- UCare’s partnership with the University of Minnesota School of Dentistry launched the mobile dental clinic. Outbound and IVR calls were conducted to assist members with scheduling an appointment on the mobile dental clinic, focusing on members who live in rural counties where there are a limited number of providers accepting new patients and Medicaid.
- Care Coordinator training was conducted to educate Care Coordinators about the importance of discussing oral health and scheduling annual dental exams for members. Care Coordinators were also trained about how to utilize Delta Dental to assist with finding dental homes for members.
- UCare partnered with Community Dental Care clinics to employ an outreach specialist that assists members in scheduling appointments. UCare and other Minnesota MCO’s collaborated with Direct Care & Treatment (DCT)—Dental Clinic (DC) staff to identify gaps in knowledge about understanding MCOs, dental delegates, and dental benefits for dental patients. MCOs worked on the following initiatives with DCT Clinics:
 - The MCOs created a dental toolkit to educate dental staff and providers. The MCOs developed a dental care MCO 101 Grid on dental benefits and services, and an FAQ to clarify dental benefits, coverage, and best practices.
 - The MCOs developed a patient decision tree to assist care givers in appropriate referrals to the DCT-DC.
- Due to COVID-19, UCare some outreach to members was delayed until guidance was received that in-person visits were safe for our members and acceptable by providers.

Antidepressant Medication Management

- Members who were newly prescribed received an antidepressant educational outreach postcard about the importance of medication adherence and regular follow-up visits with their doctor.

Cervical Cancer Screening

- Members who were identified as having a gap in care throughout the year received an incentive voucher providing education and prompting to schedule a cervical cancer screening.
- IVR calls were conducted to educate and prompt members to schedule an annual wellness exam and receive a cervical cancer screening.
- A Member Engagement Specialist provided telephonic outreach to members who had a gap in care.
- Member communications included Customer Service hold-time messages.
- Provider education was conducted on cervical cancer screening guidelines and clinical documentation for screening modalities.

Chlamydia Screening

- UCare participated in the MN Chlamydia Partnership to discuss opportunities with other health care entities about improving STD/STI testing.
- UCare and Planned Parenthood partnered to send mailers to our State Public Programs (SPP) and Marketplace members ages 16 – 24 explaining the importance of preventive visits and the importance of STD/STI testing. The mailing offered assistance with scheduling an annual wellness exam, getting flu shots and other vaccines, and receiving a free STD/STI testing kit.

C&TC & Immunizations

- Member Engagement Specialists provided telephonic outreach to members about getting C&TC screenings and staying up to date on immunizations. Member Engagement Specialists assisted with scheduling appointments and transportation. Outreach was conducted for well child and adolescent visits to encourage: 6 visits by 15 months of age; one visit annually, 3-6 years of age; and one visit annually, 12-21 years of age. Members also received IVR reminders to complete their visits.
- Member communication included Customer Service hold-time messages and articles for members and providers about the importance of scheduling C&TC visits.
- Members received mailings with an incentive voucher to complete the C&TC visit.
- Educational information (i.e. Parent's Guide) about UCare's benefits and the C&TC schedule was sent to members.
- In quarter 1, a Member Engagement Specialist attended PICA events to provide education to members who are parents about the importance of staying up to date on the C&TC screenings and immunizations.

Controlling Blood Pressure

- Marketplace members received blood pressure screening incentive mailers in quarter 4.
- An educational webpage on UCare.org provides information about blood pressure management. An email was sent to all members with a blood pressure diagnosis directing them to the webpage and seeing their primary care provider on an annual basis.

Diabetes

- Call campaigns (including IVR calls and member outbound calls) were conducted to assist members with diabetes with scheduling an appointment. Automated calls were recorded in English, Hmong and Somali.
- Newsletter articles were written to educate members and providers about diabetes management for A1c, nephropathy testing, and diabetic eye exam.
- Diabetes measures were included in Care Improvement Incentive Program (CIIP) agreements.
- Care Coordinators addressed diabetes care when completing Health Risk Assessments (HRA) through gaps in care reports.
- In quarter 4, BioIQ sent in-home A1c and protein urine kits to members in need of exams.

- UCare offered diabetic health coaching and education programs to all members meeting program enrollment criteria. The programs are designed to assist members in self-management of their condition, and to partner with the member to discover barriers, vision for future, establish short- & long-term behavioral goals, and empower them to achieve these goals.
- Current status of diabetes screenings (A1c, retinal eye exam and nephropathy) was discussed with each enrolled member in diabetes health coaching programs at enrollment and at graduation.
- Medtronic heart failure program nurses continued to conduct diabetes (A1C, retinal eye exam and nephropathy) screening reminders to members participating in the Medtronic program.

Prenatal/Postpartum

- A Health Promotion Specialist provided telephonic outreach to members about scheduling prenatal and postpartum visits.
- Pregnant members identified as high risk were offered high risk pregnancy case management.
- Members received incentive vouchers to complete their prenatal and postpartum visits.
- Members who were identified as being pregnant received UCare resources (including the MOMS handbook, incentive vouchers, car seat program information, tobacco/nicotine cessation, etc.).

Interventions – Aftermath of the George Floyd Killing and COVID-19

Interventions due to the aftermath of the George Floyd killing and COVID-19 pandemic for all products included:

Aftermath of the George Floyd Killing

- UCare did live call outreach to address health and safety for members who were displaced from their clinics, pharmacies, and other essential stores (grocery and fuel) due to the aftermath of the George Floyd killing.

COVID-19 Pandemic Outreach

- An IVR call campaign to all members addressed health and safety during the COVID-19 pandemic.
- A live outreach call campaign was done to all members identified as high risk for adverse COVID-19 outcomes.
- Personal protective masks were supplied for members, group homes, transportation staff and other auxiliary service providers.

Quantitative Analysis and Trending of Measures

The following charts are a quantitative analysis of how successful 2019 interventions were in relation to HEDIS 2020 data for the applicable populations.

Impact of COVID-19 on HEDIS and Star Ratings reporting/calculations:

- HEDIS 2020's medical record review process was disrupted due to COVID-19 and some hybrid measures were ultimately less complete and not reported to NCQA.
- Star Ratings 2021 were carried over from Star Ratings 2020 due to COVID-19 disruption.
- HEDIS 2020 rates were not used in the calculation of Star Ratings 2021.

UCare Medicare				
Measure	HEDIS 2019 (Star Rating 2020)	HEDIS 2020 (Star Rating 2021)	Absolute Change	HEDIS 2019 NCQA 75 th Percentile
**Adult BMI	96.84% (4)	● 93.67% (4)	↓ -3.16%	99.00%
***All Cause Readmission	11.96%	● 11.06%	↓ 0.90%	18.75%
Breast Cancer Screening	78.78% (4)	● 78.87% (4)	↑ 0.09%	79.89%
**Colorectal Cancer Screen	81.02% (5)	● 66.91% (5)	↓ -14.11%	79.57%

**Comp Diabetes Care A1c Control <8	78.83% (5)	● 71.78% (5)	↓ -7.06%	73.97%
**Comp Diabetes Care Eye Exam	79.32% (5)	● 78.10% (5)	↓ -1.22%	82.05%
**Comp Diabetes Care Nephropathy	94.40% (3)	● 94.65% (3)	↑ 0.24%	97.09%
**Controlling High BP	77.37%	● 75.18%	↓ -2.19%	76.40%
DMARD Use for RA	84.01% (5)	● 85.32%	↑ 1.32%	83.13%
Osteoporosis Mgmt.	37.45% (2)	● 28.63% (2)	↓ -8.82%	61.49%
**Transitions of Care Admission	32.12%	● 30.90%	↓ -1.22%	22.87%
**Transitions of Care Discharge	11.44%	● 15.57%	↑ 4.14%	11.92%
**Transitions of Care Engagement	87.83%	● 82.00%	↓ -5.84%	83.13%
**Transitions of Care Reconciliation	63.02% (3)	● 55.72% (3)	↓ -7.30%	67.88%

*Rating not received due to insufficient data.

**COVID-19 caused a lower than expected HEDIS 2020 rate.

***For All Cause Readmission, low numerical percent metrics are the goal.

EssentiaCare				
Measure	HEDIS 2019	HEDIS 2020	Absolute Change	NCQA 75 th Percentile
Adult BMI	*NA	● 97.81%	*NA	98.78%
***All Cause Readmission	*NA	● 15.57%	*NA	16.29%
Breast Cancer Screening	*NA	● 86.25%	*NA	79.36%
Colorectal Cancer Screen	*NA	● 63.26%	*NA	79.32%
Comp Diabetes Care A1c Control <8	*NA	● 83.60%	*NA	74.45%
Comp Diabetes Care Eye Exam	*NA	● 81.48%	*NA	77.86%
Comp Diabetes Care Nephropathy	*NA	● 96.83%	*NA	96.59%
Controlling High BP	*NA	● 82.48%	*NA	75.06%
DMARD Use for RA	*NA	● 80.00%	*NA	82.54%
Osteoporosis Mgmt.	*NA	● 16.67%	*NA	51.35%
Transitions of Care Admission	0.00%	● 62.66%	↑ 62.66%	15.57%
Transitions of Care Discharge	0.00%	● 34.18%	↑ 34.18%	12.41%
Transitions of Care Engagement	86.78%	● 93.04%	↑ 6.26%	85.16%
Transitions of Care Reconciliation	0.83%	● 63.92%	↑ 63.09%	59.37%

*Rating not received due to new product status and insufficient data.

***For All Cause Readmission, low numerical percent metrics are the goal.

UCare Medicare with M Health Fairview and North Memorial Health				
Measure	HEDIS 2019	HEDIS 2020	Absolute Change	HEDIS 2019 NCQA 75 th Percentile
Adult BMI	*NA	● 95.59%	*NA	99.00%
***All Cause Readmission	*NA	● 23.53%	*NA	18.75%
Breast Cancer Screening	*NA	● 66.67%	*NA	79.89%
Colorectal Cancer Screen	*NA	● 70.00%	*NA	79.57%
Comp Diabetes Care A1c Control <8	*NA	● 70.91%	*NA	73.97%
Comp Diabetes Care Eye Exam	*NA	● 70.91%	*NA	86.58%
Comp Diabetes Care Nephropathy	*NA	● 100.00%	*NA	97.09%

Controlling High BP	*NA	● 79.66%	*NA	76.40%
DMARD Use for RA	*NA	● 100%	*NA	83.13%
Osteoporosis Mgmt.	*NA	● 0%	*NA	61.49%
Transitions of Care Admission	*NA	● 21.43%	*NA	22.87%
Transitions of Care Discharge	*NA	● 14.29%	*NA	11.92%
Transitions of Care Engagement	*NA	● 83.93%	*NA	86.13%
Transitions of Care Reconciliation	*NA	● 51.79%	*NA	67.88%

*Rating not received due to new product status and insufficient data.

***For All Cause Readmission, low numerical percent metrics are the goal.

MSHO				
Measure	HEDIS 2019 (Star Rating 2020)	HEDIS 2020 (Star Rating 2021)	Absolute Change	HEDIS 2019 NCQA 75 th Percentile
Adult BMI	94.65% (3)	● 91.97% (3)	↓ -2.68%	99.00%
***All Cause Readmission	11.03%	● 15.56%	↑ 4.53%	18.75%
Breast Cancer Screening	63.88% (2)	● 67.09% (2)	↑ 3.21%	79.89%
**Care Older Adults ADV	90.27%	● 89.29%	↓ -0.97%	89.13%
**Care Older Adults FSA	92.46% (4)	● 92.21% (4)	↓ -0.24%	97.81%
**Care Older Adults Pain	97.81% (5)	● 95.13% (5)	↓ -2.68%	98.54%
**Care Older Adults Rx Review	90.75% (4)	● 86.62% (4)	↓ -4.14%	98.46%
**Colorectal Cancer Screen	71.29% (3)	● 59.37% (3)	↓ -11.92%	79.57%
**Comp Diabetes Care A1c Control <8	71.53% (4)	● 59.61% (4)	↓ -11.92%	73.97%
**Comp Diabetes Care Eye Exam	81.02% (5)	● 79.56% (5)	↓ -1.46%	82.05%
**Comp Diabetes Care Nephropathy	93.92% (3)	● 93.67% (3)	↓ -0.24%	97.09%
**Comp Diabetes Care A1c Control <8	71.53% (4)	● 59.61% (4)	↓ -11.92%	73.97%
DMARD Use for RA	73.03% (2)	● 75.86% (2)	↑ 2.83%	83.13%
Osteoporosis Mgmt.	33.33% (2)	● 21.43% (2)	↓ -11.9%	61.49%
**Transitions of Care Admission	16.55%	● 22.38%	↑ 5.84%	22.87%
**Transitions of Care Discharge	8.27%	● 10.46%	↑ 2.19%	11.92%
**Transitions of Care Engagement	76.89%	● 74.94%	↓ -1.95%	83.13%
**Transitions of Care Reconciliation	50.61% (2)	● 42.82% (2)	↓ -7.79%	67.88%

*Rating not received due to insufficient data.

**COVID-19 caused a lower than expected HEDIS 2020 rate.

***For All Cause Readmission, low numerical percent metrics are the goal.

PMAP				
Measure	HEDIS 2019	HEDIS 2020	Absolute Change	HEDIS 2019 NCQA 75 th Percentile
**Adolescent Well Care	43.80%	44.53%	↑ 0.73%	*NA
Antidepressant Med Mgmt.	35.77%	● 35.73%	↓ -0.05%	41.01%
Asthma Med Adherence 50%	*NA	● 55.97%	*NA	65.36%
Asthma Med Adherence 75%	*NA	● 32.00%	*NA	42.79%
Breast Cancer Screening	56.05%	● 59.60%	↑ 3.54%	63.93%
**Cervical Cancer Screening	62.29%	● 63.75%	↓ -1.46%	66.33%

**Comp Diabetes Care A1c Control <8	60.58%	● 44.71%	↓ -15.88%	55.96%
**Comp Diabetes Care Eye Exam	61.13%	● 62.59%	↑ 1.46%	64.72%
**Comp Diabetes Care Nephropathy	86.88%	● 87.41%	↑ 0.73%	91.85%
Controlling High BP	62.77%	● 57.66%	↓ -5.11%	66.91%
**Child BMI & Counseling Nutrition	67.40%	● 55.47%	↓ -11.92%	79.81%
**Child BMI & Counseling Physical	64.96%	● 53.53%	↓ -11.44%	74.14%
**Child Immunization Combo 3	63.50%	● 64.72%	↑ 1.22%	74.45%
Children’s Access to PCP	89.20%	90.63%	↑ 1.43%	*NA
Chlamydia Screening	60.34%	59.65%	↓ -0.69%	*NA
Follow-up After Hospitalization	61.87%	● 65.26%	↑ 3.4%	65.59%
**Prenatal Postpartum Care Prenatal	81.27%	● 91.24%	↑ 9.98%	87.59%
**Prenatal Postpartum Care Postpartum	64.96%	● 76.16%	↑ 11.19%	69.83%
**Well Visits 15 Months	49.88%	● 54.50%	↑ 4.62%	69.83%
**Well Visits Age 3-6	72.26%	● 74.94%	↑ 2.68%	78.46%

*Percentile not available.

**COVID-19 caused a lower than expected HEDIS 2020 rate.

MnCare				
Measure	HEDIS 2019	HEDIS 2020	Absolute Change	HEDIS 2019 NCQA 75 th Percentile
**Adolescent Well Care	26.03%	28.71%	↑ 2.68%	*NA
Antidepressant Med Mgmt.	42.72%	● 41.01%	↓ -1.7%	41.01%
Asthma Med Adherence 50%	83.33%	● 64.47%	↓ -18.86%	65.36%
Asthma Med Adherence 75%	50.00%	● 47.37%	↓ -2.63%	42.79%
Breast Cancer Screening	62.86%	● 62.73%	↓ -0.13%	63.93%
**Cervical Cancer Screening	59.85%	● 66.91%	↑ 7.06%	66.33%
**Comp Diabetes Care A1c Control <8	66.90%	● 52.19%	↓ -14.71%	55.96%
**Comp Diabetes Care Eye Exam	65.69%	● 65.30%	↓ -0.39%	64.72%
**Comp Diabetes Care Nephropathy	90.21%	● 89.23%	↓ -0.98%	91.85%
Controlling High BP	63.99%	● 57.42%	↓ -6.57%	66.91%
**Child BMI & Counseling Nutrition	67.04%	● 58.62%	↓ -8.42%	79.81%
**Child BMI & Counseling Physical	65.54%	● 55.94%	↓ -9.6%	74.14%
**Child Immunization Combo 3	100%	● 89.47%	↓ -10.53%	74.45%
Children’s Access to PCP	87.24%	88.13%	↑ 0.88%	*NA
Chlamydia Screening	57.61%	61.07%	↑ 3.46%	*NA
**Prenatal Care	81.73%	● 96.00%	↑ 14.27%	87.59%
**Postpartum Care	62.50%	● 84.00%	↑ 21.5%	69.83%
**Well Visits 15 Months	100%	● 66.67%	↓ -33.33%	69.83%
**Well Visits Age 3-6	71.57%	● 72.90%	↑ 1.35%	78.46%

*Rating not received due to insufficient data.

**COVID-19 caused a lower than expected HEDIS 2020 rate.

Connect				
Measure	HEDIS 2019	HEDIS 2020	Absolute Change	HEDIS 2019 NCQA 75 th Percentile
Antidepressant Med Mgmt.	34.94%	● 40.56%	↑ 5.62%	41.01%
Asthma Med Adherence 50%	72.42%	● 71.24%	↓ -1.18%	65.36%
Asthma Med Adherence 75%	51.03%	● 50.21%	↓ -0.82%	42.79%
Breast Cancer Screening	55.58%	● 57.14%	↑ 1.56%	63.93%
Cervical Cancer Screening	54.74%	● 58.88%	↑ 4.14%	66.33%
Chlamydia Screening	43.73%	● 42.90%	↓ -0.83%	66.18%

Connect + Medicare				
Measure	HEDIS 2019 (Star Rating 2020)	HEDIS 2020 (Star Rating 2021)	Absolute Change	HEDIS 2019 NCQA 75 th Percentile
Antidepressant Med Mgmt.	59.26%	● 60.58%	↑ 01.32%	61.58%
Breast Cancer Screening	78.17% (4)	● 75.00% (4 Star)	↓ -3.17%	79.89%
Colorectal Cancer Screening	74.21% (4)	● 67.40% (4 Star)	↓ -6.81%	79.57%
**Comp Diabetes Care A1c Control <8	68.61% (4)	● 56.45% (4 Star)	↓ -12.17%	73.97%
**Comp Diabetes Care Eye Exam	76.89% (4)	● 76.64% (4 Star)	↓ -0.24%	82.05%
**Comp Diabetes Care Nephropathy	89.29% (3)	● 91.24% (3 Star)	↑ 1.95%	97.09%
DMARD Use for RA	85.19%	● 95.83%	↑ 10.65%	83.13%
**Transitions of Care Admission	22.87%	● 18.73%	↓ -4.14%	22.87%
**Transitions of Care Discharge	9.25%	● 12.90%	↑ 3.65%	11.92%
**Transitions of Care Engagement	82.73%	● 81.02%	↓ -1.71%	86.13%
**Transitions of Care Reconciliation	44.28% (1)	● 35.77% (1 Star)	↓ -8.52%	98.46%

*Rating not received due to insufficient data.

**COVID-19 caused a lower than expected HEDIS 2020 rate.

MSC+				
Measure	HEDIS 2019	HEDIS 2020	Absolute Change	HEDIS 2019 NCQA 75 th Percentile
Antidepressant Med Mgmt. Continuation Phase	*NA	35.71%	*NA	*NA
Breast Cancer Screening	*NA	42.73%	*NA	*NA

*Data Source: Year to Date Internal Reporting, MSC+ HEDIS not reported.

Individual and Family Plans					
Measure	HEDIS2019	HEDIS 2020	Absolute Change	QRS 2019 Star Rating	HEDIS 2019 NCQA 75 th Percentile
**Adult BMI	91.00%	● 74.70%	↓ -16.3%	3 Star	91.7%

Adolescent Well Care	39.67%	● 43.37%	↑ 3.7%	*NA	57.45%
***All Cause Readmission	10.53%	● 6.51%	↓ -4.02%	4 Star	9.05%
Antidepressant Med Mgmt.	63.14%	● 63.34%	↑ 0.2%	3 Star	56.87%
Breast Cancer Screening	66.41%	● 67.16%	↑ 0.76%	3 Star	77.75%
**Cervical Cancer Screening	62.04%	● 66.91%	↑ 4.87%	3 Star	80.51%
Chlamydia Screening	46.78%	● 48.31%	↑ 1.52%	3 Star	57.78%
**Colorectal Cancer Screen	63.02%	● 49.64%	↓ -13.38%	3 Star	71.64%
**Comp Diabetes Care A1c Control <8	61.07%	● 58.39%	↓ -2.68%	4 Star	64.48%
**Comp Diabetes Care Eye Exam	47.93%	● 47.93%	0%	4 Star	65.44%
**Comp Diabetes Care Nephropathy	93.92%	● 93.43%	↓ -0.49%	4 Star	92.46%
Controlling High BP	75.43%	● 72.02%	↓ -3.41%	4 Star	70.56%
**Prenatal Postpartum Care Prenatal	87.20%	● 92.92%	↑ 5.72%	4 Star	92.72%
**Prenatal Postpartum Care Postpartum	80.80%	● 85.84%	↑ 5.04%	4 Star	84.94%
Well Visits 15 months	73.02%	● 68.42%	↓ -4.59%	3 Star	57.76%
Well Visits Ages 3 – 6	80.60%	● 77.74%	↓ -2.86%	3 Star	84.89%

*Rating not received due to insufficient data.

**COVID-19 caused a lower than expected HEDIS 2020 rate.

***For All Cause Readmission, low numerical percent metrics are the goal.

Evaluation of Effectiveness

UCare Medicare

In 2020, UCare Medicare overall increased to a 4.5-star from a 4-star rating. UCare Medicare had an improvement in HEDIS results in Breast Cancer Screening, **Comprehensive Diabetes Care Nephropathy, DMARD Use for RA, and **Transitions of Care Discharge.

EssentiaCare

EssentiaCare is still too new to receive a star rating, but high rates in HEDIS measures were achieved in All Cause Readmission, Breast Cancer Screening, Comprehensive Diabetes Care A1c Control<8 and Comprehensive Diabetes Care Nephropathy and Transitions of Care (all submeasures).

UCare Medicare with M Health Fairview and North Memorial Health

M Health Fairview North Memorial is still too new to receive a star rating, but high rates in HEDIS measures were achieved in Controlling High Blood Pressure, Comprehensive Diabetes Care Nephropathy, and Transitions of Care Discharge.

MSHO

MSHO maintained an overall 4-star rating. MSHO had an improvement in HEDIS measures for All Cause Readmission, Breast Cancer Screening, **Care of Older Adults Advance Care Directive, DMARD Use for RA, **Transitions of Care Admission and **Transitions of Care Discharge.

PMAP

PMAP had an improvement in HEDIS measures in **Adolescent Well Care, Breast Cancer Screening, **Cervical Cancer Screening, **Childhood Immunizations Combo 3, Children’s Access to PCP, Follow-up After Hospitalization, **Prenatal and Postpartum Care and **Well Visits Birth to Six Years.

MnCare

MnCare had an improvement in HEDIS measures in ****Adolescent Well Care, **Cervical Cancer Screening, **Comprehensive Diabetes Care Eye Exam, **Child Immunization Combo 3, Children’s Access to PCP, Chlamydia Screening, and **Prenatal and Postpartum Care.**

Connect

Connect (SNBC) had an improvement in HEDIS measures in Antidepressant Medication Management, Breast Cancer Screening and ****Cervical Cancer Screening.**

Connect + Medicare

Connect + Medicare had an improvement in HEDIS measures in Antidepressant Medication Management, ****Comprehensive Diabetes Care Nephropathy, DMARD Use for RA and **Transitions of Care Discharge.**

MSC+

MSC+ did not have any increases in HEDIS results. MSC+ HEDIS data is not reported externally.

Individual and Family Plans

Individual and Family Plans maintained an overall QRS Star rating of 3. Individual and Family Plans had an improvement in HEDIS measures in All Cause Readmission, Antidepressant Medication Management, Breast Cancer Screening, ****Cervical Cancer Screening, Chlamydia Screening, and **Prenatal and Postpartum Care.**

UCare looks to maintain high performance or improve in all identified measure focus areas with continued intervention strategies that were successful in the past, as well as adopting up and coming innovative work being done in the wider community.

***COVID-19 caused a lower than expected HEDIS 2020 rate.*

Barrier Analysis

One major barrier to achieving high quality outcomes and HEDIS rates faced by UCare and partners is the limited ability to reach members because of inadequate member contact information. Members often do not have a current phone number on file with the health plan, or the member does not answer the phone or does not return the voicemail or have a functioning voicemail. Often there is no current address on file.

Another barrier UCare and partners experience involves member gaps in healthcare literacy, as well intervention strategies not specifically tailored to the member’s healthcare need. Social factors play a significant role in a person’s healthcare needs. Social factors complicate one’s interaction with their health care plan and providers. Some members face multiple health care diagnoses along with having multiple chronic conditions, economic concerns and access issues to health care; all of which are substantial barriers. While qualitatively our interventions identify social barriers, robust data regarding social factors affecting our members is lacking in traditional health plan data sources such claims.

The COVID-19 pandemic in the year 2020 has caused significant additional barriers, both to how health plans calculate accurate HEDIS rates and to what care members can and have received within the recommended timeframes. HEDIS 2020, which measure dates of service from 2019, was significantly disrupted while trying to complete its Medical Record Review (MRR) portion of the audit. Clinics and provider offices who supply health plans with clinical data out of their medical records to support hybrid measures were unable to provide the needed data.

The COVID-19 pandemic brought about rapid transition to all types of virtual care, telehealth, and telemedicine. While there is great opportunity with telehealth, there are also many challenges and barriers to ensuring our members can access this care. Member resources such as smart devices and reliable convenient internet service became a requirement for maintaining their health. Disparity between virtual and in person care for certain services is still a concern, for example ongoing diabetic labs and preventive cancer screenings.

In addition, thousands of UCare members had to delay routine preventative and chronic care services in 2020. Many UCare quality initiatives had to be put on hold and/or redirected towards protecting basic health and safety to the most at-risk members. In the summer of 2020, many UCare members were additionally impacted by the aftermath of the George Floyd killing in Twin Cities neighborhoods and across the state. The aftermath of the George Floyd killing further reduced member access to essential services such as clinics, pharmacies and grocery stores.

Opportunities for Improvement

Overall UCare's HEDIS 2020 data showed improvement; however, UCare is continuously striving to improve the health of members through innovative services and partnerships. In addition to factors such as national and state benchmarks, UCare identified several key areas of focus for HEDIS efforts in 2021 that support Star measures, NCQA Accreditation measures, and the Quality Rating System. Those areas of focus are:

Medicare Star Measures	Population(s)
Breast Cancer Screening	UCare Medicare, UCare Medicare with M Health Fairview and North Memorial Health, MSHO, EssentiaCare, Connect+Medicare
**Colorectal Cancer Screening	UCare Medicare, UCare Medicare with M Health Fairview and North Memorial Health, MSHO, EssentiaCare, Connect+Medicare
**Care for Older Adults – Medication Review	MSHO
**Care for Older Adults – Functional Status Assess	MSHO
**Care for Older Adults – Pain Assessment	MSHO
Osteoporosis Management in Women with Fracture	UCare Medicare, MSHO, EssentiaCare, Connect+Medicare, UCare Medicare with M Health Fairview and North Memorial Health
**Diabetes Care – Eye Exam	UCare Medicare, UCare Medicare with M Health Fairview and North Memorial Health, MSHO, EssentiaCare, Connect+Medicare
**Diabetes Care – Nephropathy	UCare Medicare, UCare Medicare with M Health Fairview and North Memorial Health, MSHO, EssentiaCare, Connect+Medicare
**Diabetes Care – Blood Sugar Controlled	UCare Medicare, UCare Medicare with M Health Fairview and North Memorial Health, MSHO, EssentiaCare, Connect+Medicare
Rheumatoid Arthritis Management	UCare Medicare, UCare Medicare with M Health Fairview and North Memorial Health, MSHO, EssentiaCare, Connect+Medicare
**Transitions of Care	UCare Medicare, MSHO, EssentiaCare, Connect+Medicare, UCare Medicare with M Health Fairview and North Memorial Health
Statin Therapy for Patients with Cardiovascular Disease	UCare Medicare, MSHO, EssentiaCare, Connect+Medicare, UCare Medicare with M Health Fairview and North Memorial Health

**COVID-19 caused a lower than expected HEDIS 2020 rate.

QRS & NCQA Accreditation Measures	Population
Annual Dental Visit	Individual and Family Plans
Antidepressant Med Mgmt.	Individual and Family Plans
Asthma Medication Mgmt.	Individual and Family Plans
Breast Cancer Screening	Individual and Family Plans

Chlamydia Screening	Individual and Family Plans
**Colorectal Cancer Screening	Individual and Family Plans
**Comprehensive Diabetes Care – Blood Sugar Controlled	Individual and Family Plans
**Cervical Cancer Screening	Individual and Family Plans
**Comprehensive Diabetes Care - Nephropathy	Individual and Family Plans
**Comprehensive Diabetes Care – Eye Exam	Individual and Family Plans
**Controlling High Blood Pressure	Individual and Family Plans
Follow up After Hospitalization – Mental Illness	Individual and Family Plans
Follow up Children Prescribed ADHD Med	Individual and Family Plans
**Prenatal	Individual and Family Plans
**Postpartum	Individual and Family Plans
Weight Assessment for Nutrition	Individual and Family Plans
Weight Assessment for Physical Activity	Individual and Family Plans

***COVID-19 caused a lower than expected HEDIS 2020 rate.*

NCQA Accreditation & Withhold Measures	Population
Alcohol/Drug Dependence Treatment Initiation	PMAP, MnCare, Connect
Alcohol/Drug Dependence Treatment Engagement	PMAP, MnCare, Connect
Annual Dental Visit	PMAP, MnCare, Connect, Connect+Medicare, MSHO, MSC+
Antidepressant Med Mgmt.	PMAP, MnCare, Connect
Asthma Med Mgmt.	PMAP, MnCare, Connect
Breast Cancer Screening	PMAP, MnCare, Connect
Chlamydia Screening	PMAP, MnCare, Connect
**Childhood Immunization Status (Combo 10)	PMAP, MnCare
**Comprehensive Diabetes Care – Blood Sugar Controlled	PMAP, MnCare, Connect
**Comprehensive Diabetes Care – Eye Exam	PMAP, MnCare, Connect
**Controlling High Blood Pressure	PMAP, MnCare, Connect
Diabetes Screening for People w/Schizophrenia	PMAP, MnCare, Connect
**Immunizations for Adolescents - HPV	PMAP, MnCare
**Prenatal	PMAP, MnCare, Connect
**Postpartum	PMAP, MnCare, Connect
Weight Assessment for Nutrition	PMAP, MnCare
Weight Assessment for Physical Activity	PMAP, MnCare
**Well Child Visit 7 x 30 months	PMAP, MnCare
**Well Child Visit Ages 3-21	PMAP, MnCare

***COVID-19 caused a lower than expected HEDIS 2020 rate.*

Other key areas of focus for 2021 will be aligning workgroup structures for all product lines. UCare will continue to place focus on HEDIS measures that relate to CMS Stars Ratings, NCQA Accreditation and NCQA Ratings, QRS and QIS. Additionally, UCare will be focusing on preparing for the Medicaid Stars program and will continue to place emphasis on State Public Program (SPP) HEDIS measures. Quality Management and Health Care Economics will also continue collaborative work to prioritize measures and monitor trending data.

Additionally, UCare will place an emphasis on going beyond engaging with members on preventive visits and access to care, but also interacting with members on other factors that affect their access to health services. UCare will put the needs of its members first by prioritizing individuals who experience social factors that can create barriers to their health. UCare will continue to assess member social needs and assist with referrals for social and health services. UCare is working to optimize the NowPow social resources web platform into all member engagement interventions.

As the continued COVID-19 pandemic carries into 2021, UCare will evaluate the impact of the pandemic on calendar year 2020 quality measures and also the interventions that are able to occur in the year 2021. UCare will continue shifting focus toward quality intervention strategies that promote health and safety during the pandemic, preventive care and routine health screenings, chronic care management and mental health. UCare has implemented telehealth and virtual care options for all members and the use of those services will continue to be measured and included in our quality metrics.

In 2020, UCare has added two critical components to our quality leadership structure: a Population Health team and a Health Equity Lead. These two functional areas of our organization will help inform all future quality strategies and interventions, as well improve UCare's capability to analyze HEDIS metrics within the context of health disparities.

Health Outcomes Survey (HOS)

Activity Description

The Health Outcomes Survey (HOS) measures outcomes for Medicare Advantage (MA) populations in managed care, which for UCare includes UCare Medicare, MSHO and Connect + Medicare. CMS requires Medicare plans to field the annual HOS survey. The HOS assesses a health plan's ability to maintain or improve the physical and mental health functioning of Medicare beneficiaries over a two-year period of time. Cohort 20 represents baseline data collected in 2017 and follow-up survey data collected in 2019. Cohort 20 includes UCare Medicare and MSHO. Connect + Medicare was surveyed starting in 2018 as part of the HOS Cohort 21. Results will be available for Connect + Medicare starting in 2021. Although Connect + Medicare received the HOS survey, the CMS Star ratings program does not report HOS measures for plans whose membership is under 65 years of age.

Each year a random sample of Medicare beneficiaries are selected from all MA organizations. The Cohort 20 baseline measurement year was 2017. The members who responded to the survey were sent the same survey in the follow-up measurement year of 2019. The follow-up measurement report was distributed to plans in 2020. A member's physical health is expected to decline over time while their mental health is not expected to decline. Other aspects of a member's health are also surveyed.

In 2019 and 2020, UCare conducted several quality improvement activities around HOS measures, including:

- Recorded call by UCare's Member Experience Manager to all eligible members reminding them of the upcoming CMS surveys and the importance of completing them.
- Targeted calls to members at risk for any of the HOS Star measures.
- Sent letters to members reminding them of the importance of maintaining their physical and mental health and highlighting UCare's benefit offerings that can assist a member.
- Provided HOS-related education to MSHO care coordinators.
- Trained UCare's customer services representatives and Adult Day Care Centers on the HOS.
- Educated providers on the importance of HOS measures and having discussions with members related to these measures.
- Sent letters to members identified as having a higher risk of falling to educate them on fall prevention techniques and how to access their Silver Sneakers fitness benefit.
- Provided members with a *Strong and Stable Kit* with a goal to improve member access to routine physical activity.
- Implemented a \$25 Annual Wellness Incentive for Medicare members that included an appointment checklist that highlights the 5 key aspects of the HOS survey.

Quantitative Analysis and Trending of Measures

The scores are reported below along with their respective Star ratings.

CMS Star Rating Year	MSHO			UCare Medicare		
	2019	2020	2021	2019	2020	2021
Improving or Maintaining Physical Health	75%	66%	70%	71%	67%	68%
	5	2	↑ 4	3	2	↑ 3
Improving or Maintaining Mental Health	80%	84%	79%	87%	85%	85%
	3	4	↓ 3	5	4	↑ 5
Monitoring Physical Activity	48%	51%	56%	52%	50%	51%
	2	3	↑ 4	3	2	↑ 3
Improving Bladder Control	53%	49%	46%	44%	44%	48%
	5	4	↓ 3	3	2	↑ 4
Reducing the Risk of Falling	73%	72%	72%	54%	45%	50%
	5	5	5	3	1	↑ 2

Evaluation of Effectiveness

The targeted interventions for the HOS measures in 2019 and 2020 had a positive impact, especially for UCare Medicare. UCare Medicare saw a Star rating improvement for every measure for Star Rating Year 2021. Although rate improvement was seen, there are opportunities for improvement in *Reducing the Risk of Falling* (2 Stars) and *Improving or Maintaining Physical Health* and *Maintaining Physical Health* measures (3 Stars). For MSHO, mixed results were seen in regard to HOS measures. MSHO improved for *Improving or Maintaining Physical Health* and *Maintaining Physical Health* measures and declined for *Improving or Maintaining Mental Health* and *Improving Bladder Control*.

Barrier Analysis

Barriers to improving HOS measures include:

- There is a lag in receiving data; therefore, monitoring the effectiveness of interventions is not immediate. For example, any interventions implemented prior to the August 2020 survey will not be reflected until results are available in the summer of 2021. This would be too late to impact the 2021 survey.
- The *Improving or Maintaining Physical* and *Mental Health* measures are difficult to impact because they look at improvement from the previous survey (two years prior) in a population with declining health.
- While UCare conducts many improvement projects to improve the physical and mental health of members, the survey uses a random sample, so the selected participants may not have received outreach.
- The survey is only conducted in English, Spanish and Chinese. UCare's MSHO population is a very diverse, with many members from the Somali and Hmong community. Members may not receive the survey in their primary language, making it difficult to complete the survey.
- Self-reported data is difficult to use as members may not fully understand the questions or the questions are interpreted differently due to a member's culture, background and/or language.
- The member may have difficulty recalling their physical and mental health or remembering if they talked to their health care provider about certain health conditions.
- Not all providers address the HOS questions during member wellness visits, creating a barrier for members to respond to questions positively.
- The UCare Medicare population tends to be a very healthy population and measures relating to *Improving Bladder Control* and *Reducing the Risk of Falling* are challenging, as providers may determine these questions are not appropriate for the members, especially those that are younger (65-75 years).
- Due to COVID-19, the 2020 survey data collection was pushed to late August 2020. The CMS notification of this timeline was announced too late to conduct any pre-survey member notifications.

Opportunities for Improvement

The quantitative analysis above identifies key opportunities for improvement in 2021. UCare is continuously working to improve measures for all populations and is evaluating the following interventions:

- Schedule meetings with providers to educate them about the HOS survey and discuss opportunities for how to engage members in these focus areas.
- Send a personalized mailing to members that includes their gaps in care (annual wellness exam, cancer screenings, etc.) and encouraging them to talk to their doctor about common HOS questions. Example – *Physical Health, Mental Health, Reducing the Risk of Falling, etc.*
- Send a member letter to increase awareness of various physical activity related benefits, such as Silver Sneakers, in hopes to improve members overall health.
- Send an IVR call reviewing the items that should be discussed during an annual wellness exam, including the HOS items, and encouraging them to schedule their next visit.
- Send email communication to members about the HOS survey to improve response rate.
- Improve supplemental benefits for falls classes and in-home fall risk assessments for Medicare members.
- Encourage telehealth annual wellness visits for members who have a fear of seeing their doctor in-person due to COVID-19.
- Conduct interviews with other health plans to identify best practices in the field.
- Review Health Risk Assessment (HRA) data to identify how members responded to the HOS questions on the survey. Identify and implement targeted interventions based on responses.
- Train member support staff such as Care Coordinators, Personal Care Attendants (PCA) and Adult Day Center staff about the importance of surveys and how to take a survey appropriately.

Medicare Star Ratings Program

Activity Description

A health plan's overall Star Rating reflects performance across approximately 47 process and outcomes-oriented performance measures designed to assess the performance of Medicare Advantage plans. The 2021 Star Ratings were released in October 2020 and apply to the 2021 Medicare Advantage plan year. Due to the COVID-19 pandemic, CMS eliminated the need for health plans to collect and submit HEDIS and CAHPS survey data for the 2021 Star Ratings year. Instead, plans were able to rotate 2020 Star Rating rates for these data sources into the 2021 Star Ratings results. All other measure time frames remained the same, including the operational/compliance measure time frames which vary between 2019 and 2020. Efforts to improve performance in many of the Star Rating Program measures are aligned with the interventions documented in UCare's Quality Work Plan. Additionally, improvement strategies in the Star Ratings Program often overlap and/or influence broader organizational strategies to improve the health of UCare's members.

Quantitative Analysis and Trending of Measures

In 2020, UCare had five products impacted by the Medicare Health Plan Quality and Performance Ratings Program (Star Ratings Program). The table below highlights the impact of improvement efforts on the 2021 Star Rating by product:

UCare Product	2020 Overall Score	2020 Star Rating	2021 Overall Score	2021 Star Rating
Minnesota Senior Health Options (MSHO)	3.949	4.0	3.859	4.0
UCare Medicare	3.915	4.0	4.624	↑ 4.5
EssentiaCare	Plan too new to be measured	Plan too new to be measured	Not enough data available	Not enough data available
Connect + Medicare	4.018	4.0	4.273	↑ 4.5
UCare Medicare with M Health Fairview & North Memorial Health	Plan too new to be measured	Plan too new to be measured	Not enough data available	Not enough data available

The majority of the Medicare plans that qualified for an individual Star Rating this year achieved a 4.5 out of 5.0 Stars. Both Connect + Medicare and UCare Medicare's overall weighted average improved from last year, with both product lines increasing by 0.5 Star levels. Minnesota Senior Health Options received a slightly lower overall

score for 2021 but maintained a 4.0 overall Star Rating. Areas of improvement for all products have been identified and improvement efforts have begun. Please see the HEDIS, CAHPS, HOS and Prescription Medications sections for more details on these initiatives.

EssentiaCare is a Medicare Advantage plan provided in conjunction with Essentia Health that launched on January 1, 2016. In 2019, there was a service area expansion into the state of Wisconsin for this plan and the current EssentiaCare contract closed and reopened under a new contract number. A message of “Not enough data available” is displayed on the Medicare.gov for consumers for 2021 Star Ratings. It is very likely that this plan will receive an individual Star Rating in 2023.

UCare Medicare with Fairview and North Memorial is a Medicare Advantage plan provided in conjunction with Fairview and North Memorial that launched on January 1, 2019. This plan has not yet met enrollment criteria to receive an individual Star Rating. Due to this a message of “Not enough data available” is displayed on Medicare.gov for consumers for 2021 Star Ratings.

Prescription Medications

Activity Description

UCare tracks pharmacy utilization over time to identify high-level prescription trends. This is a key indicator that will drive further analysis if we observe a material deviation from historical utilization levels.

Quantitative Analysis and Trending of Measures

Medication Therapy Management (MTM)

Medication Therapy Management Program is a drug therapy management program where the goal is to ensure eligible members have received a Comprehensive Medication Review (CMR) from a pharmacist during the measurement year. This review ensures that the member’s medications are indicated, safe, effective, and convenient to use. Member eligibility is determined based upon the number of chronic medications, number of chronic conditions, and expected drug cost for the year. The Star cut point for the Measurement Year is based on calendar year 2019 while the cut point for the Previous Year are based on calendar year 2018. In the Stars cycle, the impact of the measures is on a two-year cycle; therefore, the rating is delayed. For example, data on plan performance during 2019 is collected in 2020 and used to calculate the 2021 Star Rating for payment in 2022.

Comprehensive Medication Review (CMR) Completion Rates

Category	Previous Year (1/1/18 – 12/31/18) 2020 Star Rating	Measurement Year (1/1/19 – 12/31/19) 2021 Star Rating	% Change
UCare Medicare	69%	68%	↓ -1%
MSHO	64%	66%	↑ 3%
Connect + Medicare	55%	66%	↑ 20%
M Health Fairview & North Memorial	Not Reported	Not Reported	
EssentiaCare	Not Reported	85%	
2 Star Cut Point	54%	48%	-6%
3 Star Cut Point	70%	71%	1%
4 Star Cut Point	79%	81%	2%
5 Star Cut Point	83%	89%	6%

Evaluation of Effectiveness

The CMR completion rate for UCare Medicare slightly decreased from the Previous Year to the Measurement Year. MSHO saw a modest increase in CMR completion while Connect + Medicare improved significantly (11 percentage points) from the Previous Year to the Measurement Year. EssentiaCare did not have a reportable CMR completion rate for the Previous Year, but performed well in the Measurement Year with the highest completion rate at 85%. M Health Fairview & North Memorial’s denominator was too small to be counted.

Barrier Analysis

Barriers to CMR completion are multi-faceted. UCare currently utilizes OutcomesMTM to complete CMRs for Medicare product members. OutcomesMTM utilizes a network of community pharmacists and an internal call team to complete CMRs. Many UCare members utilize pharmacies that do not have MTM pharmacists who complete CMRs for members on a regular basis (e.g. CVS, Walmart). Those members generally rely on telephonic completion. Additionally, language barriers impact some member’s ability to understand the benefits of the service as eligibility calls and letters are sent in English, especially for MSHO and Connect + Medicare members. Lastly, Minnesota uniquely has many pharmacists completing CMRs in outpatient or hospital-based clinics. Those pharmacists document within their own electronic medical record rather than OutcomesMTM’s platform, which does not count towards UCare’s CMR completion rate.

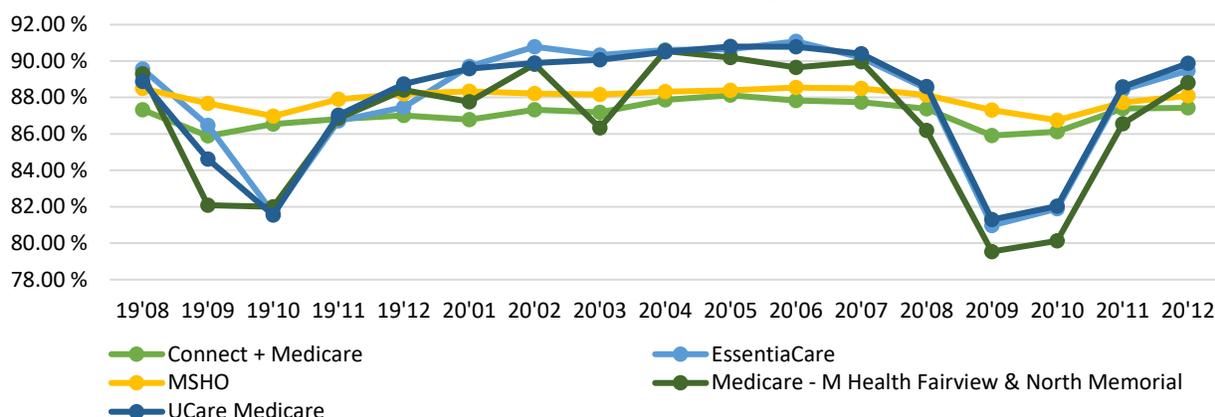
Opportunities for Improvement

For 2020, UCare continued partnerships with two local health systems to document their CMR completion within the OutcomesMTM platform. UCare worked with OutcomesMTM to better identify non-English speaking members and provided quarterly language files to assist with outreach calls in alternative languages. In Quarter 4 of 2020, UCare developed an internal pharmacy quality team to work on CMR completion and improve outcomes. In 2021, UCare will move to a hybrid outreach model that focuses on partnerships with pharmacists in health systems and leverages internal UCare staff rather than a telephonic vendor approach. This will allow for improved visibility and validate the service for members. UCare plans to continue growing partnerships with local pharmacists in the state. Additionally, starting in 2021, UCare will expand MTM eligibility beyond Star ratings targeting criteria to allow for coverage of all members with Part D coverage. This allows UCare to better capture interested members who may become eligible later in the year.

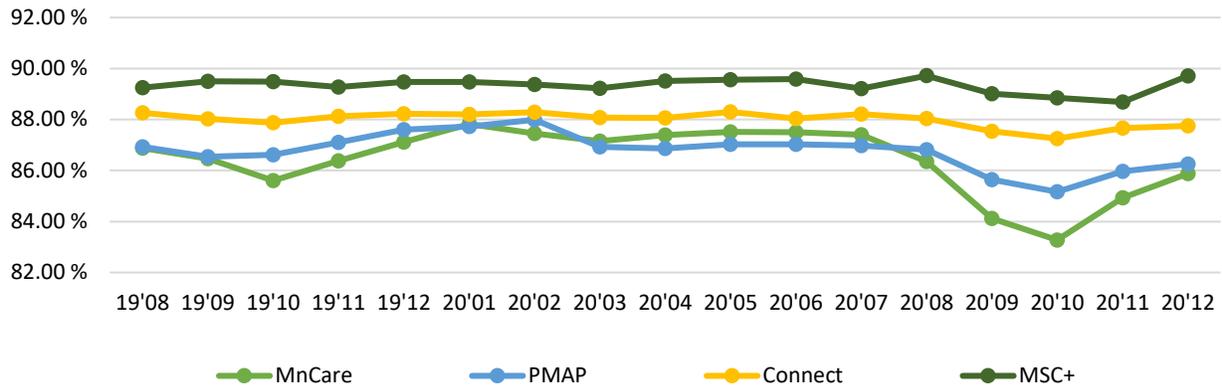
Generic Medication Fill Rates

Quantitative Analysis and Trending of Measures

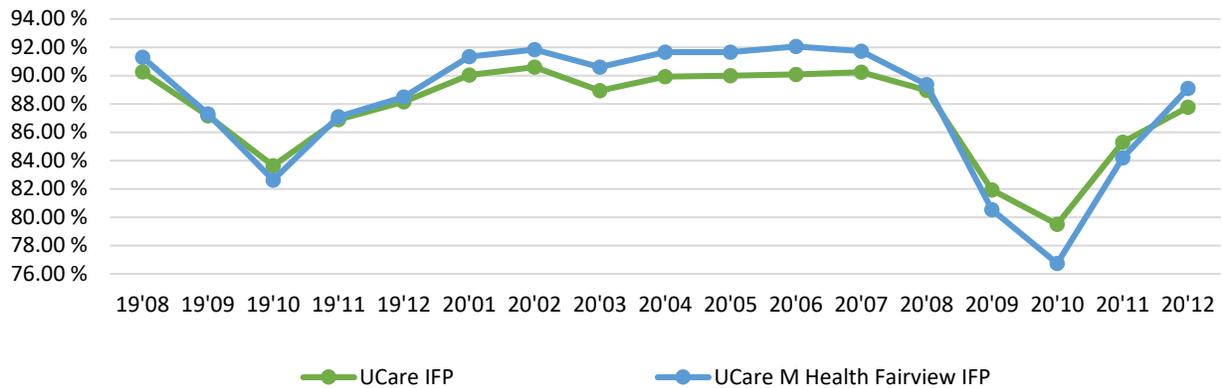
Generic Fill Rate Medicare By Product



Generic Fill Rate Medicaid By Product



Generic Fill Rate Health Exchange By Product



Evaluation of Effectiveness

The generic fill rates for each UCare product has remained largely unchanged compared to 2019 due in large part to a slowing of generic medication entry into the marketplace and continued steady utilization of generic medications. Within the Medicaid products, MnCare and PMAP members have the lowest utilization rate of generics. Within the Medicare products, Connect + Medicare has the lowest generic utilization. Within the Health Exchange product, UCare Individual and Family Plans (IFP) members have a lower generic utilization rate compared to Individual and Family Plans with Fairview (IFP with Fairview).

Barrier Analysis

UCare’s formulary management strategy encourages the utilization of generic medications through the tier preferred placement on lowest cost share tiers. This is most evident in the UCare Medicare and IFP populations where members are responsible for a higher share of prescription drug costs. In July of 2019, Medicaid members changed medications to align with the Minnesota Department of Human Service’s Preferred Drug List (PDL). The PDL prefers some brand name medications over generic medications, resulting in many members increasing utilization of brand name products.

Annually, each line of business sees a slight decrease in generic utilization rate between August and November which can be attributed to influenza vaccine claims administered through the pharmacy benefit. MSHO and Connect non-dual populations have some of the lowest rates of generic drug utilization in the UCare population.

This can largely be attributed to the disease states that are most prevalent in these populations such as diabetes, asthma/COPD, and mental/neurological disorders which still have a significant number of brand drugs as the backbone of therapy.

Opportunities for Improvement

UCare will continue to prefer generic medications over brand name medication when possible through preferred placement on lower cost share tiers. Work continues with the state of Minnesota to recommend lower cost alternative drugs for the PDL. UCare hopes to see additional generic medications enter the market in upcoming years to offset the high cost of newly approved brand name medications.

Member Experience

CAHPS and QHP Enrollee Survey

Activity Description

CMS collects information about Medicare beneficiaries' experiences with health plans via the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. UCare Medicare, MSHO, Connect + Medicare, and EssentiaCare plans are included in the survey. DHS also conducts an annual CAHPS survey for four other UCare's plans: PMAP, MnCare, MSC+, Connect, and Connect+Medicare.

CMS also collects information about Exchange beneficiaries' experience with Marketplace plans via the annual Qualified Health Plan (QHP) survey. The goal of the survey is to collect accurate and reliable information to assess enrollee's experienced through Qualified Health Plans that are offered through the Healthcare Exchange. UCare's Marketplace plan includes UCare Individual and Family Plans and UCare Individual and Family Plans w M Health Fairview and members of both of these plans received the survey.

The CAHPS and QHP data collection methodology uses a random sample of enrollees. Both surveys were conducted in the spring of 2020 using a multi-modal approach of sending out questionnaires via mail, providing reminders, and conducting surveys by phone to ensure a high response rate that reflects the health plan's membership. In response to the COVID-19 pandemic, CMS published an Interim Final Rule on March 30 that included Quality Measure submission changes and Star Rating changes.

Quality Measure Submission Changes:

- CAHPS Submissions Stopped - CMS eliminated 2020 survey data submission requirements for MA & PDP CAHPS. UCare made the decision to keep the survey in the field and continue with the standard methodology. The data can still be used for internal quality initiatives.
- HEDIS Clinical Quality Measure Submissions Stopped - CMS eliminated HEDIS clinical quality measure submission requirements this year for the Star Ratings and requested that MA plans curtail data collection work immediately to allow plans, providers, and physician offices to focus on caring for beneficiaries.

Star Rating Changes:

- Using Last Year's Data for HEDIS and CAHPS Measures - CMS will replace this year's 2021 Star Rating measures based on calculations from HEDIS or CAHPS with last year's values. There will be no changes to the cut points for these measures.
- If CMS Can't Calculate any 2021 Stars - They will use the 2020 stars instead. This allows for 2021 Star Ratings in the event that CMS capabilities to calculate new scores are compromised due to the pandemic.
- Next Year - For the 2022 Star Ratings, CMS expects plans to submit HEDIS and CAHPS data as usual.

UCare has a member experience manager and a cross-departmental member experience workgroup that reviews data annually and develops improvement activities and interventions based on enrollee feedback provided in the CAHPS/QHP survey. UCare combines the CAHPS/QHP data with other data sources collected throughout the organization to get a comprehensive view of member satisfaction with UCare plans. Data sources include appeals and grievances, member focus groups, internal member surveys, customer service call monitoring, speech miner, post-call surveys, and other member feedback received directly from customer service and sales representatives.

Based on the annual analysis of each of these data sources, UCare identifies select measures to formulate interventions to improve member satisfaction.

In 2020, UCare conducted the following quality improvement activities based on various CAHPS measures.

UCare Medicare, MSHO, Connect + Medicare, EssentiaCare and MSC+ Interim CAHPS Survey

- UCare conducted an off-cycle survey to collect more targeted data from UCare’s MSHO, Connect + Medicare, MSC+, and UCare Medicare members. The survey allowed UCare to learn about member experience navigating the health care system and in turn helped identify opportunities for improvement.
- This survey is comprised of various CAHPS and Health Outcomes Survey (HOS) questions. The non-blinded survey was sent to all eligible MSHO and Connect + Medicare members and a sample of 2800 UCare Medicare members and 800 MSC+ members. UCare added a free text box to allow members to provide qualitative responses to CAHPS questions to assist UCare in understanding strengths, as well as opportunities for improvement specific to member needs.
- UCare analyzed the data based on various demographics trends including metro, rural, New Americans, and individuals recognized as high-needs members. Attributed provider group, member primary diagnosis, age, and other identifying factors were also analyzed. UCare formulated workgroups to identify resolutions and to improve member experience, and the workgroups included: Customer Services, Medical and Dental Provider Network, Clinical Services, and Pharmacy.
- UCare requested supplemental data fields for the CMS CAHPS survey to better identify opportunities for improvement. The additional data fields requested and approved by CMS include county, language, plan level analysis, care system, and length of enrollment.
- UCare’s Provider Relations and Contracting Team worked directly with providers to inform them of identified strengths and opportunities for improvement based on member feedback.
- UCare’s Pharmacy Team performed a 6-month look-back of members to understand experience with the drug plan, as well as review any appeals or grievances members had with the drug plan to assist with resolution.
- UCare was able to identify members that had a negative experience and provided direct outreach to the member based on the concern. UCare identified members who listed dental access as a concern and a UCare Member Engagement Specialist completed outreach to ensure the access issue was resolved or assisted the member in finding a dental provider.
- UCare received positive feedback from members who completed the survey. The below are member feedback stories of how UCare is committed to improving the health of members through innovative services and partnerships across communities:
 - *Rating of Health Plan: “My health plan is the best. Thank you UCare!”*
 - *Health Care Experience: “Their (UCare) Services was good and they helped.”*
 - *Getting Health Care Information: “Always received immediate information and help.”*
 - *Health Care Quality: “Customer Service was very helpful.”*
 - *Drug Plan: “I had a great experience with my pharmacy and my drug plan.”*

Customer Services and Care Coordinator Interventions

- The Quality Improvement (QI) team began working more collaboratively with Customer Service representatives, Care Coordinators, and Sales Team representatives and requested feedback regarding low scoring CAHPS questions from the members’ perspective. The QI team also asked about what training opportunities these individuals would benefit from to improve member experience. Based on this feedback, the goal was to provide more effective ongoing trainings to the groups who have more direct contact with members regularly.
- Customer Services implemented a new call assessment process to evaluate representatives call performance. This assessment is more effective in measuring aspects such as courtesy and respect.
- Customer Services launched a new post-call survey to help identify areas of improvement for their staff based on direct member feedback.

Adult Day Care Center

- The QI team worked with the Sales team for a collaboration with Adult Day Care Centers. Quality Management provided education to Adult Day Care Centers about CAHPS and HOS surveys. Information included: what the survey means, the importance of members taking the survey, and the impact of their feedback.
- Quality Management created a CAHPS survey tip sheet for Adult Day Care Centers to assist members with completing the survey.

Shared Decision Making

- UCare worked with providers and members to build a patient-centered shared decision-making website that can be used during provider-patient interactions. This website is reviewed annually to identify new and updated tools to communicate to providers. UCare’s shared decision-making aids are reviewed and identified by Quality Improvement and the Medical Directors. UCare’s Provider Relations and Contracting Field Representatives also shared the decision-making aids with providers while conducting provider site visits.
- UCare identified specific shared decision-making tools to be used with members for anti-depressant medication management, opioid use, and oral health care when attempting to identify the best treatment options. These shared decision-making aids are in UCare’s provider toolkits created by a Collaborative comprised of UCare staff and other MN health plan staff. UCare communicates these provider toolkits through the provider newsletter that are sent to all providers. UCare also posts the toolkits to UCare’s provider webpage.
- UCare also has access to electronic shared decision-making resources also available to providers and members that can be accessed through Healthwise via UCare’s website. Healthwise offers a Shared Decision-Making web page providing information about how to improve quality of care and patient satisfaction through the implementation of shared decision-making tools. Healthwise also offers a resource to members titled “My Health Decisions” which provides useful information about a wide range of health topics such as medical tests, medications, surgeries, treatments, and other health related issues. The shared decision-making tools assist members with better understanding health conditions, available treatment options, and the benefits and side effects of medications.

Member Outreach

- A one-page postcard was designed to provide information to members about the quality of care and how UCare is meeting the needs of members to improve member experience. This postcard also includes information about the importance of members participating in the CAHPS/QHP survey.
- Four different postcard versions (i.e. metro, rural, waiver eligible, and New-America) were mailed to MSHO members providing basic education about the importance of completing the CAHPS survey.
- UCare’s Pharmacy and QI teams collaborated to create a user-friendly mailing alerting members of formulary changes. This material alerts members when drugs have changed and offers alternative drug options to better assist with the transition.
- An email notifying members of the upcoming survey was sent to individuals with an email on file.

Quantitative Analysis and Trending of Measures

CMS CAHPS

UCare Medicare				
CMS CAHPS	CAHPS 2018	CAHPS 2019	CAHPS 2020**	2019 National Average***
Response Rate	58.6%	52.7%	52.9%	45.7 %
Rating of Health Care Quality*	8.90	8.83	● 9.01	8.66
Rating of Personal Doctor	9.30	9.60	● 9.24	9.16
Rating of Specialist	9.10	9.50	● 9.09	9.00
Rating of Health Plan*	8.90	8.94	● 8.93	8.73

Getting Needed Care*	3.64	3.59	● 3.47	3.51
Getting Care Quickly*	3.53	3.48	● 3.37	3.35
How Well Doctors Communicate	3.78	3.76	● 3.67	3.75
Customer Service*	3.75	3.76	● 3.70	3.71
Coordination of Care*	3.70	3.69	● 3.56	3.61
Rating of Drug Plan*	8.40	8.41	● 8.55	8.61
Getting Needed Prescription Drugs*	3.73	3.76	● 3.71	3.71

(*) = CMS Star measure

(**) CMS eliminated the requirement to submit 2020 survey data submission requirements for MA & PDP CAHPS. UCare made the decision to keep the survey in the field and continue with the standard methodology. The 2020 data can be compared to 2019 results and is used for internal quality initiatives.

(***) Due to CMS eliminating the submission of the CAHPS survey for health plans, CMS did not release or calculate 2020 national averages.

MSHO				
CMS CAHPS	CAHPS 2018	CAHPS 2019	CAHPS 2020**	2019 National Average***
Response Rate	31.5%	30.5%	29.4%	45.7%
Rating of Health Care Quality*	8.60	8.38	● 8.45	8.66
Rating of Personal Doctor	N/A	N/A	● 9.11	9.16
Rating of Specialist	N/A	N/A	● 8.78	9.00
Rating of Health Plan*	8.60	8.87	● 8.81	8.73
Getting Needed Care*	3.42	3.38	● 3.15	3.51
Getting Care Quickly*	3.40	3.38	● 3.14	3.34
How Well Doctors Communicate	N/A	N/A	● 3.67	3.75
Customer Service*	3.63	3.67	● 3.54	3.71
Coordination of Care*	3.60	3.60	● 3.42	3.61
Rating of Drug Plan*	8.50	8.90	● 8.90	8.61
Getting Needed Prescription Drugs*	3.67	3.69	● 3.55	3.71

NA = Means either too few beneficiaries answered to permit reporting or the score had very low reliability

(*) = CMS Star measure

(**) CMS eliminated the requirement to submit 2020 survey data submission requirements for MA & PDP CAHPS. UCare made the decision to keep the survey in the field and continue with the standard methodology. The 2020 data can be compared to 2019 results and is used for internal quality initiatives.

(***) Due to CMS eliminating the submission of the CAHPS survey for health plans, CMS did not release or calculate 2020 national averages.

Connect + Medicare				
CMS CAHPS	CAHPS 2018	CAHPS 2019	CAHPS 2020**	2019 National Average***
Response Rate	38.9%	34.1%	29.6%	45.7%
Rating of Health Care Quality*	8.40	8.22	● 8.32	8.66
Rating of Personal Doctor	N/A	N/A	● 9.03	9.16
Rating of Specialist	N/A	N/A	● 8.57	9.00
Rating of Health Plan*	8.60	8.72	● 8.69	8.73
Getting Needed Care*	3.46	3.53	● 3.22	3.51
Getting Care Quickly*	3.39	3.44	● 3.08	3.34
How Well Doctors Communicate	N/A	N/A	● 3.67	3.75

Customer Service*	3.69	3.72	● 3.53	3.71
Coordination of Care*	3.60	3.65	● 3.36	3.61
Rating of Drug Plan*	8.50	8.69	● 8.63	8.61
Getting Needed Prescription Drugs*	3.67	3.73	● 3.49	3.71

NA = Means either too few beneficiaries answered to permit reporting or the score had very low reliability

(*) = CMS Star measure

(**) CMS eliminated the requirement to submit 2020 survey data submission requirements for MA & PDP CAHPS. UCare made the decision to keep the survey in the field and continue with the standard methodology. The 2020 data can be compared to 2019 results and is used for internal quality initiatives.

(***) Due to CMS eliminating the submission of the CAHPS survey for health plans, CMS did not release or calculate 2020 national averages.

EssentiaCare				
CMS CAHPS	CAHPS 2018	CAHPS 2019	CAHPS 2020**	2019 National Average***
Response Rate	-	-	59.6%	45.7%
Rating of Health Care Quality*	-	-	● 8.95	8.66
Rating of Personal Doctor	-	-	● 9.35	9.16
Rating of Specialist	-	-	● 9.17	9.00
Rating of Health Plan*	-	-	● 8.52	8.73
Getting Needed Care*	-	-	● 3.49	3.51
Getting Care Quickly*	-	-	● 3.40	3.34
How Well Doctors Communicate	-	-	● 3.67	3.75
Customer Service*	-	-	● 3.62	3.71
Coordination of Care*	-	-	● 3.62	3.61
Rating of Drug Plan*	-	-	● 8.19	8.61
Getting Needed Prescription Drugs*	-	-	● 3.66	3.71

(*) = CMS Star measure

(**) CMS eliminated the requirement to submit 2020 survey data submission requirements for MA & PDP CAHPS. UCare made the decision to keep the survey in the field and continue with the standard methodology. The 2020 data can be compared to 2019 results and is used for internal quality initiatives.

(***) Due to CMS eliminating the submission of the CAHPS survey for health plans, CMS did not release or calculate 2020 national averages.

CMS QHP Survey-Marketplace Exchange

Individual and Family Plans				
QHP Enrollee Survey	QHP Enrollee Survey 2018	QHP Enrollee Survey 2019	QHP Enrollee Survey 2020**	2019 National Average***
Response Rate	27.0%	24.3%	24.0%	17.4%
Rating of Health Care	8.30	7.47	● 7.50	7.80
Rating of Personal Doctor	9.14	8.52	● 8.88	8.72
Rating of Specialist	8.70	8.38	● 8.59	8.45
Rating of Health Plan	6.92	6.17	● 6.24	7.05
Access to Care	3.34	2.89	● 3.17	2.98
Care Coordination	3.65	3.27	● 3.45	3.31
Access to Information	2.05	1.60	● 1.84	2.00
Plan Administration	3.30	2.82	● 2.86	2.80
Annual Flu Vaccine	1.79	2.01	● 2.25	4 Star*

(*) Annual Flu Vaccine benchmark is scored against the QRS Star Rating of 4.

(**) CMS eliminated the requirement to submit 2020 survey data submission requirements for QHP. Ucare made the decision to keep the survey in the field and continue with the standard methodology. The 2020 data can be compared to 2019 results and is used for internal quality initiatives.

(***) Due to CMS eliminating the submission of the QHP survey for health plans, CMS did not release or calculate 2020 national averages.

DHS CAHPS

PMAP				
DHS CAHPS	CAHPS 2018	CAHPS 2019	CAHPS 2020	MN Average
Response Rate	16%	9.7%	22%	9.9%
Rating of Health Plan	64%	58.8%	● 61.6%	57.6%
Getting Needed Care	55%	83.0%	● 79.4%	81.3%
Getting Care Quickly	56%	85.7%	● 81.0%	83.3%
How Well Doctors Communicate	77%	93.3%	● 95.2%	95.8%
Customer Service	62%	87.0%	● 86.0%	85.4%
Coordination of Care	82%	83.8%	● 87.0%	87.0%

MnCare				
DHS CAHPS	CAHPS 2018	CAHPS 2019	CAHPS 2020	MN Average
Response Rate	26%	14.7%	31%	14.7%
Rating of Health Plan	55%	57.1%	● 55.8%	51.3%
Getting Needed Care	57%	82.4%	● 81.1%	83.0%
Getting Care Quickly	62%	79.1%	● 80.7%	82.6%
How Well Doctors Communicate	82%	94.6%	● 96.7%	96.9%
Customer Service	63%	85.0%	● 88.6%	88.3%
Coordination of Care	86%	82.7%	● 87.8%	86.1%

MSC+				
DHS CAHPS	CAHPS 2018	CAHPS 2019	CAHPS 2020	MN Average
Response Rate	24%	19.1%	42%	24.0%
Rating of Health Plan	53%	59.0%	● 61.3%	62.1%
Getting Needed Care	45%	84.3%	● 82.0%	84.7%
Getting Care Quickly	44%	82.8%	● 82.5%	85.3%
How Well Doctors Communicate	69%	91.3%	● 94.7%	94.9%
Customer Service	47%	88.6%	● 88.8%	89.6%
Coordination of Care	81%	85.1%	● 81.3%	86.3%

Connect				
DHS CAHPS	CAHPS 2018	CAHPS 2019	CAHPS 2020	MN Average
Response Rate	30%	20.5%	35%	20.1%
Rating of Health Plan	60%	62.8%	● 59.0%	59.1%
Getting Needed Care	53%	82.3%	● 82.7%	83.6%
Getting Care Quickly	58%	83.6%	● 82.9%	83.9%
How Well Doctors Communicate	70%	92.2%	● 94.7%	94.2%
Customer Service	68%	88.4%	● 85.9%	87.8%
Shared Decision Making	80%	85.1%	● 84.5%	86.3%

Evaluation of Effectiveness

In response to the COVID-19 pandemic, CMS eliminated 2020 survey data submission requirements for MA-CAHPS and QHP. UCare made the decision to keep the survey in the field and continue with the standard methodology using a random sample of enrollees. Both surveys were conducted in the spring of 2020 using a multi-modal approach of sending out questionnaires via mail, providing reminders, and conducting surveys by phone to ensure a high response rate that reflects the health plan's membership accurately. UCare is not able to compare scores to a national average because CMS did not collect data in 2020, but UCare can compare internal scores from 2019 and 2020 as well as referring to the 2019 national average.

In 2020, UCare members reported an overall positive experience with the UCare Medicare plan. The UCare Medicare results are at or above the 2019 national average in 9 of 10 CAHPS measures. The main area of improvement for UCare Medicare is the *Rating of Drug Plan*, but UCare saw a significant improvement from 2019 to 2020. CAHPS results for the MSHO plan showed consistent performance overall from 2019 to 2020. The greatest improvements for MSHO were seen in *Rating of Health Care Quality* and the *Rating of Personal Doctor and Specialist*. Connect+Medicare improved in the *Rating of Health Plan* and the *Rating of Health Care Quality*. The main opportunity for improvement and decline from 2019 to 2020 occurred in the *Coordination of Care* measure. UCare administered the CMS CAHPS survey to EssentiaCare plan members for the first time in 2020. Although we do not have trending data, in comparison to the 2019 national average EssentiaCare performed well in the provider related measures and have opportunities in the health plan administration measures including the *Rating of Health Plan*, *Rating of Drug Plan*, and *Customer Service*.

The QHP survey showed an improved performance from 2019 to 2020. In 2019, all measures were below the national average, but in 2020 *Plan Administration*, *Rating of Personal Doctor*, *Rating of Specialist*, *Access to Care*, and *Care Coordination* are above the national average.

UCare's scores compared to other Minnesota Medicaid health plans were consistent for all measures for all plans including PMAP, MnCare, SNBC, and MSC+. UCare's PMAP and MnCare population is the top performer for *Rating of Health Plan* and *Coordination of Care* in comparison to all other MN health plans. For MSC+, UCare is not a top performer when compared to the other MN plans. UCare did see an improvement from 2019 to 2020 for *Rating of Health Plan*. For Connect, UCare is a top performer in *How Well Doctors Communicate*. For the majority of plans, a key opportunity for improvement is *Customer Service*.

Barrier Analysis

In 2020, the CAHPS and QHP survey was impacted by the COVID-19 pandemic. Both surveys were fielded in mid-March thru May which correlates with the beginning of the pandemic. Although CMS allowed health plans the option to cancel the survey fielding, UCare utilizes these survey responses to direct internal interventions, so it was crucial to complete the survey, especially with the large impact COVID-19 had on our membership. Response rate to the 2020 survey was not impacted, but members perception and engagement with health care and their health plan may have been impacted by COVID-19.

In addition, members may or may have not interacted with their providers during the pandemic, which could have impacted scores relating to personal doctor, specialist, etc. Additionally, members may have felt that they were not able to access care or had longer wait times due to clinic restrictions and closures affecting how they responded to the CAHPS survey.

A major barrier that is experienced with the CAHPS survey is the method by which the survey is administered. CMS offers the survey in English, Spanish and Chinese, while DHS offers the survey in English and Spanish. This makes it difficult for members to complete the survey if it is not offered in their primary spoken language. UCare's membership is very diverse, with the largest population of non-English speaking members being Somali and Hmong.

In addition to the language speaking barrier, achieving optimal CAHPS and QHP scores is difficult when not all members read/write in English. Non-English speaking members may have a caregiver assist with completing the CAHPS or QHP survey, which can result in biased answers or it may influence the member to respond to questions differently than if the survey was completed in the read or written language.

Member experience survey results can be challenging to impact as it is scoring member perception. UCare continues to make overall plan improvement, but it is a possibility these improvements do not directly impact the member sample selected each year. UCare has increased sample sizes to gain a better understanding and obtain a statistically significant representation of our membership.

Opportunities for Improvement

Based on the organizational collection, monitoring, and analyses of all member satisfaction data, the cross-departmental Member Experience Workgroup identifies opportunities for improvement and recommends areas of focus. The Member Experience Steering Committee, Quality Measures Improvement Committee, and Quality Improvement Council review the recommendations and assist with prioritization and guide the work to meet organizational goals.

Selection of opportunities for improvement were prioritized by the Quality Management department based on the significance of concern of members. All identified barriers were reviewed and opportunities for improvement assessed. UCare also placed high importance on reviewing measures that scored significantly lower than the national average for both the CAHPS and QHP survey.

The following opportunities for improvement are identified for 2021:

- QHP measures included in the *Enrollee Experience with Health Plan* domain for UCare's IFP population
- Customer Service experience
- Member experience equity across products
- Rating of Health Plan
- Rating of Drug Plan
- Getting Needed Care

UCare has identified appropriate interventions for CAHPS and QHP satisfaction questions identified as needing improvement in 2021. Interventions include:

Interim CAHPS Survey

- Interim CAHPS surveys will be sent to members on an annual basis to continue identifying areas needing improvement. The survey will collect both quantitative and qualitative data to better gauge member experience and help identify how UCare can better serve and improve the health of member more effectively.
- The Interim CAHPS survey will continue to go to MSHO, Connect + Medicare, UCare Medicare and MSC+ members. EssentiaCare will be an additional product that will be surveyed to gain a better understanding of the needs of this population.
- UCare is also exploring opportunities to conduct an off-cycle QHP survey for our IFP membership. UCare may elect to conduct this survey via email/online formats or with another survey vendor.

Cross-Departmental Collaboration

- Quality Management will conduct monthly meetings as part of a new Enrollee Experience Workgroup that includes key stakeholders from the organization to implement positive change.

Provider Engagement

- Quality Management will review CAHPS scores against provider CG-CAHPS scores and Appeals and Grievance data to compare results for applicable measures. Quality Management will identify strengths and opportunities for improvement with provider groups who serves our members. Quality Management

and Provider Relations and Contracting Field Representatives will work collaboratively to better engage with providers about shared strengths and methods to improve member satisfaction.

- UCare will meet with Alliance of Community Health Plans (ACHP) who are high performers in CAHPS/HOS to understand their methodology for intervention development and strategies to improve performance with measures associated with Star Ratings.
- Due to the lack of a 2020 national average provided by CMS because of COVID-19, UCare is working with ACHP health plans to conduct a deeper analysis of 2020 CAHPS survey results. ACHP is assisting its MCO members by providing trends and data analytics to observe the impact that COVID-19 has had on member experience with their health plan.
- Continue education with Adult Day Care Centers regarding the CAHPS survey, including what the survey means, the importance of members taking the survey, and that member feedback is important. Quality Management will also continue to provide a survey tip sheet for Adult Day Care Centers to assist members with completing the survey.

Member Outreach

- Launch IVR calls prior to the survey to alert members of the survey and emphasize that feedback is valuable. IVR calls will be translated in Hmong and Somali languages to better serve UCare's diverse population.
- Members will receive an educational booklet in the mail to alert them of the CAHPS survey and ask members to complete the survey. Four different versions of this material will be created and will be sent to MSHO, Connect+Medicare, UCare Medicare, and IFP members to provide education about the importance of completing the CAHPS survey, gaps in care, and additional benefits that UCare offers to improve their satisfaction with their health plan.
- For members who do not receive the more comprehensive member booklet due to preventive screening compliance, they will receive a postcard to alert them of the CAHPS survey and ask members to complete the survey.
- For EssentiaCare members, UCare is partnering with Essentia Health to send a CAHPS educational message through their patient portal (MyHealth).
- Email will also be utilized to alert members of the member experience survey. UCare will use this mode for all products.

Data Integration

- UCare has a goal of integrating a variety of data sources, including social factor data, interim survey results, appeals and grievance information, disenrollment surveys, and Health Risk Assessments (HRA), to gain a greater understanding of who is responding to surveys and how members perceive the plan.
- UCare is leveraging its partnership with Carrot Health to identify and communicate with members based on engagement and communication trends. This data will assist in stratifying communication methods, so we are communicating with members in the most effective way possible.

Experience of Care and Health Outcomes Survey (ECHO)

Activity Description

UCare conducted the Experience of Care and Health Outcomes (ECHO) survey to get feedback 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. As with other member experience data, UCare's Member Experience Manager along with a cross-departmental Member Experience Workgroup annually reviews the data and develops improvement activities and interventions to improve ECHO scores. UCare combines the ECHO data with other data sources throughout the organization to get a comprehensive view of member satisfaction with UCare plans. Data sources include appeals and grievances, member panels and focus groups, internal member surveys, customer service call monitoring, speech miner, post-call surveys, and other member feedback received directly from customer service and sales representatives. ECHO survey data and other member satisfaction data is reviewed by the Quality Improvement Council and UCare leadership.

Quantitative Analysis and Trending of Measures

The tables below show ECHO survey results for both the overall rating questions and the composite questions for all UCare products. The overall rating questions assessed overall experience with counseling or treatment and overall experience with health plan for counseling or treatment. Response options range from 0-10, with 0 being lowest and 10 being highest. Ratings of 8, 9 or 10 are considered achievements and the achievement score is presented as the proportion of members whose response was an achievement.

Composite scores provide a summary of how the plan performed across each of the five domains. The domains are: Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment and Information from the Plan, Perceived Improvement, and Information about Treatment Options. Composite achievement scores reflect the two most positive response options when there are four or more response options. When there are two response options (Yes and No), the achievement scores reflect the most positive response option (Yes).

	Marketplace (Individual and Family Plan)			Medicare (UCare Medicare, (EssentiaCare & UCare w/M Health & North Memorial)		
	2019	2020	Met UCare Benchmark 80%	2018	2020	Met UCare Benchmark 80%
Overall Ratings						
Rating of Counseling or Treatment	77%	75%	● No	80%	80%	● Yes
Rating of Health Plan for Counseling or Treatment	42%	29%	● No	70%	77%	● No
Composite Scores						
Getting Treatment Quickly	65%	62%	● No	60 %	71%	● No
How well Clinicians Communicate	97%	95%	● Yes	95%	94%	● Yes
Getting Treatment and Information from the Plan	63%	55%	● No	74%	77%	● No
Perceived Improvement	66.40%	62%	● No	61%	55%	● No
Information about Treatment Options	42.55%	32%	● No	36%	35%	● No
Response Rate						
	13%	18%	-	39%	42%	-
	Medicaid (PMAP, MnCare, Connect, Connect+)			Medicare + Medicaid (MSHO and MSC+)		
	2019	2020	Met UCare Benchmark 80%	2019	2020	Met UCare Benchmark 80%
Overall Ratings						
Rating of Counseling or Treatment	81%	80%	● Yes	75%	76%	● No

Rating of Health Plan for Counseling or Treatment	80%	82%	● Yes	80%	77%	● No
Composite Scores						
Getting Treatment Quickly	61%	73%	● No	66%	77%	● No
How well Clinicians Communicate	92%	93%	● Yes	94%	92%	● Yes
Getting Treatment and Information from the Plan	69%	69%	● No	72%	67%	● No
Perceived Improvement	61%	63%	● No	49%	46%	● No
Information about Treatment Options	48%	49%	● No	42%	45%	● No
Response Rate						
	16%	21%	-	19%	21%	-

In 2020, Marketplace, Medicare, Medicaid and Medicare + Medicaid members reported scores above the UCare benchmark in the composite scores for *“How Well Clinicians Communicate.”* Medicaid members reported scores at or above the UCare benchmark for *“Rating of Counseling or Treatment”* and *“Rating of Health Plan for Counseling or Treatment.”* Medicare members reported scores at the UCare benchmark for *“Rating of Counseling or Treatment.”*

Marketplace and Medicare received scores below the UCare benchmark in the overall rating for *“Rating of Health Plan for Counseling or Treatment.”* Marketplace, Medicare, and Medicare + Medicaid reported scores lower than the UCare benchmark for the composite scores *‘Getting Treatment Quickly’, ‘Getting Treatment and Information from the Plan,’ ‘Perceived Improvement’* and *“Information about Treatment Options.”* These are considered opportunities for improvement.

Evaluation of Effectiveness

UCare has worked on strategies to increase response rates to better understand the experience of UCare members that access mental health services. Overall, the response rates for all products improved in 2020. UCare’s vendor, DSS (Decisions Support System Research), offered a mailed survey as well as an online version. DSS also offered improved reporting and dashboards. DSS conducted follow-up calls to members encouraging the completion of the survey. DSS provided timely and detailed reports that allows UCare to complete a more thorough analysis of results year over year.

UCare continues to address questions about treatment and access to health plan information in relation to mental health services. UCare sent a member postcard to newly diagnosed members with depression that were prescribed an antidepressant. The informational postcard provided education to members about treatment, follow-up care, and how to access mental health information. UCare’s mental health case management team works directly with members with a mental health condition and encourages medication adherence. Case managers review medications with members and talk about the importance of timely medication refills and provide education about timely follow-up and assist with scheduling appointments for members. In addition, the Mental Health and Substance Use Disorder department incorporates mental wellness in their communications to members as well as providers.

Previously in 2019, UCare introduced a Mental Health and Substance Use Disorder triage phone line for members to receive rapid access for crisis intervention, mental health referrals, mental health case management and consultations, mental health provider and provider specialty search, mental health service authorizations and notifications, and identification and connection to community resources. The Mental Health and Substance Use

Disorder triage line has been communicated to providers through the Clinical Services newsletter that goes to all MSHO/MS+ and Connect/Connect+ Care Coordinators, in *HealthLines*, UCare's monthly publication that goes to all contracted providers, and has been announced at multiple county meetings and adult mental health initiative meetings throughout the state. In 2020, the triage phone number was published on all member materials, member ID cards, and UCare's website.

Barrier Analysis

UCare's continues to receive low response rates on the ECHO survey. The data that is gathered is not entirely representative of all UCare members that access mental health services, as the survey is a sample of members. In addition, members may not always be aware of how to access mental health materials from the health plan and are not aware of services offered. Medicare members also have limited provider types within their network that they can see, which makes it difficult to see a provider 'right away'. Additionally, members in rural counties may feel that they have limited access to mental health providers or may experience long wait times to access a specific mental health provider type (e.g. psychiatry).

In addition, often members are not aware of or do not understand health insurance benefits and what services are covered. This is especially true of the Individual and Family plan population. This population tends to not seek services for care due to lack of knowledge about cost and co-payments associated with care. This is a barrier to understanding available treatment options and services included under their benefits. Also, members may require continued access to mental health care services and treatment options before they begin to see improvement.

Social factors are another key area that can impact people with a mental health diagnosis. Individuals may experience lack of education/health literacy, economic instability, lack of social connections, poor infrastructure of neighborhoods and communities, and access to health care including mental health services. Social factors and mental health go together with health equity. Individuals who have a mental health diagnosis and experience any type of social factor may find it difficult to know and understand types of services they qualify for to address the condition as well as accessing the appropriate level of care to address their needs.

The COVID-19 pandemic was also a barrier in 2020 due to clinic closures and provider delays in getting telehealth services setup efficiently. Also, some members feared visiting their providers in the clinic setting and may not have access to complete video telehealth services. Further, availability of some providers was decreased due to staffing issues related to the pandemic.

Opportunities for Improvement

UCare falls below the threshold in *"Rating of Health Plan for Counseling or Treatment," "Getting Treatment Quickly," "Getting Treatment and Information from the Health Plan,"* and *"Perceived Improvement."* To address these areas, UCare is focusing on the following interventions:

Provider Network

- Analyze the provider network compared to access and availability standards.
- Expand contracting with mental health and substance abuse providers (e.g. Psychologist, Social Worker, Psychiatrist, etc.).
- Conduct Provider Survey – The 2020 Provider Survey revealed the causal analysis undertaken in 2019 resulted in improvements in themes related to "why" practitioners rated the health plan on various questions within the survey. The following themes stand out and interventions were based on this information:
 - Improving timelines for concurrent reviews/approving additional days for inpatient and residential stays.
 - Increasing clarity around the process for providers to submit a prior authorization to the Mental Health and Substance Use Disorder department.
 - Improving communication with Mental Health and Substance Use Disorder department providers.

Internal and External Collaboration

- Quality Improvement (QI) and the Mental Health and Substance Abuse Services (MSS) team will continue to meet monthly to review data trends, survey results and identify interventions.
- QI, MSS SUD and the Collaborative of Key Partners (e.g. Psychologist, Social Worker, Psychiatric Nurse Practitioner, Pediatric Nurse Practitioner, Family Practice Physician, Psychiatrist) will meet quarterly to review data trends, survey results and identify interventions.

Case Management

- Follow-up with members post-hospitalization from a mental health and/or substance abuse stay to help coordinate care with the member and a mental health and/or substance abuse provider to ensure timely follow-up and access to care.
- Monitor 7 Day Follow -Up After Hospitalization for Mental Illness (FUH) with the addition of the HEDIS 75th percentile.

Other Initiatives

- Certified Community Behavioral Health Clinics (CCBHCs)
 - Develop a partnership with CCBHCs and Behavioral Health Homes (BHH) to close dental and preventive gaps in care
 - Reach out to specific agencies to initiate and partner with UCare
- Analyze Health Risk Assessment data to determine members who responded negatively to the mental health measures. Provide additional outreach and member education materials to these members.

New Member Feedback and Understanding

Activity Description

An email survey was sent February 2020 to UCare Medicare, Partner Medicare, Medicaid and Marketplace members who enrolled in the most recent Annual Enrollment Period/Open Enrollment Period (October 2019 – January 2020), in addition to survey links on ucare.org with plan materials. The members selected for the email sample have unique, valid email addresses on file and are 18 years of age or older. The purpose of the survey is to assess the understanding of their new UCare health plan. A total of 590 surveys were returned for a response rate of 4%.

	UCare.org Link Responses	Email Survey Responses	Emails Sent	January 2020 New Members
UCare Medicare	1	206	2,275	4,272
UCare Medicare with M Health Fairview and North Memorial Health	0	5	59	106
EssentiaCare (Medicare)	0	15	148	318
Individual and Family Plan (Marketplace)	2	255	6,953	15,783
Medicaid	5	109	5,202	33,279

Quantitative Analysis and Trending of Measures

New members were asked how well they understand various aspects of their UCare plan on a five-point scale, plus a sixth “did not read this section”. The “did not read this section” data point was removed from analysis, and the midpoint of the scale is considered neutral and was not figured into how well the members understand their UCare health plan. Members were offered an opportunity to leave open text feedback, and an additional screener related to start date was added to ensure data quality.

Members receive multiple materials regarding their new plan, 2020's survey was placed with member materials on ucare.org to reduce confusion. Few members took the survey from that location, and an email distribution was added to increase sample size. It is likely the members taking the survey from the materials section on ucare.org and members taking the survey from an email are not responding with the same frame of reference.

2020's survey adds UCare Medicare with M Health Fairview and North Memorial Health and EssentiaCare, UCare's Joint Medicare offerings, and Special Needs Basic Care and Integrated Medicaid and Medicare plans. The Joint Medicare plans are displayed separately due to having CMS ID numbers different than UCare Medicare. Special Needs Basic Care and Integrated plans were added to Medicaid.

2019's survey was moved to a mail delivery to allow for the addition of UCare's Medicaid population, as UCare did not have access to email addresses for Medicaid members. The change to mail delivery resulted in a lower response rate. As this project had never been attempted via mail in the past, the impact of changing the survey from online to mail was unknown during the planning phase. The impact of changing survey delivery methods is largely unknown and should be taken into consideration during year to year trending analysis.

Overall Results Year over Year Comparison

"Good" & "Excellent"	2019	2020	"Poor" & "Terrible"	2019	2020	Goal: Does Not Exceed 15%
	N=126-136	N=362-426		N=126-136	N=362-426	
	Sample=3,000	Sample=14,637		Sample=3,000	Sample=14,637	
	January 2019=50,794	January 2020=53,758		January 2019=50,794	January 2020=53,758	
Covered services	89%	73%	Covered services	2%	6%	● Yes
Member rights	89%	74%	Member rights	1%	3%	● Yes
File a complaint	73%	71%	File a complaint	6%	4%	● Yes
PHI Protection	87%	75%	PHI Protection	2%	1%	● Yes
Find providers	79%	75%	Find providers	6%	5%	● Yes
Prescription Rx	Not surveyed 2019	64%	Prescription Rx	Not surveyed 2019	13%	● Yes

**Some Medicaid plans and Joint Medicare were not surveyed prior to 2020.*

All topics report fewer "good" and "excellent" understanding than in 2019, and *covered services* and *member rights* report more "poor" and "terrible" responses.

Prescription Rx is a new topic, no year to year trend is available. No topics reach the 15% goal threshold of members responding "poor" or "terrible".

Topic 1 Understanding of Services:

How well did you understand the following information in your packet? – Information on what services your health plan covers			
	Terrible/Poor	Neutral	Good/Excellent
UCare Medicare	5%	17%	78%
Medicare Goal Met (<8% "Terrible/Poor")	● Yes		
Fairview North Memorial Medicare	25%	0%	75%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
EssentiaCare	8%	33%	58%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
IFP	5%	27%	68%
IFP Goal Met (<15% "Terrible/Poor")	● Yes		
Medicaid	10%	16%	74%
Medicaid Goal Met (<20% "Terrible/Poor")	● Yes		
2020 Total	6%	21%	73%
2019 Total	2%	9%	89%

Although Fairview (106 January new members) and EssentiaCare (318 January new members) Medicare plans reached an appropriate response rate, these products had a very small sample to survey. UCare lacks a valid sample to make assumptions regarding material comprehension in these products.

Topic 2 Understanding Rights and Responsibilities:

How well did you understand the following information in your packet? – Your rights and responsibilities as a member			
	Terrible/Poor	Neutral	Good/Excellent
UCare Medicare	3%	23%	74%
Medicare Goal Met (<8% "Terrible/Poor")	● Yes		
Fairview North Memorial Medicare	0%	0%	100%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
EssentiaCare	8%	17%	75%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
IFP	3%	27%	70%
IFP Goal Met (<15% "Terrible/Poor")	● Yes		
Medicaid	1%	15%	84%
Medicaid Goal Met (<20% "Terrible/Poor")	● Yes		
2020 Total	3%	23%	74%
2019 Total	1%	10%	89%

Although Fairview (106 January new members) and EssentiaCare (318 January new members) Medicare plans reached an appropriate response rate, these products had a very small sample to survey. UCare lacks a valid sample to make assumptions regarding material comprehension in these products.

Topic 3 Understanding How to File a Complaint:

How well did you understand the following information in your packet? – How to file a complaint or appeal about your coverage and benefits			
	Terrible/Poor	Neutral	Good/Excellent
UCare Medicare	4%	23%	73%
Medicare Goal Met (<8% "Terrible/Poor")	● Yes		
Fairview North Memorial Medicare	0%	0%	100%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
EssentiaCare	0%	36%	64%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		

IFP	4%	29%	67%
IFP Goal Met (<15% "Terrible/Poor")	● Yes		
Medicaid	4%	22%	73%
Medicaid Goal Met (<20% "Terrible/Poor")	● Yes		
2020 Total	4%	25%	71%
2019 Total	6%	21%	73%

Although Fairview (106 January new members) and EssentiaCare (318 January new members) Medicare plans reached an appropriate response rate, these products had a very small sample to survey. UCare lacks a valid sample to make assumptions regarding material comprehension in these products.

Topic 4 Understanding How UCare Protects Information:

How well did you understand the following information in your packet? – How UCare manages and protects your personal information			
	Terrible/Poor	Neutral	Good/Excellent
UCare Medicare	0%	21%	79%
Medicare Goal Met (<8% "Terrible/Poor")	● Yes		
Fairview North Memorial Medicare	0%	0%	100%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
EssentiaCare	0%	18%	82%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
IFP	3%	27%	70%
IFP Goal Met (<15% "Terrible/Poor")	● Yes		
Medicaid	2%	22%	76%
Medicaid Goal Met (<20% "Terrible/Poor")	● Yes		
2020 Total	1%	23%	75%
2019 Total	2%	11%	87%

Although Fairview (106 January new members) and EssentiaCare (318 January new members) Medicare plans reached an appropriate response rate, these products had a very small sample to survey. UCare lacks a valid sample to make assumptions regarding material comprehension in these products.

Topic 5 Understanding How to Find a Provider:

How well did you understand the following information in your packet? – How to find a doctor, emergency room, primary care or specialist service			
	Terrible/Poor	Neutral	Good/Excellent
UCare Medicare	2%	16%	82%
Medicare Goal Met (<8% "Terrible/Poor")	● Yes		
Fairview North Memorial Medicare	0%	25%	75%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
EssentiaCare	9%	9%	82%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
IFP	6%	26%	68%
IFP Goal Met (<15% "Terrible/Poor")	● Yes		
Medicaid	8%	20%	73%
Medicaid Goal Met (<20% "Terrible/Poor")	● Yes		
2020 Total	5%	21%	75%
2019 Total	6%	15%	79%

Although Fairview (106 January new members) and EssentiaCare (318 January new members) Medicare plans reached an appropriate response rate, these products had a very small sample to survey. UCare lacks a valid sample to make assumptions regarding material comprehension in these products.

Topic 6 Information on What Drugs are Covered and Where to Receive Them:

How well did you understand the following information in your packet? – Information on what drugs are covered and where to receive them			
	Terrible/Poor	Neutral	Good/Excellent
UCare Medicare	13%	15%	73%
Medicare Goal Met (<8% "Terrible/Poor")	● No		
Fairview North Memorial Medicare	25%	25%	50%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
EssentiaCare	18%	18%	64%
Medicare Goal Met (<8% "Terrible/Poor")	Too few responses		
IFP	10%	34%	56%
IFP Goal Met (<15% "Terrible/Poor")	● Yes		
Medicaid	17%	17%	66%
Medicaid Goal Met (<20% "Terrible/Poor")	● Yes		
2020 Total	13%	23%	64%
2019 Total	New 2020 Topic		

Although Fairview (106 January new members) and EssentiaCare (318 January new members) Medicare plans reached an appropriate response rate, these products had a very small sample to survey. UCare lacks a valid sample to make assumptions regarding material comprehension in these products.

Evaluation of Effectiveness

All survey measures meet goals, except Medicare plans report less understanding of their prescription drug benefits than other products.

Marketing, Member Experience and Government Relations have been notified of the potential gap and will discuss methods to adjust materials to help members better understand this topic.

UCare helps Medicare Advantage members understand their prescription benefits by providing information in several materials and on the website. Information regarding prescription drug coverage available in the Evidence of Coverage (EOC) and Summary of Benefits (SB), includes the following topics: pharmaceutical management procedures, pharmaceutical restrictions, instructions for obtaining the pharmaceutical management procedures or checking coverage regarding a pharmaceutical, and exceptions process for coverage of nonformulary pharmaceuticals, in print and online. UCare.org offers a formulary search and preferred pharmacy search in the provider search tool, which allows members to search for prescription drugs by name and type and estimate costs of covered drugs. Prior to enrolling in most circumstances, a prospective member would receive a Sales Kit, which includes prescription drug information and a copy of the formulary.

Barriers Analysis

Barriers to the New Member Survey process are that members felt that they are too new to UCare's plan to determine if they have an understanding of the information provided to them in the new member packets. Members also felt that they did not have sufficient time to allow for reading the materials they received in the mail prior to the survey being sent.

Another barrier identified is that members who provided comments to the questions did not provide appropriate responses to the questions or constructive feedback relating to the new member packets for UCare to make the necessary changes to improve new member understanding.

Members are likely confused about which new member materials they are being surveyed about, as the average member can receive more than a dozen pieces of mail from UCare regarding their plan. To minimize confusion, a link to the survey was placed near the materials on ucare.org, but few members took the survey from that location. It is likely the members taking the survey from the materials section on ucare.org and members taking the survey from an email are not responding with the same frame of reference. The impact of changing survey

delivery methods is largely unknown and should be noted during year to year trending analysis.

Not all members have email addresses or choose to share their email addresses with UCare. Some plans have a lower technology adoption on average, such as MSHO and MSC+ than other plans. Members belonging to more technologically savvy generations are known to purposefully share incorrect email addresses. UCare is beginning to adopt email communications to members, but lags behind other organizations.

Opportunities for Improvement

All survey measures met their goals, except Medicare plans report less understanding of their prescription drug benefits than other products. There is an opportunity in this area to identify intervention strategies to better communicate prescription drug coverage to our Medicare members.

Customer Service

Personalized Information

Activity Description

To ensure UCare members are able to consistently receive accurate information, the Customer Service department evaluates the functionality of certain self-service processes available through the UCare member portal, as well as the quality and accuracy of the information members receive through the portal and phone. Email responses sent by Customer Service to members through the portal are also evaluated for timeliness, as well as the quality and accuracy of the information provided. Functionality audits are performed periodically throughout the year. A sample of quality and accuracy audits are performed based on the number of calls and emails received throughout the year, to achieve a 90% confidence level with a 10% margin of error. Results are analyzed for root cause, trends, and improvement opportunities. A report is presented to leadership annually to summarize results and recommend improvement activities.

Quantitative Analysis and Trending of Measures

Portal functionality audits showed a 100% success rate for 2020 for all UCare plans throughout the three measured categories; Primary Care Clinic (PCC) change requests (for UCare Medicare plans only), accurate authorization information, and accurate benefit information. UCare Individual and Family plan members are not required to select a PCC; therefore, this data is not collected for this UCare product. These results remained consistent between 2019 and 2020 and are summarized in the table below.

Audit Results Portal Functionality – 2019/2020 (All UCare plans)

Functionality Measure	2019 Result	2020 Result	UCare Goal	Goal Met
PCC Change Requests*	100%	100%	100%	● Yes
Accurate authorization information	100%	100%	100%	● Yes
Accurate benefit information	100%	100%	100%	● Yes

*UCare Medicare only

UCare performed evaluation of 69 calls to measure the quality and accuracy of benefit information provided by phone during 2020. This sample size allowed us to achieve a 90% confidence level with a 10% margin of error, based on the total number of benefit calls received. Evaluation of the quality and accuracy of information provided by phone showed a 93.12% overall quality and accuracy rating for the benefit calls reviewed, which is a slight increase from the 92.75% quality and accuracy result from 2019. UCare also performed 66 evaluations of calls to measure the quality and accuracy of authorization information provided by phone during 2020. Again, the sample size was determined using the total number of authorization calls received, to achieve a 90% confidence level with a 10% margin of error. Evaluation of the authorization information provided by phone showed a 95.72% overall quality and accuracy rating, which is an increase from the 90.91% quality and accuracy result from 2019. These results are summarized in the table below.

Audit Results Quality and Accuracy Benefit and Authorization Information by Phone – 2019/2020 (All UCare plans)

Category Measured	2019 Result	2020 Result	UCare Goal	Goal Met
Quality & Accuracy of Benefit Information	92.75%	93.12%	90%	● Yes
Quality & Accuracy of Authorization Information	90.91%	95.72%	90%	● Yes

The QA Team evaluated 68 portal messages during 2020 for both timeliness of the response and quality and accuracy of the information provided. This sample size allowed us to achieve a 90% confidence level with a 10% margin of error based on the total number of portal messages received during 2020. Evaluation of the timeliness of portal responses showed a result of 47.06% of replies were sent within 1 business day of receipt. This is a decrease from the 2019 result of 54.41%. Quality and accuracy evaluations showed a result of 92.65%, which is a decrease from our quality and accuracy result of 97.06% in 2019. These results are summarized in the table below.

Audit Results Timeliness, Quality and Accuracy of Portal Responses 2019/2020 (All UCare plans)

Measurement	2019 Result	2020 Result	UCare Goal	Goal Met
Timeliness of Portal Responses	54.41%	47.06%	100%	● No
Quality & Accuracy of Portal Responses	97.06%	92.65%	90%	● Yes

Evaluation of Effectiveness

All measures of portal functionality were 100% successful throughout 2020 remaining consistent with the 2019 results.

Evaluations of the quality and accuracy of benefit information provided by phone showed a statistically insignificant increase (less than 1%) between 2020 and 2019. UCare continued to meet its internal goal, so no barrier analysis was performed for these measures. UCare continued to meet its internal goal for the quality and accuracy of providing authorization information by telephone during 2020, so no barrier analysis was performed.

The results of the audits of the quality and accuracy of information provided through the member portal showed a decrease between 2019 and 2020. UCare continues to meet its internal goal, so no additional barrier analysis is needed. However, Customer Service has implemented strategies to address the decrease in the score. These interventions include completing training for Customer Service representatives on benefit changes for 2021, as well as review of existing information. On an ongoing basis, the QA Team will also identify representatives who receive low scores regarding benefit information, and coordinate with Customer Service Supervisors to provide additional targeted coaching to those representatives.

The results of the audits of portal response timeliness showed a decrease between 2019 and 2020, with a change of 13%. UCare did not meet the internal goal of responding to 100% of portal messages within one business day.

Barrier Analysis

UCare performed an analysis of portal messages and determined that the number of portal messages received during 2020 increased by 25% over the previous year. UCare also analyzed the number of messages received each month, to determine times when portal messages are relatively high, showing that the greatest number of messages are received when new members join the plan (January – March), and during the annual open enrollment period (October – December). Throughout the year, UCare enacted a number of strategies designed to improve the timeliness of our email responses. These strategies are summarized in the table below.

2020 Barrier and Opportunity Analysis – Email (All UCare Plans)

Barrier	Opportunity	Intervention	Selected for 2020?	Date Initiated
25% increase in volume of portal messages from members over the previous year.	Respond to member's email requests within one business day.	-Create and implement the Customer Delivery Team. These reps are responsible for all written communication to members, including responding to portal messages, and are not required to handle any phone calls unless there is an urgent business need	Y	4 th Quarter 2020
		-Deploy process improvements for documenting portal messages within FUSE to increase productivity	Y	3 rd Quarter 2020
Portal volume increases during the beginning of the year as new members join the plan, and again during open enrollment at the end of the year.	Respond to member's email requests within one business day.	-Exempt the Customer Delivery Team from being required to take calls during all-hands-on-deck situations during the first and fourth quarters of the year	Y	4 th Quarter 2020
		-Determine other resources within Customer Service who can be tasked to assist with the portal during the busiest months	Y	4 th Quarter 2020

These interventions have not been in place for long enough to determine their overall impact on the timeliness of our email responses, however they are expected to improve our results for 2021.

Opportunities for Improvement

UCare holds regularly scheduled meetings to explore initiatives to continue to improve the timeliness of our portal responses. Meeting participants include three Customer Service Managers, one Customer Service Supervisor, one Workforce Management Business Analyst, and one Quality Advocate. This group is responsible for reviewing the 2020 results and devising additional strategies to improve overall timeliness with regard to answering member emails through the portal. In addition to continuing to evaluate the effectiveness of the interventions above, the group has identified the following opportunities for improvement:

- Codify a process to filter the portal for duplicate messages and delete them from the total volume.
- Develop a process to identify all messages from the same member, to allow representatives to close multiple portal messages at the same time by providing a single response.

Quality and Accuracy of Pharmacy Information

Activity Description

UCare provides members with information about their pharmacy benefit through its website and telephone interactions with UCare's Customer Service representatives. This applies to all UCare products, including Medicare, Joint Medicare, Marketplace, and Medicaid. UCare has delegated web-based pharmacy benefit management for members to pharmacy benefit manager Express Scripts, Inc. (ESI). Members may access the UCare member portal and ESI's member site using a single ID and password login. ESI does not provide call center support for UCare members.

This report evaluates members ability to access the following pharmacy benefit information through the web and phone:

- Determine their financial responsibility for a drug, based on the pharmacy benefit.
- Initiate the exception process
- Order a refill for an existing, unexpired mail-order prescription.
- Find the location of an in-network pharmacy.
- Conduct a pharmacy proximity search based on zip code.
- Determine the availability of generic substitutes.

This report summarizes data collected by UCare on the quality and accuracy of pharmacy benefit information for website and telephone, report analysis of the data results, and makes recommendations to improve any identified deficiencies. Leaders of UCare's Customer Service and Pharmacy departments are responsible for analyzing and improving the processes in place.

Methodology

ESI Website Member Portal

UCare collects and analyzes information using a sound data collection methodology that produces valid and reliable results. Each calendar year, UCare reviews the total number of members that are registered for the ESI member portal and performs testing to determine the quality and accuracy of pharmacy benefit information. UCare assesses the services offered to members to meet established goals and outcomes. UCare logs in to the Express Scripts member portal and test 20 member scenarios, per product line, on an annual basis to complete this testing.

UCare assesses the quality and accuracy of (1) a member's financial responsibility for a drug, based on the pharmacy benefit, (2) initiating the exceptions process, (3) ordering a refill for an existing, unexpired mail-order prescription, (4) finding the location of an in-network pharmacy, (5) conducting a pharmacy proximity search by zip code, and (6) determining the availability of generic substitutions.

Goal: UCare's goal for the quality and accuracy of pharmacy benefit information provided by the ESI Member Portal is 100%.

Telephone (Customer Service)

To confirm quality and accuracy of information on pharmacy related calls, UCare's Customer Services Quality Assurance team audits the information provided by member service representatives. UCare collects and analyzes information using a sound data collection methodology that produces valid and reliable results for telephone quality and accuracy to assist our members with:

- Initiating the exceptions process
- Find the location of an in-network pharmacy
- Conduct a proximity search based on zip code

The Customer Service department received 38,349 pharmacy related calls during 2020. Using a confidence level of 90%, with a 10% margin of error, 68 calls were audited for quality and accuracy of pharmacy benefit information.

Note: Calls regarding a member ordering a refill for an existing, unexpired mail-order prescription are handled by ESI and are not audited for quality and accuracy by Customer Service. Calls from members to determine the availability of generic substitutes are handled by the UCare Pharmacy team and are also not audited by Customer Service.

Goal: UCare's goal for the quality and accuracy of pharmacy benefit information provided by telephone is 90%. UCare sets internal quality and accuracy goals based on quality performance results, current and future

environment factors such as staffing, new processes, system updates/changes, and better enhancement of the member and employee experience.

Telephone (Clinical)

To confirm quality and accuracy of information on pharmacy related calls that are clinical in nature, UCare’s Associate Vice President of Pharmacy audits the information provided by Clinical Pharmacists. UCare collects and analyzes information using a sound data collection methodology that produces valid and reliable results for assisting members with determining the availability of generic substitutes.

UCare’s Pharmacy departments received 618 clinical pharmacy related calls between January 1, 2020 and December 31, 2020. Using a sample size of 5%, 31 calls were audited for quality and accuracy of information.

Goal: UCare’s Pharmacy department goal for clinical pharmacy questions for the quality and accuracy of pharmacy information provided by telephone is 90%. UCare’s Pharmacy department sets internal quality, accuracy, and timeliness goals that focus on positive member experience. UCare’s goal is to provide a callback to the member within 24 hours to address their clinical pharmacy questions.

Quantitative Analysis and Trending of Measures

Website Member Portal

The table below illustrates the results of UCare’s testing of benefits in the ESI’s member portal using member test IDs. Twenty scenarios were tested for each factor during the 2020 calendar year. Through this testing, the UCare benchmark was met in all categories 100% of the time:

Functionality Measure (ESI member portal)	2019 Results	2020 Results	UCare Benchmark	Goal Met
Drug Financial Responsibility	100%	100%	100%	● Yes
Mail Order Refill*	N/A	N/A	100%	N/A
In-network Pharmacy	100%	100%	100%	● Yes
Proximity Search	100%	100%	100%	● Yes
Generic Substitutions	100%	100%	100%	● Yes

* For compliance reasons, UCare is not provided with the ability to directly test mail order refills. UCare receives quarterly Web Activity Reports that document number of refills; this report is reviewed in a joint UCare/ESI operations meeting. In addition, screenshots are available to illustrate the functionality of ordering a refill on the ESI member portal. In the event of a system issue with this functionality, UCare receives a system notification email from ESI.

Initiate Exceptions Process

In 2020, a new UCare member portal was developed, which improved the functionality to support immediate access to the exceptions request form from a secure location. The member clicks a link on the UCare member portal to retrieve a blank form, which is housed on an ESI server. Upon submission, the form is routed to the ESI Coverage Request Determination (CRD) department for review. This process is monitored by the UCare Pharmacy department and testing confirmed the form is successfully received by ESI.

Telephone

Quality & Accuracy of Pharmacy Information Provided by Telephone (Customer Service)

Measure	Results 2019	Results 2020	UCare Goal	Goal Met
Quality of information provided by telephone – pharmacy	93%	95%	90%	● Yes
Accuracy of information provided by telephone - pharmacy	88%	93%	90%	● Yes

The Customer Service Quality Advocates evaluated 68 pharmacy related calls for the quality and accuracy of pharmacy benefit information provided to the member received during 2020. To ensure valid and reliable results,

the sample size was calculated using a 90% confidence level, with a 10% margin of error based on the total number of pharmacy calls received during this period.

UCare evaluated the quality of the information provided to the member to ensure that the information was clear, concise and understandable for the member. The goal was surpassed by achieving a 95% result for the quality of the information provided. This result shows a 2% increase over the previous year.

UCare also evaluated the accuracy of the information provided to the member to ensure that members received complete and correct information regarding pharmacy inquiries. UCare achieved a result of 93% accuracy. This result surpassed the goal of 90% accuracy for 2020, and also showed a 5% increase over the score from the previous year.

Quality & Accuracy of Clinical Pharmacy Information Provided by Telephone (Clinical)

Measure	Results 2020	UCare Goal	Goal Met
Quality of information provided by telephone – clinical pharmacy	100%	90%	● Yes
Accuracy of information provided by telephone – clinical pharmacy	100%	90%	● Yes
Timeliness of Pharmacist Callback (within 24 hours) – clinical pharmacy	100%	90%	● Yes

UCare's Associate Vice President of Pharmacy evaluated 31 clinical pharmacy related calls received between January 1, 2020 and December 31, 2020 for the quality and accuracy of the information provided to the member, as well as the timeliness of the response. To ensure an appropriate number of samples was selected, 5% of the total calls were selected.

UCare's Associate Vice President of Pharmacy evaluated the quality of the information provided to the member to ensure that the information was clear, concise and understandable for the member. UCare's Pharmacy department surpassed its goal by achieving a 100% result for the quality of information provided.

UCare's Associate Vice President of Pharmacy also evaluated the accuracy of the information provided to the member to ensure that members received complete and correct information regarding pharmacy inquiries. UCare's Pharmacy department achieved a result of 100% accuracy for calls received.

UCare's Associate Vice President of Pharmacy also evaluated the timeliness of the phone calls to ensure members received a call back within 24 hours of their initial inquiry. UCare's Pharmacy department achieved 100% timeliness for calls received.

Evaluation of Effectiveness

Website Member Portal

UCare continued testing the quality and accuracy of pharmacy benefit information with member test IDs directly in the ESI member portal, which has allowed for greater control over the testing process and the opportunity to observe testing results firsthand.

UCare also conducted several interventions to ensure that members can access pharmacy benefit information via the website portal without issues. These intervention strategies include:

- Annually, UCare conducts a delegate audit of ESI to ensure they can meet criteria for mail order, customer service, Prescription Drug Events (PDEs), and online directories.
- Annually, UCare conducts an audit for pharmacy benefits testing with ESI to ensure that ESI can meet the requirements for quality and accuracy of information for our members.
- Weekly, UCare conducts operation meetings with ESI to ensure they are performing delegated functions appropriately, addressing any corrective actions, and ensure the quality and accuracy of information posted to the website and member portal.

Telephone

Annually, UCare makes changes to its pharmacy benefits through formulary and benefit design updates. These changes include removing drugs from the formulary, changing cost share of drugs, and changing the network status of pharmacies. These changes apply across all UCare's product lines. The Clinical Pharmacists involved in making the return phone calls to members are also closely involved in the formulary and benefit development process each year. This close involvement to these processes allows the Clinical Pharmacists to have familiarity with changes and benefits year over year. This information also allows the pharmacists to respond to member inquiries with quality and accurate information regarding drug questions. In addition, UCare supplements the Clinical Pharmacists' knowledge with several readily available drug compendia resources such as IPD Analytics, Micromedex, and Lexi-Comp.

Barrier Analysis

Website Member Portal

Currently, there are no barriers to achieving the UCare benchmark with the website member portal. UCare is meeting the benchmark for each of the listed categories. UCare will continue to conduct regular audits of the member portal testing to ensure that functionalities can be performed by members and there are no barriers to members accessing this information.

Telephone

No barriers to achieving the UCare benchmark with pharmacy information provided by telephone have been identified. UCare is consistently meeting the benchmark for each of the listed categories. UCare will continue to conduct regular audits of the information provided by telephone to ensure that the quality and accuracy of the information provided continues to meet or exceed our internal goal.

Opportunities for Improvement

Website Member Portal

UCare continues to identify opportunities to ensure there are no deficiencies with the member portal when members are trying to obtain pharmacy benefit information. These opportunities include:

- Conducting member portal testing at more frequent intervals (e.g. quarterly) to ensure quality and accuracy of information.
- Continue to audit ESI annually for delegation requirements and benefit testing.

Telephone

The Customer Service Quality Assurance team reports quality results monthly, including any coaching opportunities identified through quality evaluations. Opportunities are tracked and coached by the Customer Service supervisors. UCare continues to explore ways to better identify and respond to trends in providing inaccurate or incomplete pharmacy benefit information by telephone, including:

- Improved reporting capabilities to include results by product as well as section of the evaluation form to help identify trends in incorrect pharmacy benefit information being provided
- Gather information from phone representatives regarding questions they have, or benefits they are unclear about, including pharmacy benefits, the exception process, etc.
- Collaborate with Customer Service training and business analysts to improve materials and online resources used by the representatives during pharmacy related calls

UCare's Pharmacy team reports quality results monthly, including any opportunities identified through monthly review such as review of any untimely phone calls. Phone calls are tracked on a central tracking document to ensure all pharmacists have visibility into daily calls to identify trends. UCare continues to explore ways to better identify and respond to trends in member phone call inquiries regarding lower cost alternatives and other pharmacy benefits aspects to proactively address member concerns:

- Sending out formulary change letters ahead of each plan year notifying members of formulary and lower cost alternatives in advance of the new plan year.
- Collaborate with UCare's sales and customer service staff to inform members of self-service tools such as the formulary search tool and drug calculator tool available on the UCare website.

Member Safety

Quality of Care

Activity Description

Quality of Care (QOC) concerns are situations where the quality of clinical care or quality of service did, or potentially could have, adversely affected a member's health or well-being. Potential clinical QOC cases may be identified and reported internally by any UCare staff, or externally by members or their representatives, delegated entities, regulatory agencies, or providers. Potential QOCs are documented and submitted to Clinical Services (CLS). CLS facilitates reviews of the potential QOC concern within 10 days of discovery.

The QOC process is supported by the following steps:

1. Evaluate the QOC concern and determine if the case should be investigated.
2. A Medical Director will review case findings and determine if a same and similar specialty review is required. (May consult an external expert in the specialty of medicine needed for the review.)
3. A Medical Director will also review case investigation findings and determine if action plans are necessary.
4. A Medical Director will determine the severity level for each opened investigation.
5. UCare notifies the appropriate person responsible for supervision of the involved provider or staff, regarding the QOC review outcome. If a QOC issue is substantiated, the Medical Director makes recommendations in the notification letter to the provider about areas of potential process or service improvement. The provider is responsible for ensuring that appropriate measures are implemented to prevent recurrent issues.
6. Providers are monitored quarterly through the complaint threshold reporting for trends.

In 2020, there were six QOC investigations that were substantiated. Substantiated QOC cases undergo thorough investigation and appropriate actions regarding the issue at taken. UCare monitors all providers and facilities involved in identified QOC cases throughout the year, evaluating for any trends.

QOC team consists of UCare Medical Directors and the Quality & Regulatory Specialist. CLS reports QOC trends quarterly to the Quality Improvement Council. In 2020, CLS maintained consistent communication with the UCare departments that submitted QOC referrals, including:

- Appeals and Grievances (A&G)
- Customer Service
- Special Investigation Unit (SIU)
- Quality and Compliance

QOC referrals are evaluated quarterly for patterns in complaint category (e.g. Access, Coordination of Care) as well as provider specialty (e.g. primary care provider, hospital). QOC referrals are also evaluated to identify any patterns of complaint related to a particular provider. In 2020, UCare identified no providers that had more than one complaint for the year.

Quantitative Analysis and Trending of Measures

In 2020, there were six QOC investigations that were substantiated. Of the six, three cases were determined to be Level 1 and three cases were determined to be Level 2. These levels are defined as follows:

- **Level 1:** Little to no adverse impact
- **Level 2:** Mild to moderate adverse impact; Any adverse effects are limited and temporary

In 2020, there were 115 potential QOC concerns. 73 did not warrant investigation and 42 warranted investigated. Of the 42 investigated: 34 were unsubstantiated, 6 were substantiated, and 2 are still under investigation as of 12/31/2020.

The number of substantiated QOC cases remained consistent with the year prior, including the severity level assignment.

	2019	2020
Level One	3	3
Level 2	2	3
Total Substantiated Cases	5	6

Barrier Analysis

Technology was a barrier for much of the year, however, in Q4 a new integrated documentation platform was launched. This has and will continue to improve the QOC process, reporting and program evaluation.

Opportunities for Improvement

The following opportunities have been identified to improve tracking and timely resolution of QOC cases:

- Continue to maintain all QOC reporting, streamlining as we complete the full integration of the new documentation platform.
- Fully update the QOC process in the new documentation platform, ensuring all required elements are represented.
- Automate reporting to increase efficiency, increase visibility to trends and maintain timeliness requirements.
- Review QOC process bi-annually and identify a minimum of two improvements to implement
- Collaborate within the QOC team and other UCare departments to ensure program effectiveness, consistency and to promote awareness.

Medication Adherence

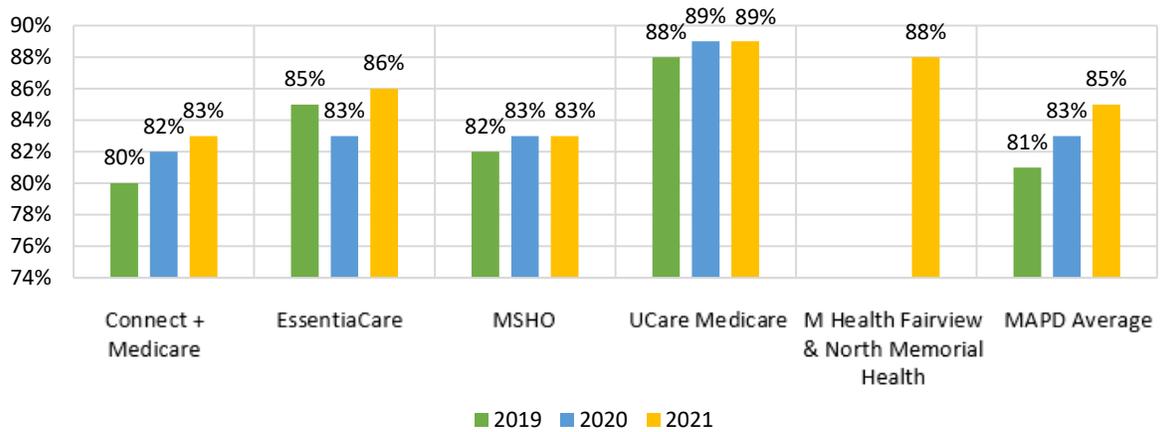
Activity Description

Part D Star measures are a series of administrative and clinical criteria that serve as quality, quantitative and financial indicators. In the Stars cycle, the impact of the measures is on a two-year cycle; therefore, the rating is delayed. For example, data on plan performance during 2019 is collected in 2020 and used to calculate the 2021 Star Rating for payment in 2022.

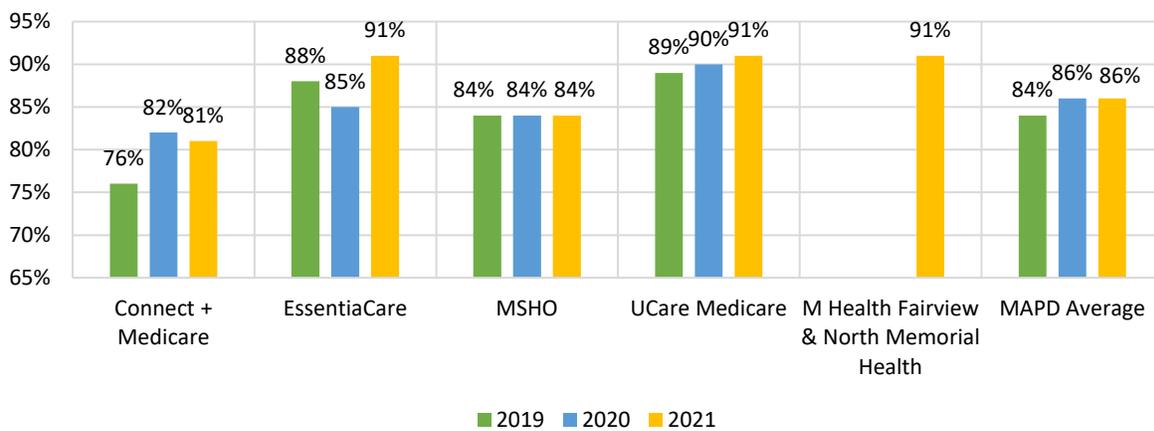
The Part D adherence measures display the percentage of plan members with a prescription for a statin, diabetes medication, and/or renin-angiotensin system (RAS)-antagonist medication, who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication(s). The graphs below represent the results of the adherence measures for UCare Medicare, UCare Minnesota Senior Health Options (MSHO), Connect + Medicare (C+M), EssentiaCare, and M Health Fairview/North Memorial (new as of 2019 for the 2021 Star Ratings). Medicare Advantage Part D (MAPD) average is used for comparison.

Quantitative Analysis and Trending of Measures

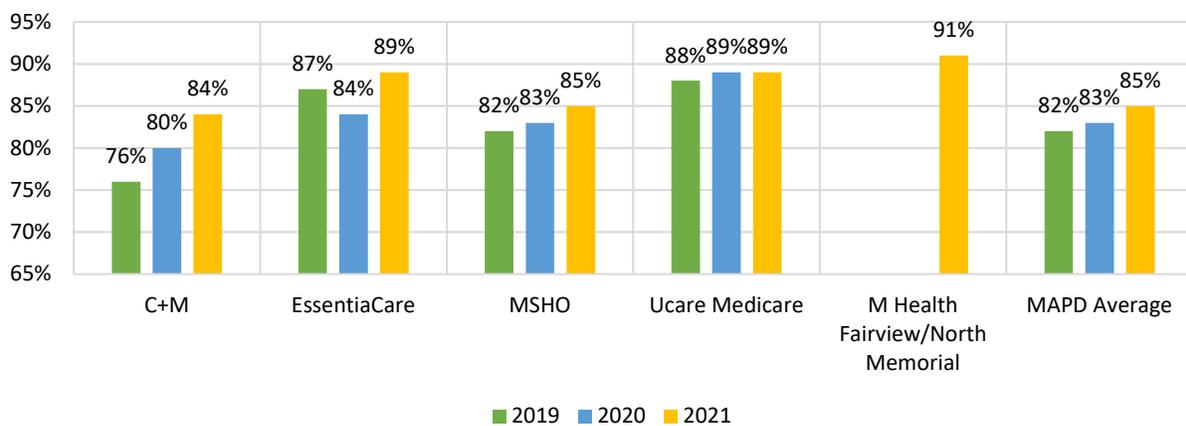
Cholesterol



Hypertension



Diabetes



Evaluation of Effectiveness

UCare Medicare improved upon its previous performance by 1 percentage point for the hypertension measure and maintained the same adherence rates for diabetes and statin (cholesterol) medications. They continued to outperform the MAPD average across all adherence measures. MSHO maintained adherence rates for cholesterol and hypertension but improved by 2 percentage points for diabetes medication adherence. Cutpoints in adherence metrics rose for 2021, which has resulted in MSHO performing below average for cholesterol and hypertension and matching the MAPD average for diabetes. EssentiaCare's performance significantly improved for each measure as compared to the previous year's data. It outperformed the MAPD average by 4 percentage points for diabetes, 1 percentage point for cholesterol, and 5 percentage points for hypertension. Connect + Medicare improved significantly for diabetes and cholesterol (4 percentage points and 1 percentage point respectively) and declined by 1 percentage point for hypertension. They are below the MAPD average for all measures. M Health Fairview & North Memorial is newly measured for 2021 and they outperformed the MAPD average for all metrics.

Barrier Analysis

Every year, CMS evaluates Part D Star measures. Star measurement thresholds are potentially different each year and are independent of plan performance. Plan performance in adherence can be affected by multiple factors such as mid-year drug therapy changes, patient education, day supply and drug costs. Mid-year drug therapy changes can make claims inference of adherence difficult. For example, members may be changed to a new class of hypertension drug that is no longer counted for the hypertension measure, which would cause them to appear to be non-adherent. In addition, members may also be instructed to reduce their dose of a medication (such as take ½ tablet), which would make their day supply last longer than what is reflected on their prescription claim. Side effects or drug interactions may also lead to patient or clinician-initiated drug discontinuation. Inpatient admissions may also contribute to gaps in adherence. Also, these three drug classes treat conditions that are typically asymptomatic which makes it more difficult to keep members adherent as they don't see immediate benefit compared to acute or symptomatic conditions. Lastly, some providers only write for 30-day medication supplies, which reduces the chance of adherence due to more coordination and trips to the pharmacy. Despite the fact that most of the drugs in these measures are generic, copays can also be a barrier to adherence for some members. Poor health literacy and English as a second language also are significant barriers more commonly seen in the MSHO and Connect + Medicare populations.

Opportunities for Improvement

Opportunities for improvement include implementing or improving strategies for members, providers and pharmacies. Current strategies will continue and include:

- Adherence monitoring programs through community pharmacies
- Script synchronization programs through community pharmacies
- Telephonic adherence support
- Preferred value pharmacy network benefit design
- Direct partnerships with prescribers and pharmacies that serve a high number of non-adherent members
- Monthly late to refill letters
- Provider and care coordinator education
- Adherence gap reports that are sent to provider partners
- Adherence programs conducted by our pharmacy benefit manager (PBM) (ScreenRx and Health Connect 360)
- 90-day refill postcards and educational initiatives
- 90-day fill incentives through Express Scripts mail order pharmacy
- Medication adherence kits (MSHO and Connect + Medicare)

UCare continually evaluates current strategies to find new methods for improvement and enhancement. New strategies going forward will include fostering new relationships with local pharmacies and expanding upon internal resources. We will continue to explore opportunities to engage with new community pharmacy partners, clinics, and/or patient advocates such as care coordinators, adult day centers, etc. For plan year 2021, we have

created an internal pharmacy quality team to provide direct member engagement through medication therapy management (MTM) services for Medicare beneficiaries. Adherence is addressed as a component of MTM.

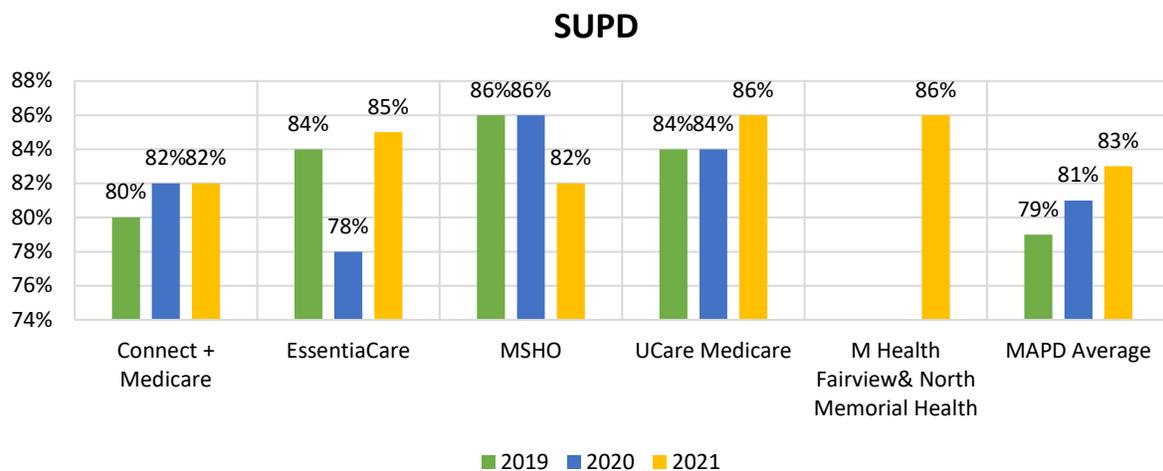
Diabetes Statin Star Measure

Activity Description

The statin use in persons with diabetes (SUPD) measure analyzes the percentage of beneficiaries between 40-75 years old who are dispensed two or more prescription fills for medication(s) for diabetes and also receive a statin medication fill. In the Stars cycle, the impact of measures are on a two year cycle, resulting in a delayed rating. For example, data on plan performance during 2019 is collected in 2020 and used to calculate the 2021 Star rating for payment in 2022.

Quantitative Analysis and Trending of Measures

The graph below represents results of the SUPD measure, based on Star ratings years, that were collected for UCare Medicare, Minnesota Senior Health Options (MSHO), EssentiaCare, Connect + Medicare (C+M), and M Health Fairview and North Memorial (new as of 2019 for the 2021 Star Ratings). Medicare Advantage Part D (MAPD) average is used for comparison.



Evaluation of Effectiveness

UCare Medicare increased by 2 percentage points for 2021 as compared to 2020 and performs well above the MAPD average. MSHO declined by 4 percentage points as compared to 2020 and fell just below the MAPD average. C+M maintained their rate. With increasing cut points, this resulted in C+M performing slightly below the MAPD average. EssentiaCare significantly improved compared to last year, resulting in a 7 percentage point increase in statin utilization in persons with diabetes. M Health Fairview and North Memorial performed above the MAPD average by 3 percentage points for their first measurement year.

Barrier Analysis

Star measurement thresholds are potentially different each year dependent on national plan cut points and are independent of plan performance. Plan performance can be affected by a number of factors including patient and provider understanding of statin benefit, potential adverse effects to prescribed statin therapy and hesitancy to try alternative statins, true contraindications to therapy (example: rhabdomyolysis, liver disease, etc.), and small denominators for plans with lower levels of enrollment.

Opportunities for Improvement

Ongoing improvement is necessary to keep pace nationally with other plans. UCare will continue to use initiatives such as member and provider education, partnerships with community pharmacies and health system partners, and vendor programs to help maintain and improve these results. UCare continued provider facing initiatives to alert them to gaps in statin use. For contract year 2020, UCare enrolled C+M and MSHO members in Health

Connect 360, which is a holistic program to close pharmacy related gaps in care, including statin gaps. Interventions include telephonic outreach, IVR calls, letters, etc. UCare recently created member educational materials including a statin myth flyer and targeted IVR interventions which began in quarter four of contract year 2020. Finally, we have internalized a pharmacy quality team to focus on medication therapy management (MTM) programming for Medicare beneficiaries. As a part of a comprehensive medication review (CMR) through the MTM program, members with statin gaps should be identified and discussed with members and/or providers. Going forward, UCare will continue to focus more on member education related to statin use to reduce perceived barriers.

Focused Studies

UCare determines quality improvement and performance improvement activities, including focused studies, based on a number of factors such as analysis of HEDIS results, member survey results, regulatory guidance, provider and member feedback, and results from an environmental scan of health topics. Based on the results of these analyses, UCare implements targeted interventions and improvement activities with the goal of improving rates in selected measures.

Focused studies topics include cervical cancer screening, continuity and coordination of medical care, continuity and coordination between mental health and substance use disorder and medical care, SNBC dental project, and opioid epidemic.

Continuity and Coordination of Medical Care

Introduction

With a continued national focus ensuring best practice coordination of care across clinical settings, between practitioners, and members, UCare uses member and practitioner information to facilitate continuity and coordination of medical care across delivery systems. UCare promotes multiple initiatives to support network practitioners and members in managing their health. In 2018 and 2019, UCare monitored and acted to improve continuity and coordination of care across care settings and between practitioners, in the following areas:

Name of Measure	Movement Across Settings	Movement Across Practitioners
Medication Reconciliation Post-Discharge (MRP)	X	
Comprehensive Diabetes Care (CDC) – Eye Exam		X
Controlling High Blood Pressure (CBP)	X	
Prenatal and Postpartum (PPC) – Postpartum Rate	X	

To support coordination and care across settings between practitioners and members, UCare utilized available health plan claims data and Healthcare Effectiveness Data and Information Set (HEDIS) to identify opportunities, design initiatives and collaborate with practitioners and members. UCare also provides evidence of active support for the patient-centered medical home (PCMH) model in UCare’s Find a Doc Tool that allows members to search for PCMH providers.

Qualitative analyses are conducted on each selected opportunity to determine barriers that prevented achievement of goals. After the barriers have been identified, UCare’s Quality Improvement team, in collaboration with stakeholder departments, develop and implement interventions targeted to resolve the identified barriers. The effectiveness of the interventions is evaluated at the next re-measurement to evaluate their effectiveness.

Medication Reconciliation Post-Discharge (MRP)

Products Lines: Medicare

Activity Description – MRP

The Medication Reconciliation Post Discharge (MRP) HEDIS measure has been of interest to UCare for many years. This measure is a critical process measure that usually has a distinct correlation to reducing readmissions. During root cause analysis of this measure, UCare noted a clear opportunity to increase the rate of medication reconciliations for members within 30 days of discharge to improve continuity and coordination of care between hospitals and primary care providers (PCPs) resulting in fewer readmissions.

There are many challenges with being able to intervene to help members get into their PCP office so that a medication reconciliation can be conducted. UCare knew that the effort to even be notified of a member's discharge in time to assist them in making appointments with their PCP for hospital follow-up would not be easy. The situation is often complicated further by members not actually being discharged but being transferred to TCUs and other non-acute inpatient settings that our claims data may not capture.

UCare investigated what types of members were the least likely to get back to a PCP for a hospital follow-up visit and then target efforts on those members first. Engaging all members after they are discharged would take all our limited resources and could be used on member's who already were engaged and coordinating well with their PCP. UCare learned that there were three types of admission stays that lead to the most non-compliance: orthopedic procedures, planned surgeries and mental health or substance use admissions.

The three types of admission episodes tend to lead to poorer follow-up behavior on the part of the member and poorer coordination by the hospital to a PCP. Often the hospital follows-up with a specialist and not the PCP, or the member has no engagement with a PCP at all and so the hospital cannot coordinate with anyone.

These findings confirm UCare's approach to work on MRP as a continuity of care opportunity for Medicare members.

Methodology – MRP – Measurement Year 1 & 2

The methodology follows the 2019 HEDIS Technical Specifications for Medication Reconciliation Post-Discharge for Measurement Years 1 & 2: *The percentages of discharges from January 1 – December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).*

UCare reviews hospital discharge data to review medications prior to hospitalization and post hospitalization. UCare has a process to conduct medication reconciliation for Medicare members as well as a process to follow-up with the member to assist with continuity of care between medical settings. The following strategies for follow-up care include:

- Collect and review discharge data.
- Prioritize members who have a discharge diagnosis for a planned surgery, orthopedics, orthopedic procedure, or mental health.
- Review discharge summary from treating hospital and pre-admission medications for the last 6 months.
- Communicate to member within 30 days of discharge about the MRP process and post hospitalization discharge follow up.
- Encourage and assist members in seeing their PCP within 30 days.
- Measurement Year 2 Methodology Improvement: When needed, complete medication reconciliation in Outcome, the system utilized to document medication therapy management, and provide a copy of the recommended medication changes to the PCP.

Goal – MRP – Measurement Year 2

Increase from the Medicare 3 Star Rating to the Medicare 4 Star Rating (*71%).

**Rating cut points shift year over year, and correlate to the specified HEDIS years. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020 which kept cut points and thresholds at the same measure rating.*

Quantitative Analysis and Trending of Measures – MRP

MRP HEDIS Data – Medicare

	HEDIS 2018 (Baseline)	HEDIS 2019 (Measurement Year 1)	HEDIS 2020 (Measurement Year 2)	Star Rating Benchmark	Goal Met
MRP – UCare Medicare	55% (3 Star)	64% (3 Star)	*56% (3 Star)	71% (4 Star)	● Not Met

** HEDIS 2020 rates are impacted by COVID-19, resulting in lower than expected results.*

UCare saw an increase in MRP rates from 2018 to 2019. In 2019, the MRP rate increased by 9 percentage points since 2018. Despite this increase, UCare is still below the Star Rating benchmark of a 4 Star rating. Currently, UCare has a 3 Star rating for MRP at the 2019 rate of 64%. Data in 2020 shows that UCare is behind the 2019 trend at 56%. It is noted that the 2020 HEDIS Medical Record Review that produces this hybrid HEDIS measure was impacted by the COVID-19 pandemic causing lower than expected final rates.

MRP Outreach Data – Medicare

Measurement Year	2018 (Measurement Year 1)	2019 (Measurement Year 2)
Number of Discharges Attempted for Outreach	390	160
Number of Members reached for Follow-up	186/390 = 47.6%	104/160 = 65%
Internal MRP Completion	Not Available	12/104 = 11.5%

In 2019, UCare’s nurse continued to engage telephonically with our members to provide education and help with follow-up care to the member’s PCP. Additionally, the nurse expanded efforts and focused on reconciling member’s medications in the Medication Therapy Management (MTM) Outcomes Platform. The number of Medicare members that were attempted for outreach was 160 in 2019, as compared to 390 in 2018. Of those calls conducted in 2019, 104 members were successfully reached and received education about their post-discharge treatment plan, education about medications and the importance of a follow-up visit to their primary care provider within 30 days. The rate of successful outreach attempts in 2018 was 47.6% and in 2019 it improved to 65%; which is a 17.5% absolute improvement. The other 56 members that were attempted for outreach did not have working phone numbers or did not answer. The nurse was able to complete twelve MRP reviews in the Outcomes system apart from providing telephonic outreach.

Although the number of targeted discharges was less in 2019 than in 2018, the rate at which our nurse was successful in reaching the member was greatly improved. The most likely reason for this improvement is a better understanding of how to identify members for outreach after doing comprehensive research on a member’s discharge disposition, to avoid targeting members still in a skilled nursing facility or in some cases members were deceased. Advancements made to the tools available to the nurse providing MRP follow-up assisted in making that information accessible prior to her outreach attempts.

In 2019, UCare audited the members who received successful outreach post-discharge in 2018. The audit sample results were completed in July 2019. UCare will conduct another audit in July of 2020 to determine effectiveness of 2019 interventions.

Evaluation of Effectiveness – MRP

2019 and 2020 Audit Results—Evaluating Measurement Year 1 and 2 Intervention Effectiveness

Follow-up visit within 30 days?	Numerator	Denominator	Percentage
2019	26	29	90%
2020	30	35	86%

Was follow-up care provided by an ongoing PCP provider?	Numerator	Denominator	Percentage
2019	22	26	85%
2020	26	30	87%

Readmissions within 30 days?	Numerator	Denominator	Percentage
2019	6	29	21%
2020	3	35	9%

In 2019, a sample audit of 29 discharges who had a successful outreach from the UCare nurse were reviewed to see if members had a follow up-visit within 30 days post discharge as advised by the nurse. It was found that 90% of the members received follow-up care post-discharge. Of the 90% who did return to the clinic within the 30 days, 85% of those members received follow-up care from their ongoing PCP provider. The additional 15% of these members saw a specialist who was not overseeing the members full scope of medical care including managing their hypertension. Another factor that was analyzed was the number of member's who readmitted back to the hospital within 30 days. From the sample audit, six (21%) of members readmitted and five of these members (83%) had a 30-day follow-up with their primary care provider. It was determined that members who readmitted to the hospital had comorbid conditions and complicated medical histories that caused a readmission to the inpatient setting.

In 2020, UCare repeated the post-intervention audit. The sample size was slightly larger than in 2019 at 35 discharges of members who had a successful outreach from the UCare nurse. The members were reviewed to see if a follow-up visit within 30 days post discharge had occurred. It was found that 86% of the members received follow-up care post-discharge. Of the 86% who did return to the clinic within the 30 days, 87% of those members received follow-up care from their ongoing PCP provider. The additional 13% of these of these members saw a specialist who was not overseeing the members full scope of medical care. The factor that was analyzed was the number of members who readmitted back to the hospital within 30 days. From the sample audit, three (9%) of members readmitted and two of these members had a 30-day follow-up with their primary care provider. It was determined again in the 2020 audit that members who readmitted to the hospital had similar comorbid conditions and complicated medical histories that caused readmission to the inpatient setting.

Qualitative Analysis – MRP – Measurement Year 2

Members were identified by reviewing daily discharge summary reports from the hospital. Greater prioritization was placed on members with a planned surgery, orthopedics and mental health discharge, as evidence has shown these members often are better candidates for enhanced member support to ensure care continuity. Other discharges were also addressed, just coming secondary to those three identified key opportunities.

Telephonic outreach was provided by a RN, BSN, PHN Quality Review Specialist to members within 30 days of their discharge date. The RN reviewed medications with the member prior to their hospitalization and post discharge. Education was also provided to the member on seeing their primary care provider within 30 days of discharge. The RN also conducted internal medication reconciliation as needed. The RN reviewed this with the member and sent the complete reconciliation to the PCP.

Barrier Analysis – MRP – Measurement Year 2

Member barriers were encountered when outreach was conducted. Barriers experienced in Measurement Year 2 include:

- Many members do not have current phone numbers or accurate numbers listed. Voicemails were left for members who did not answer their phone, from which there was not a high return rate of calls.
- RN received notice of hospital discharge summary data when it was 7-10 days old, so this decreased the amount of time to outreach to the member and assist them with seeing their PCP within the 30-day window.
- It was noted that there was some reluctance and refusal for mental health and orthopedic surgery patients to go back to their PCP for follow-up. Many members expressed hesitancy to go to multiple providers believing that just one follow-up with the specialist was necessary.
- Internally, there were challenges with the RN getting setup in the Outcomes MTM process, which hindered the amount of medication reconciliations that could have been completed.
- Care systems are not required to notify UCare of hospital discharges nor provide discharge paperwork up front; therefore, discharge summaries are not always being sent or sent timely.
- UCare's Core transformation of the new claims system caused challenges with getting timely data.

Opportunities for Improvement – MRP

Medication Reconciliation Post-Discharge is an important focus area due to the lack of members following up with primary care and readmission rates. Telephonic outreach will be continued by an RN to better engage with members on the importance of having a follow-up PCP visit, reconciling medications when needed, and reviewing medication lists with the member and sending the documentation back to the PCP. Prioritizing members based on certain types of discharges that often lead to worse continuity, such as being discharged from orthopedics and/or mental health hospitalizations is still a good approach for this initiative. Additionally, COVID-19 has been a new focus in 2020 as those members also may have continuity of care challenges being able to see their PCP within a certain window. In 2021, this work will likely continue having a COVID-19 discharge perspective, including promoting virtual care and telehealth primary care visits.

In 2020, a continued effort to improve the capacity of UCare RNs able to support this initiative was a primary focus. It is administratively difficult to complete a full reconciliation without the support of multiple other UCare teams such as Pharmacy Services, Utilization Management, Mental Health and Substance Use Disorder and Care Coordination. UCare will continue to work collaboratively to streamline the information, resources and tools across these teams to support MRP.

Continued telephonic outreach has shown its value with an increase in the HEDIS 2019 MRP score by 9 percentage points. UCare will continue telephonic outreach as well as improving internal processes to achieve the goal of increasing the Medicare 3 Star rating to a 4 Star rating.

2021 Measure Focus Transition – MRP to TRC

Product Lines: Medicare, Joint Medicare, Medicaid

For HEDIS Measurement Year (MY) 2020 which will be measured in 2021, NCQA has retired the standalone MRP measure, thus UCare plans to evolve the MRP work to be a broader focus on the Transition of Care (TRC) for 2021.

Activity Description – TRC

The HEDIS TRC metric assesses key points of transition for Medicare beneficiaries 18 years of age and older after discharge from an inpatient facility. Four rates are reported:

- Notification of Inpatient Admission: Documentation in the medical record of receipt of notification of inpatient admission on the day of admission or the following day.
- Receipt of Discharge Information: Documentation in the medical record of receipt of discharge information on the day of discharge or the following day.
- Patient Engagement After Inpatient Discharge: Evidence of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- Medication Reconciliation Post-Discharge: Medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

UCare may use both patient engagement and medication reconciliation metrics as the key measures.

Goal: Achieve a Medicare 5 Star Rating*.

**No cut points as this is a Display Measure. Rating cut points shift year over year, and correlate to the specified HEDIS years. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020 which kept cut points and thresholds at the same measure rating.*

Quantitative Analysis and Trending of Measures – TRC

Transitions of Care	HEDIS 2018 (Baseline)	HEDIS 2019 (Measurement Year 1)	HEDIS 2020 (Measurement Year 2)	Benchmark - Star Rating*
Pat. Engagement Medicare (UCare Medicare)	80.78%	87.83%	82.00%	5 Star
Med. Reconciliation Medicare (UCare Medicare)	53.53%	63.02%	55.72%	5 Star
Pat. Engagement Joint Medicare (EssentiaCare)	89.47%	86.78%	93.04%	5 Star
Med. Reconciliation Joint Medicare (EssentiaCare)	32.63%	0.83%	63.92%	5 Star
Pat. Engagement Joint Medicare (M Health w/NM)	**	**	83.93%	5 Star
Med. Reconciliation Joint Medicare (M Health w/NM)	**	**	51.79%	5 Star
Pat. Engagement Medicaid (MSHO)	75.18%	76.89%	74.94%	5 Star
Med. Reconciliation Medicaid (MSHO)	36.98%	50.61%	42.82%	5 Star
Pat. Engagement Medicaid – (Connect+Medicare)	76.72%	82.73%	81.02%	5 Star
Med. Reconciliation Medicaid – (Connect+Medicare)	37.02%	44.28%	35.77%	5 Star

**No cut points as this is a Display Measure. Rating cut points shift year over year, and correlate to the specified HEDIS years. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020 which kept cut points and thresholds at the same measure rating.*

*** Plan too new to be measured*

UCare Medicare

Patient Engagement: There was an overall increase since HEDIS 2018. There was a significant jump of 7 percentage points between HEDIS 2018 and HEDIS 2019. That declined in HEDIS 2020 to 82%, which is an improvement of 1 percentage point since HEDIS 2018.

Medication Reconciliation: There was an overall increase since HEDIS 2018. There was a significant jump of over 9 percentage points between HEDIS 2018 and HEDIS 2019. That declined in HEDIS 2020 to 55.72%, which is an improvement of over 2 percentage points since HEDIS 2018.

EssentiaCare

Patient Engagement: There was an overall increase since baseline HEDIS 2018 to HEDIS 2020 of almost 4 percentage points. Performance dipped slightly in HEDIS 2019.

Medication Reconciliation: This metric fluctuated significantly between HEDIS 2018 and HEDIS 2020. This is likely due to a small denominator in the metric.

UCare Medicare with M Health Fairview and North Memorial Health

Patient Engagement: The baseline for this plan is HEDIS 2020 at 83.93%, as it was too new to be measured in HEDIS 2018 and 2019.

Medication Reconciliation: The baseline for this plan is HEDIS 2020 at 51.79%, as it was too new to be measured in HEDIS 2018 and 2019.

MSHO

Patient Engagement: Performance has been relatively stable from HEDIS 2018 to HEDIS 2019, fluctuating within 2 percentage points.

Medication Reconciliation: There was an overall increase since HEDIS 2018. There was a significant jump of over 13 percentage points between HEDIS 2018 and HEDIS 2019. That declined in HEDIS 2020 to 42.82%, which is an improvement of over 5 percentage points since HEDIS 2018.

Connect + Medicare

Patient Engagement: There was an overall increase since HEDIS 2018. There was an improvement of 6 percentage points between HEDIS 2018 and HEDIS 2019, which dipped slightly by over 1 percentage point in HEDIS 2020.

Medication Reconciliation: There was a significant increase of over 7 percentage points between HEDIS 2018 and HEDIS 2019. However, that declined in HEDIS 2020 to below the baseline.

It is noted that the 2020 HEDIS Medical Record Review that produces this hybrid HEDIS measure was impacted by the COVID-19 pandemic causing lower than expected final rates.

Barrier Analysis – TRC

UCare expects similar barriers in addressing Transitions of Care as when addressing Medication Reconciliation Post-Discharge. These barriers include:

- Member not having current phone numbers or accurate numbers listed, which limits outreach by UCare.
- UCare RN conducting the outreach may receive notice of discharge summary when it is 7-10 days old, which decreases the amount of time to outreach to a member and assist them with transitions of care.
- Care systems are not required to notify UCare of hospital discharge nor provide discharge paperwork up front; therefore, discharge summaries are not always being sent or sent timely.

Opportunities for Improvement – TRC

UCare plans to continue telephonic outreach by an RN to better engage with members on the importance of having a follow-up PCP visit, reconciling medications when needed, reviewing medication lists with the member and sending the documentation back to the PCP. UCare will also continue prioritizing members based on certain types of discharges that often lead to worse continuity, such as being discharged from orthopedics and/or mental health hospitalizations. UCare will tailor outreach to encompass key COVID-19 messaging and promote virtual care and telehealth visits when appropriate. UCare will also continue collaborating with other departments including

Pharmacy Services, Utilization Management, Mental Health and Substance Use Disorder and Care Coordination to increase the amount of resources dedicated to patient outreach related to transitions of care.

Comprehensive Diabetes Care (CDC) Eye Exam

Product Lines: Medicare, Joint Medicare, Medicaid, Marketplace

Activity Description – CDC

Eye care is one service domain in the US health care system that remains much more fragmented and privately managed than many other forms of care. For diabetics, it is one of the only components of complete diabetic care that a PCP cannot necessarily directly manage. For all populations, the CDC eye exam metric is a clear opportunity to work on continuity of care between practitioner types, eye specialists to PCPs.

The current recommendation for diabetics is to have a comprehensive eye exam at least once every two years if a member is clear of having any diabetic changes that signify retinopathy. If a diabetic shows any signs of retinopathy, they should be having annual exams. It is critical for PCPs to know the results of eye exams so that they can instruct patients to the correct interval for their eye exams. It is also common for eye providers to be completely unaware that a patient has diagnosed diabetes. This disconnect occurs because eye providers are often not part of the PCP's larger EMR system and because patients are not always aware of the connection between diabetes and eye health, so they deem it not relevant to tell their eye provider. UCare has noted this lack of communication countless times during medical record reviews.

These gaps in communication between the eye provider, PCP and patient often lead to patients not being on track to receiving eye exams on the correct interval. This is an opportunity to improve continuity of care for all UCare populations between practitioners.

Methodology – CDC Eye Exam – Measurement Year 2

The methodology follows the 2019 HEDIS Technical Specifications for Comprehensive Diabetes Care – Eye Exam for Measurement Year 1 & 2: *The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.*

UCare provides telephonic outreach to all members who have a gap in care to provide education and assist with scheduling eye exams. UCare has a process in place for outreach to eye exam providers to obtain appropriate documentation from eye exams for primary care providers:

- Target non-compliant members for all Medicare, Joint Medicare, Marketplace, and Medicaid members who had a diabetic retinal eye exam in 2017, but not in 2019.
- Perform monthly Interactive Voice Response (IVR) calls with an option for members to request a call back for further education and assistance with scheduling who are one year out of compliance in completing a diabetic retinal eye exam.
- Assist members in scheduling an eye exam appointment.
- For members who successfully completed an eye exam post Live-Call outreach, ascertain if the diabetic eye exam record/result is found within the PCP record through a post intervention audit. The member's PCP records are audited for:
 - Evidence of the diabetic eye exam and
 - Whether or not the PCP included the eye exam result in the member's diabetes treatment or diabetic care goals.

Goal – CDC Eye Exam – Measurement Year 2

- UCare Medicare: Maintain the Medicare 5 Star Rating (78%* HEDIS 2019).
- Joint Medicare:
- EssentiaCare: Achieve the Medicare 5 Star Rating (78%* HEDIS 2019).
- UCare M Health Fairview and North Memorial: Achieve the Medicare 5 Star Rating (78%* HEDIS 2019).
- Medicaid:

- PMAP, MnCare, Connect: Achieve a rate higher than the NCQA 75 percentile for Medicaid (65%* HEDIS 2019).
- MSHO: Maintain the Medicare 5 Star Rating (78%* HEDIS 2019).
- Connect + Medicare: Increase from a 4 Star Rating (73%* HEDIS 2019) to a 5 Star Medicare Rating (78%* HEDIS 2019).
- Marketplace: Increase from the QRS 4 Star Rating (52%* HEDIS 2019) to the QRS 5 Star Rating (64%* HEDIS 2019).

**Rating cut points shift year over year, and correlate to the specified HEDIS years. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020 which kept cut points and thresholds at the same measure rating. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020.*

Quantitative Analysis and Trending of Measures – CDC Eye Exam

CDC Eye Exam HEDIS Data – Medicare, Joint Medicare, Marketplace, Medicaid

Eye Exam	HEDIS 2018 (Baseline)	HEDIS 2019 (Measurement Year 1)	HEDIS 2020 (Measurement Year 2)	Benchmark - Star/QRS Rating	Goal
Medicare (UCare Medicare)	79% (5 Star)	79% (5 Star)	*78% (5 Star)	5 Star	● Met
Joint Medicare (EssentiaCare)	**	**	81% (5 Star)	5 Star	● Met
Joint Medicare (M Health w/FVNM)***	**	**	71% (4 Star)	5 Star	● Not Met
Marketplace (IFP)	48% (4 Star)	48% (4 Star)	*48% (4 Star)	5 Star	● Not Met
Medicaid (MSHO)	81% (5 Star)	81% (5 Star)	*80% (5 Star)	5 Star	● Met
Medicaid (Connect+Medicare)	74% (4 Star)	77% (4 Star)	*77% (4 Star)	5 Star	● Not Met

* HEDIS 2020 rates are impacted by COVID-19, resulting in lower than expected results.

** Plan too new to be measured.

***Formerly Fairview North Memorial

Eye Exam	HEDIS 2018 (Baseline)	HEDIS 2019 (Measurement Year 1)	HEDIS 2020 (Measurement Year 2)	Benchmark – 2019 NCQA 75 th Percentile	Goal
Medicaid (Connect)	71%	68%	*70%	64%	● Met
Medicaid (PMAP)	67%	62%	*63%	64%	● Not Met
Medicaid (MnCare)	77%	65%	*66%	64%	● Met
Medicaid (MSC+)	****	****	****	****	****

* HEDIS 2020 rates are impacted by COVID-19, resulting in lower than expected results.

**** No data available for this product because it is not reported to NCQA or DHS; however, outreach was still conducted for diabetic members.

Medicare

UCare experienced a slight decrease in CDC eye exams from 2017 to 2018. UCare dropped by 3 percentage points to 79% for eye exams in 2018. Despite the score decreasing, UCare still achieved the benchmark of a 5 Star Rating for Medicare members. The rate remained steady from 2018 to 2019 at 79% and continues to earn a 5 Star rating.

2020 HEDIS data shows that UCare is on track to keep a consistent rating of 5, however COVID-19 did impact final rates due to incomplete medical record review.

Joint Medicare

EssentiaCare is reporting HEDIS data for the first time in 2020. This product is showing the highest rate of all UCare product lines, also achieving a 5 Star.

M Health with Fairview/North Memorial is reporting HEDIS data for the first time in 2020. Rates are not final, but in comparison to UCare's other Medicare product lines, it has the lowest rating and has not met the Star goal.

Joint Medicare products were the only UCare products to have complete medical records review unimpacted by COVID-19.

Marketplace

Marketplace remained at 48% in 2018, 2019 and 2020, meeting a continued 4 QRS Rating but did not meet the 5 QRS Rating goal.

Medicaid

MSHO product remained steady and unchanged between 2018 and 2019 at 81% to meet and maintain a 5 Star rating for 2019. 2020 HEDIS data shows that UCare is on track to keep a consistent 5 Star rating, although rates declined due to COVID-19 impact on chart review.

Connect + Medicare had a slight increase by 4 percentage points from 2018 to reach 77% in 2019 to report at a 4 Star rating in 2019. However, this did not meet the 5 Star goal. 2020 HEDIS data shows that UCare is on track to keep a consistent rating of 4 Star.

Connect met the NCQA 75th percentile benchmark for 2019, even with a decrease of 4 percentage points from 2018. HEDIS 2020 data shows a one percent rate improvement and has stayed above the NCQA 75th percentile goal.

PMap did not meet the NCQA 75th percentile benchmark, despite improving by 2 percentage points in 2019 from 2018. 2020 HEDIS data shows that UCare is on track to keep a consistent rating and did not meet the NCQA 75th percentile goal.

MnCare met the NCQA 75th percentile benchmark for 2019, even with a decrease of 12 percentage points from 2018. HEDIS 2020 data shows a one percent rate improvement and has stayed above the NCQA 75th percentile goal.

Measurement Year 2 – CDC Eye Exam Outreach Data – Medicare, Joint Medicare, Medicaid & Marketplace

Medicare

2019 Month (Measurement Year 2)	UCare Medicare	
	Reached Member or Voicemail -IVR	Contacted- Live Call post IVR
July	339/399 = 84%	17/339 = 5%
August	3/5 = 60%	1/3 = 33.33%
September	6/8 = 75%	1/6 = 17%
October	3/3 = 100%	0/3 = 0%
November	242/286 = 85%	15/242 = 6.1%
Total	593/701 = 84.5%	34/593 = 5.73%

For UCare Medicare, UCare targeted a total of 701 members between July 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 593 or 84.5% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 593 successful calls, 34 of them or 5.73% requested a call back post the IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes.

Joint Medicare

2019 Month (Measurement Year 2)	EssentiaCare		FV/North Memorial	
	Reached Member or Voicemail -IVR	Contacted- Live Call post IVR	Reached Member or Voicemail -IVR	Contacted- Live Call post IVR
July	7/7 = 100%	0/7 = 0%	3/3 = 100%	0/3 = 0%
August	No new members	No new members	No new members	No new members
September	No new members	No new members	No new members	No new members
October	No new members	No new members	No new members	No new members
November	2/2 = 100%	0/2 = 0%	3/3 = 100%	0/3 = 0%
Total	9/9= 100%	0/9= 0%	6/6= 100%	0/6= 0%

For EssentiaCare, UCare targeted a total of 9 members between July 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 9 or 100% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 9 successful calls, 0 of them or 0% requested a call back post-IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes.

For FV/North Memorial, UCare targeted a total of 6 members between July 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 6 or 100% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 6 successful calls, 0 of them or 0% requested a call back post- IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes.

Medicaid

2019 Month (Measurement Year 2)	MSHO		MSC+		Connect+	
	Reached Member or Voicemail - IVR	Contacted- Live Call post IVR	Reached Member or Voicemail - IVR	Contacted- Live Call post IVR	Reached Member or Voicemail - IVR	Contacted- Live Call post IVR
July	N/A	N/A	55/80 = 69%	1/55 = 1.8%	N/A	N/A
August	123/128 = 96%	6/123 = 4.8%	No new members	No new members	32/38 = 84%	1/32 = 3.1%
September	2/4 = 50%	1/2 = 50%	0/1 = 0%	No new members	3/3 = 100%	0/3 = 0%
October	2/3 = 66.6%	0/2 = 0%	2/2 =100%	0/2 = 0%	No new members	No new members
November	3/3 = 100%	2/3 = 66.66%	56/61 = 92%	0/56= 0%	2/2 = 100%	2/2 = 100%
Total	130/138= 94.2%	9/130= 7%	113/144= 78.5%	1/113= 0.9%	37/43= 86%	3/37= 8.1%

For MSHO, UCare targeted a total of 138 members between August 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 130 or 94.2% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 130 successful calls, 9 of them or 7% requested a call back post the IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes.

For MSC+, UCare targeted a total of 144 members between July 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 113 or 78.5% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 113 successful calls, 1 of them or 0.9% requested a call back post the IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes.

For Connect + Medicare, UCare targeted a total of 43 members between July 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 37 or 86% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 37 successful calls, 3 of them or 8.1% requested a call back post- IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes.

2019 Month (Measurement Year 2)	PMAP		MnCare	
	Reached Member or Voicemail -IVR	Contacted- Live Call post IVR	Reached Member or Voicemail -IVR	Contacted- Live Call post IVR
July	237/295 = 80%	2/237 = .84%	66/74 = 89.2%	0/66 = 0%
August	No new members	No new members	No new members	No new members
September	2/5 = 40%	0/2 =0%	2/2 = 100%	1/2 = 50%
October	2/2 = 100%	0/2 =0%	1/1=100%	0/1=0%
November	182/223 = 82%	0/182 =0%	54/57 = 95%	0/54 = 0%
Total	423/525= 80.5%	2/423= 0.47%	123/134= 92%	1/123= 0.8%

For PMAP, UCare targeted a total of 525 members between July 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 423 or 80.5% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 423 successful calls, 2 of them or .47% requested a call back post- IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes.

For MnCare, UCare targeted a total of 134 members between July 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 123 or 92% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 123 successful calls, 1 of them or .8% requested a call back post-IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes.

2019 Month (Measurement Year 2)	Connect	
	Reached Member or Voicemail - IVR	Contacted - Live Call post IVR
July	391/484 = 80%	12/391 = 3.1%
August	No new members	No new members
September	13/18 = 72%	2/13 = 15%
October	9/11 = 82%	0/9 = 0%
November	291/409 =	0/291= 0%
Total	704/922= 76.35%	14/704= 2%

For Connect, UCare targeted a total of 922 members between July 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 704 or 76.35% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 704 successful calls, 14 of them or 2% requested a call back post- IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes.

Marketplace

2019 Month (Measurement Year 2)	Individual and Family Plans (IFP)	
	Reached Member or Voicemail -IVR	Contacted- Live Call post IVR
July	3/3 = 100%	0/3 = 0%
August	No new members	No new members
September	No new members	No new members
October	No new members	No new members
November	1/1 = 100%	1/1 = 100%
Total	4/4 = 100%	1/4 = 25%

For Marketplace, UCare targeted a total of 4 members between July 2019 and November 2019 to receive an Interactive Voice Recording (IVR) about their need to have an annual eye exam. Out of the total attempted members, 4 or 100% of them were successful in reaching a member either because the member listened to the whole call recording or because the IVR system could leave a message for the member. Of the 4 successful calls, 1 of them or 25% requested a call back post- IVR by a live UCare staff person to assist with scheduling an appointment or to ask a question about getting their needed care for diabetes

CareNet Outreach Initiative—Measurement Year 2

UCare also utilized an outside vendor (CareNet) to complete calls for UCare Medicare, MSHO and Connect + Medicare members who fell into the CDC measure, and specifically the sub measure for Diabetes Care Eye Exams.

The time frame when these calls occurred was October 28, 2019 through December 30, 2019. The table below shows a breakdown in members who were assisted in making appointments for their diabetic eye exams, as well as those who received diabetic education regarding the importance of having yearly diabetic eye exams.

Comprehensive Diabetes Care Eye Exam		
	Results	Percentage
Member Measures	3131	22.8%
Member Education	714	
	Breakdown	Percentage
Already Scheduled	473	15.1%
Appointment Scheduled	184	5.9%
Member Refused/Will Schedule	53	1.7%
Provider Unavailable/Refused	4	0.1%

In the table above, Member Measures refers to the 4 sub-measures of CDC; which are eye exam, kidney screening, blood glucose control and blood pressure control and multiplied by the number of members who have outstanding care gaps for the whole or part of the CDC measure at the time of the outreach initiative. For this initiative in 2019, there were a total of 3131 “Member Measures” or CDC gaps in care. Of the 3131 gaps in care, 714 or 22.8% successfully received education how and why to close those gaps.

Of the 714 members with care gaps on CDC, 473 or 15.1% were already scheduled to have an appointment with their managing care provider for Diabetes or in the case of an eye exam, an eye provider by year’s end. 184 or 5.9% of members received help scheduling their next appointment. 53 or 1.7% refused assistance with scheduling or wanted to schedule on their own. 4 or .1% refused to go to their provider entirely.

Evaluation of Effectiveness – CDC Eye Exam

2020 Audit Results—Evaluating Measurement Year 2 Intervention Effectiveness

Claims were audited in 2020 for evidence of eye exams among members who received successful Live calls in 2019. Of 156 members who successfully received Live calls, 46 members had claim evidence of a diabetic eye exam subsequent to the successful Live call.

Eye Exam Post 2019 Live Call Back		
Product	Numerator/Denominator	Rate
Connect	15/58	25.86%
Connect+	3/6	50.00%
MSHO	4/8	50.00%
MSC+	3/7	42.85%
UCM	14/40	35.00%
PMAP	5/29	17.24%
MnCare	2/7	28.57%
IFP	0/1	0%
All Products	28/130	21.54%

To identify if continuity of care occurred between each member’s eye provider and PCP, PCP records of those 46 members were audited for:

- Presence of the diabetic eye exam with result in the PCP record, *and*
- Evidence that the PCP discussed the result with the member and/or incorporated the information into the member’s diabetes treatment plan or goals.

Audit of members' PCP records yielded the following results:

PCP Records of Members Who Had Diabetic Eye Exam Post 2019 Live Call Back					
Product	PCP Records Received		Eye Exam Record Present in PCP Record		PCP Noted Eye Exam Result in Chart and/or Discussed with Member
	Num/Dem	%	Num/Dem	%	Num/Dem %
Connect	9/15	* 60%	5/9	55%	2/5 40%
Connect+	2/3	*67%	1/2	50%	1/1 100%
MSHO	3/4	*75%	1/3	33%	1/1 100%
MSC+	0/3	*0%	-	-	-
UCM	10/14	*71%	6/10	60%	3/6 50%
PMAP	5/5	100%	1/5	20%	1/1 100%
MnCare	1/2	* 50%	0/1	0%	0/0 0%
IFP	0/1	*0%	-	-	-
All Products	30/46	*65%	14/30	47%	8/14 57%

*Receiving records for this audit was again impacted by COVID-19 as was the availability of clinics and providers to make records accessible to UCare.

Across all products, 21.5% of all members who received Live Call assistance followed through to have an eye exam. MSHO and Connect+ members showed the greatest need for live call outreach and, also, success completing the diabetic eye exam post-IVR with Live Call assistance.

Due to COVID-19, data samples were small for the current audit year. Only 65 percent of records requested were received from Primary Care Providers. That said, data on movement/sharing of information across practitioners (Eye Exam Record Present in PCP Record) indicates the need for improvement across all products, with known eye exam records being present in the PCP record only 47% of the time. UCare Medicare had the highest rate (60%) of eye exam records present within the PCP records, yet the rate of the information being acknowledged by the PCP for UCare Medicare is only 50% (PCP Noted Eye Exam Result in Chart and/or Discussed with Member), and 57% across all products.

Qualitative Analysis – CDC Eye Exam – Measurement Year 2

Eligible members were drawn from a current non-compliant pool, year-to-date as of June 2019 through the 1st half of 2020. From that data, members were called to receive education on completing an annual eye exam and offered assistance in scheduling their diabetic eye exam. UCare Quality Improvement Team utilized a mixed approach with an IVR with an option to press 1 for a live person call back if they needed more help or had questions. In addition, diabetic members received an incentive voucher via the mail. Members were offered a \$25 incentive for receiving a diabetic eye exam. In 2019, there were a total of 1476 gift cards redeemed.

Beginning in June of 2020, UCare analyzed the effectiveness of our Quality Improvement Team's outreach initiative for CDC Eye by measuring whether the members who received successful outreach via IVR or Live Call did complete their eye exam before the end of 2019 or in early 2020. At that time, for those members who received Live Calls and had subsequently completed eye exams, we also collected records from those members' Primary Care Providers to assess whether the completed eye exam documentation from 2019/early 2020 is contained within the

record, and whether the PCP had incorporated the diabetic eye exam status into the member's Diabetes Mellitus treatment plan or goals.

Barrier Analysis – CDC Eye Exam

There were barriers that were identified when member outreach was conducted. Barriers experienced in Measurement Year 1 & 2 include:

- Members with a high percentage of no phone numbers or wrong numbers, nor the ability to leave a voicemail.
- Several voicemails were left for members, but members did not return the call.
- Members had a lack of awareness of needing to get a diabetic exam annually/bi-annually.
- Cost for a previous diabetic eye exam causing the member to not seek out care due to fear of costs again.
- Staffing resource limitations due to COVID-19 may have affected PCP responses to medical records requests and Eye Providers' ability to convey records to PCPs.

Opportunities for Improvement – CDC Eye Exam

Measurement Year 1 & 2: Telephonic outreach will continue by IVR and Member Engagement staff to provide education to members who have a gap in care for a diabetic eye exam as well as information on sending the record back to their primary care provider. Additionally, data extraction efforts will focus on monthly data pulls for more recently completed eye exams. This strategy will aid in streamlining outreach to eye exam providers to obtain records and to identify which records still need to be sent to the member's primary care provider.

Measurement Year 2: Especially for Marketplace, more education and transparency about benefits and direct out-of-pocket costs to members for various diabetic screenings would help alleviate member fears about costs.

UCare will continue telephonic outreach as well as continue to improve internal processes on this initiative for 2021. IVR calls will occur monthly and begin earlier in the year, knowing that many members are behind in care due to COVID-19. The IVR content will continue to include talking points about the diabetic eye exam, HbA1c and urine protein tests, as well as a Press 1 option for a live call back. Live call follow-up to the IVR intervention will be key for MSHO and Connect+ members. Opportunities exist for increasing provider awareness of importance for diabetic eye exam information to be incorporated within the PCP record and discussed in treatment plan/goals for diabetic members. Additional internal processes will continue to fine-tune the interventions to ensure improved HEDIS scores.

COVID-19 and ongoing delays in care persist along with barriers to access of records and are reason for UCare to continue the work on this metric throughout 2021.

Controlling High Blood Pressure (CBP)

Product Lines: Marketplace

Activity Description – CBP

While conducting root cause analysis on some of the qualitative findings for hybrid HEDIS measures, UCare noticed a difference for the Marketplace/Exchange product on the Controlling High Blood Pressure (CBP) measure that was determined to be a continuity of care opportunity.

A significant observation was made about members who remained non-compliant in the sample because no valid BP reading could be found in a managing provider chart. Our review staff noticed that often members had qualifying claims events that had put them in the denominator for the measure by diagnosing them as hypertensive, but upon reviewing the member's medical records there was not a clear provider who was managing the hypertension or indication who the member was regularly following up with. This is important for the CBP measure in that BP readings must be monitored by the correct provider; typically, their PCP or a provider acting in that capacity.

It was also often noticed that many claims were pointing to visits with specialists and other auxiliary providers who noted the hypertension but did not address the condition other than to tell the member to follow up with their PCP. Often, patients did not follow-up or engage with a PCP.

The Marketplace population is unique in that there are still both real and perceived barriers about cost of care, and lower health literacy in using the health care system. Members do go to the doctor for certain concerns, but there seems to still be a lack of engagement with a PCP and an underutilization of their benefits overall.

UCare’s QI team recognized that for Marketplace, continuity and coordination of care is on a more basic level than other populations. If members do not have strong relationships with a PCP to begin with when a new medical diagnosis is made by a specialist or a non-PCP, then there really is no one to coordinate with and member care does fall through the cracks. UCare also recognized the gap of newly diagnosed members who do not fully understand a condition such as hypertension usually having no outward symptoms. Thus, members may have the perception that going into a doctor for something they do not see, or feel isn’t necessary or worth the cost.

Additionally, while care systems are beginning to transition to a population health model to address care needs at all levels, there are still limited disease management programs and resources for individuals with only one chronic condition in early stages.

Because of this observation, UCare feels that for its Marketplace population, working to improve hypertensive members establishing with or re-connecting to their PCP is a core element to addressing continuity of care between providers.

Methodology – CBP – Measurement Year 1 & 2

The methodology follows the 2019 HEDIS Technical Specifications for Controlling High Blood Pressure for Measurement Year 1 & 2: *The percentage of members 18-75 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.*

- Identify members who have been diagnosed with hypertension and who have no evidence of a follow up visit for monitoring of hypertension.
- Exclude members who qualify for disease management programming or who are unreachable via phone.
- Outreach to identified members to provide education on managing their hypertension and the importance of following up with a primary care provider for monitoring and/or treatment.
- Assist members with setting up a primary care appointment to manage their hypertension and educate on the role of the PCP in managing the condition.
- Measurement Year 1: Prioritize members who have been diagnosed with hypertension by a specialist and are not receiving current treatment.
- Measurement Year 2 improvement: Prioritize members who have not had an annual wellness visit with their Primary Care Provider (PCP) in the measurement year.

Goal – CBP – Measurement Year 2

Increase from the QRS 4 Star Rating to the QRS 5 (*75%) Star Rating for Marketplace.

**Rating cut points shift year over year, and correlate to the specified HEDIS years. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020 which kept cut points and thresholds at the same measure rating. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020.*

Quantitative Analysis and Trending of Measures – CBP

CBP HEDIS Data – UCare for Marketplace

	HEDIS 2018 (Baseline)	HEDIS 2019 (Measurement Year 1)	HEDIS 2020 (Measurement Year 2)	QRS Goal Rate	Benchmark Met/Not Met
CBP - Marketplace	74% (5 Star)	76% (4 Star)	**72% (4 Star)	75% (5 Star)	● Not Met

*** HEDIS 2020 rates are impacted by COVID-19, resulting in lower than expected results.*

In 2018 to 2019 the CBP measure for Marketplace increased by two percentage points. Although the CBP rate improved, due to QRS cut points, the Star rating dropped from a 5 to a 4 Star. The 2019 5 Star cut point was 75% for the Cardiovascular Care composite which includes three measures; Controlling High Blood Pressure, Proportion of Days Covered (RAS Antagonists), and Proportion of Days Covered (Statins). The CBP measure has exceeded the 5 Star cut point with a rate of 76.39%, but the other two measures bring down the composite average for a combined rate of 71.28%. All 2020 hybrid chart audit rates were impacted by the COVID-19 pandemic and the QRS system maintained the star cut points and score from 2019 in 2020, thus our score stayed the same.

When comparing the 2020 HEDIS rates to 2019, the rate has decreased slightly, but this decrease could be contributed to lack of data due to COVID-19.

CBP Outreach Data – Marketplace

<i>Members eligible for outreach</i>	2018 (Measurement Year 1)	2019 (Measurement Year 2)
Number of Eligible Members	561	512
Number of Member Outreach Completed	352	160
Percentage of Eligible Members that received outreach	62%	31%

Measurement Year 1: A total of 561 members were identified via claims according the CBP HEDIS specification of having a diagnosis of hypertension and need a blood pressure reading in the second half of 2018. Many members were excluded from the outreach due to pre-existing conditions such as diabetes or cancer, absence of phone number, disenrollment, etc. 62% of these members' eligible members received a phone call from the RN.

Measurement Year 2: In 2019, UCare explored a new prioritization methodology as a result of 2018 learnings. Members that did not have a claim for an annual wellness visit were prioritized for outreach. Of the 512 eligible members identified, 363 of these members were non-compliant for an annual wellness visit in 2019. Although the percentage of members that received outreach decreased from 2018 to 2019, there was a more targeted strategy utilized.

In 2019, a total of 377 members were identified via claims according the CBP HEDIS specification of members who have a hypertension diagnosis and needed a blood pressure reading in the second half of 2019. Many members were excluded from the outreach due to absence of phone number, no voicemail, disenrollment, etc. 42% of these eligible members received a successful connection from the RN.

Evaluation of Effectiveness – CBP

2019 & 2020 Audit Results—Evaluating Measurement Year 1 & 2 Intervention Effectiveness

<i>Visit Post Intervention</i>				
	2018		2019	
Yes	45	43%	44	90%
No	60	57%	4	10%

<i>Blood Pressure Reading</i>				
	2018		2019	
Controlled (>120/80)	22	49%	24	54%
Borderline (130-139/80-89)	15	33%	7	16%
Elevated (<140/90)	8	18%	13	30%

The 2019 and 2020 audit sample results were completed in July post the annual HEDIS season. These results were based on the outreach conducted in 2018 and 2019 after HEDIS results had been finalized and sent to NCQA.

Post-HEDIS season analysis was completed in July of 2020 to identify success of the outreach interventions conducted in 2019. A medical chart audit was conducted for an 80-member sample of contacted members. Based on the 80 charts requested, 48 charts were successfully obtained. This is a lower percentage of charts received in comparison to the 2018 audit, which can be attributed to COVID-19 impacting the ability for providers to respond to health plan records requests.

The information obtained from these charts included:

- If member had a PCP visit after the RN outreach occurred
- If the blood pressure was taken and if it was in control

Of the 48 (48/80 = 60% retrieval rate) member charts collected, 44 of these members had a visit before the end of the year in 2019, which was an indicator of successful outreach at 90%. Blood pressure control is also an important part of the CBP HEDIS measure. NCQA HEDIS defines adequate BP control as <140/90 mm Hg during the measurement year. For the 44 members that had a visit before the end of 2019, 70% of members had readings that were controlled or borderline. 30% of members had BP readings that were elevated. Although the rate of post intervention visits was much higher in 2019 (90%) versus 48% in 2018, an increase in the number of members with elevated blood pressure readings was identified in 2019 (30%) in comparison to 2018 (18%). It is possible that by increasing the care and engagement of members getting to their PCP, one consequence could be that members have more recently started working on treatment and control and may need to stay engaged with their PCP longer to see better control. NCQA made a change to the CBP measure for HEDIS MY 2020 in which only members who have been diagnosed with at least 6 months left in the year to achieve control will be included in the measure. This change could help improve rates in HEDIS MY 2020, to be measured in 2021.

Qualitative Analysis – CBP – Measurement Year 2

Telephonic outreach by a RN was provided to members who were identified as having high blood pressure and had not had any follow-up care by their primary care in the second half of the measurement year. The nurse provided education regarding controlled blood pressure management and ongoing monitoring by a health care provider. Other topics that were part of the education included: diet and sodium intake, exercise, antihypertensive medication adherence, and in-home BP monitoring kits. In addition, the nurse assisted the member with scheduling a follow up appointment with their primary care provider or nurse at their primary care clinic for an annual wellness exam or to get a second blood pressure check. The UCare nurse made successful outreach and contacted 353 members in 2018 and 160 members in 2019.

In addition, members who were diagnosed with hypertension and not had an annual wellness exam within the year received member education and an incentive voucher via mail. Marketplace members were offered a \$25 incentive for receiving a blood pressure reading. Two outreach mailings occurred in July and September of 2018 and 2019 to approximately 2300 members in 2018 and 1180 members in 2019. Gift card redemption is as follows:

Gift Cards Redeemed		
Month	2018 (Measurement Year 1)	2019 (Measurement Year 2)
August	77	27
September	66	38
October	101	22
November	38	85
December	-	53
Total	282	225

In 2019 (Measurement Year 2) only, members were also contacted via an IVR call educating them on the importance of knowing your numbers and checking your BP with a primary care provider. This outreach was conducted in early September 2019 with 462 members successfully contacted via phone.

Barrier Analysis – CBP

The main barrier that occurred during this project was member willingness to have a conversation with the RN due to perceived good control of their BP. There was also a high ratio of excluded members from the action lists due to not having a phone number or members who were no longer active with the health plan. Phone numbers have been identified as an ongoing barrier for the Marketplace populations, as phone numbers are not a required item to report upon enrollment. UCare also underwent a transition to a new Core system for Marketplace on January 1, 2019. This had an impact on member data throughout Measurement Year 2 (2019). Member enrollment data was compromised as well as a claims data lag.

Many members who have a long-term diagnosis of hypertension felt they had their BP under control; and therefore, felt they did not need to follow up with their primary care provider. Members reported that when they presented for their annual wellness exam, that had already addressed their BP readings and prescription refill with their provider at the time of the visit. The majority of members indicated that their doctor never instructed them to follow up for an additional appointment to have their BP monitored more than once per year; therefore, members were less receptive to scheduling a follow up visit the second half of the year for ongoing monitoring. Due to this finding in Measurement Year 1 (2018), UCare prioritized in Measurement Year 2 (2019) members that had not been in for an annual wellness visit in the measurement year.

Other barriers to members receiving follow-up care were the cost of their coverage for additional primary care visits or medications not being covered by UCare to manage their hypertension. The majority were not aware of free BP checks at clinic-affiliated pharmacies, or RN nurse visits at clinics that offer this service and can still ensure BPs are tracked in the primary care record. Providers did not share this information with members as a way of follow up to provide ongoing monitoring of their BP as a free benefit.

Opportunities for Improvement – CBP

The CBP measure was selected as a continued opportunity for improvement due to various factors. One main reason for selecting the CBP measure was the implementation of more strict controlled guidelines. Previous HEDIS guidelines recommended blood pressure below 130/80 as controlled. The current guidelines note control as readings under 120/80. This dramatic change in guidelines prompted UCare to create a program to actively educate members of this important change along with tips to manage their condition. Also, blood pressure is an important topic to educate due to its links with other co-morbidities. Members that only have a diagnosis of high blood pressure do not qualify for UCare's more intensive disease management coaching. It is UCare's hope that with proactive education, members conditions will not progress to more severe issues such as heart failure, diabetes, etc. In addition, members who received outreach often lacked knowledge on the importance of receiving additional hypertension care outside of an annual wellness exam.

Hypertension management and member education is an important initiative and key interventions will continue in 2021 to sustain the results of this work, including:

- An incentive of \$25 for Marketplace members who have hypertension, and get their annual well visit, and receive a blood pressure reading will continue for 2021.
- UCare will also maintain its blood pressure website to provide:
 - Education on where to get BP screenings (e.g. readings taken by the nurse at their PCP clinic)
 - Education on benefits and billing that occurs when receiving preventive vs. diagnostic care

2021 Measure Focus Transition – CBP to FU After ED

For 2021, UCare has decided to switch focus on continuity of care away from the CBP measure. In place of CBP, UCare has identified a more pressing opportunity within the continuity of care scope; Follow-up (FU) After an Emergency Department (ED) visit. UCare has decided to make this change because CBP has maintained high performance in the Quality Rating System (QRS) for marketplace and the measurement is greatly impacted by the COVID-19 barriers to complete medical record review as it is a hybrid measure. Also, NCQA has made changes to the CBP measure in 2020 due to COVID-19, allowing member reported blood pressure readings to be taken and diagnoses to be made in all types of virtual care and telehealth visits. This change in methodology makes accessing

care much easier, but it is unclear if NCQA will make this a permanent change, thus making the measure a bit unstable for at least the next 2 years.

Activity Description – FU After ED

Follow-up (FU) After Emergency Department (ED) Visit has been selected as the new focus for this project for various reasons including:

- Evidence of effectiveness of FU after ED on admission and readmission rates.
- Impact of COVID-19 on ED utilization and the access to primary care.
- Member education on appropriate utilization.
- Tracking of social determinants of health for members utilizing the ED and FU care.
- Opportunity to impact all UCare product lines verses CBP which focused only on Marketplace.

Goal: Attain a statistically significant improvement. See benchmark goal values in the table below.

Quantitative Analysis and Trending of Measures – FU After ED

Follow-Up After ED Visit	2018	2019	2020	Benchmark
Medicaid (Connect)	25,698/30,586 = 84.0%	25,741/30,779 = 83.6%	20,567/25,864 = 79.5%	80.10%
Medicaid (MnCare)	5,598/7,280 = 76.9%	4,919/6,351 = 77.5%	5,435/7,098 = 76.6%	77.74%
Medicaid (PMAP)	89,323/115,508 = 77.3%	87,086/112,968 = 77.1%	76,167/101,455 = 75.1%	75.39%

Note: ED Utilization data calculated internally by UCare and excludes mental health and substance use visits

The data trends show a decline or lack of improvement in members receiving care 30 days after their ED visit. For UCare’s Connect product, the rate has declined slowly over the past three years while the MnCare and PMAP products have maintained. It is also noted that due to COVID-19 the utilization of the ED decreased, but the rate of follow-up also declined for all three product lines.

Barrier Analysis – FU After ED

One barrier for addressing the FU after ED utilization includes the lack of a standardized HEDIS measurement for follow-up after medical care. UCare utilized key aspects of the Follow-Up After Emergency Department Visit for Mental Illness (FUM) specification, but there will be no ability to compare UCare’s performance against national benchmarks.

Additional barriers include:

- Receiving timely ED claims or utilization notifications to conduct outreach and timely transitions of care. Care systems are not required to notify UCare of ED usage and with the strict 7-30 day follow-up requirements, timely notification is critical for success.
- UCare’s Core transformation of our new claims system has caused challenges with getting the data in a timely manner.
- Access and availability issues due to COVID-19.

Opportunities for Improvement – FU After ED

Due to the lack of rate improvement seen in the FU After ED Visit, UCare will place a focus on educating members of the importance of visiting with their PCP to improve their health and utilization of health care. Although the FU After ED is not a standard HEDIS measure for medical services, UCare understands the importance and benefits of this focus and the continuity it will bring across the continuum of care.

UCare intends to focus efforts on member outreach and education. Multiple avenues of outreach have been explored and UCare will be able to study effectiveness on an annual basis. UCare intends to partner with a primary care clinic and outside Community Health Worker agency to engage with members after they present at the ED.

Prenatal and Postpartum Care (PPC) – Postpartum Rate

Product Lines: Marketplace, Medicaid

Activity Description – PPC-Postpartum

After the delivery of a baby, mothers should seek follow-up care with a PCP to make sure they can recover from pregnancy with complete provider guidance. For women in childbearing years, their OBGYN can often be considered their PCP, but sometimes the provider who delivers the baby in the hospital needs to transition mothers' care to another provider for post-partum follow-up. The time period after delivery and subsequent discharge from the hospital is often risky where some women experience a lack of continuity and coordination of care in the outpatient setting. Some mothers who have had multiple deliveries feel more confident in recovering without seeing their provider, only to run into a new unexpected complication or run into social barriers such as a lack of childcare. Some new mothers forget about their own medical needs as they adapt to taking care of a newborn. These issues result in mothers delaying care longer or a PCP not having all the information needed from the actual delivery or prenatal period to treat a new patient adequately.

In all cases, if the hospital or birth center does not take the appropriate steps before the mother discharges to make sure she has a post-partum provider to see within the first few weeks and that the provider has all records and information from her delivery, the mother is at greater risk for adverse post-partum outcomes.

One unique aspect of this measure to UCare's Medicaid populations is the number of members who seek birthing care through a doula, independent midwife or public health nurse. Unfortunately, these provider types are not considered adequate PCPs and mothers in some cultures served by UCare tend to only seek care from these providers and so do not transition to a PCP after delivery.

Although this topic area has not been selected by UCare to be acted upon currently, there remains a significant opportunity here to ensure mothers have high quality care and coordinated care when they are recently post-partum.

Methodology – PPC-Postpartum – Measurement Year 2

The methodology follows the 2019 HEDIS Technical Specifications for Prenatal and Postpartum Care – Postpartum Rate for Measurement Year 1 & 2: *The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.*

- Review Marketplace and Medicaid member data on who delivered a live birth to assist with providing education and scheduling a postpartum visit.
- Identify members who had a baby.
- Perinatal outreach specialist assists members in scheduling a postpartum visit with an OB provider.
- Provide education on the importance of follow up care with primary care provider, OB or treating practitioner.

Goal – PPC-Postpartum – Measurement Year 2

- Marketplace: Increase from the QRS 4 Star Rating to the QRS 5 Star Rating (*71%).
- PMAP, MnCare, Connect: Achieve a rate higher than the NCQA 75th percentile (69%) for Medicaid.

**Rating cut points shift year over year, and correlate to the specified HEDIS years. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020 which kept cut points and thresholds at the same measure rating. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020.*

Quantitative Analysis – PPC-Postpartum Rate

HEDIS Data – Marketplace and Medicaid

Marketplace PPC-Postpartum	HEDIS 2018 (Baseline)	HEDIS 2019 (Measurement Year 1)	HEDIS 2020 (Measurement Year 2)	QRS Benchmark	Benchmark Met/Not Met
Marketplace	66% (3 Star)	81% (4 Star)	*86%	**71% (5 Star)	● Not Met

* HEDIS 2020 rates are impacted by COVID-19, resulting in lower than expected results. Star rating not available due to COVID-19.

** Benchmark is based on 2019 QRS cut points. QRS Star rating cut points are based on a standardized score, which is calculated using raw HEDIS values. The standardized score is below the QRS benchmark.

Medicaid PPC-Postpartum	HEDIS 2018 (Baseline)	HEDIS 2019 (Measurement Year 1)	HEDIS 2020 (Measurement Year 2)	Benchmark – 2019 NCQA 75 th Percentile	Benchmark Met/Not Met
PMAP	65%	65%	*76%	69%	● Met
MnCare	74%	63%	*84%	69%	● Met
Connect	40%	37%	*53%	69%	● Met

* HEDIS 2020 rates are impacted by COVID-19, resulting in lower than expected results.

UCare experienced a significant increase in postpartum visits for Marketplace from 66% in 2018 to 81% in 2019. UCare Marketplace increased by 15% in postpartum visits in 2019. Although UCare did not achieve its goal of a 5 Star Rating for Marketplace members, it improved 1 Star rating from a 3 in 2018 to a 4 Star in 2019. In 2020, UCare maintained its improvement from 2019 and increased by five percent to 86%. Major changes in HEDIS technical specifications for post-partum care that increased acceptable types of post-partum care and the time period in which to receive it is what caused the strong improvement.

UCare saw consistent results from 2018 to 2019 rating for postpartum visits for PMAP. PMAP had no change between 2018 and 2019 staying at 65%. Based on HEDIS 2020 data, UCare had a vast rate improvement of 11% again due to major technical specification changes that increased acceptable types of post-partum care and the time period in which to receive it.

A decrease occurred for UCare’s Medicaid MnCare product line in 2019 from 2018 of 11 percentage points. UCare utilizes the NCQA 75th percentile as its benchmark, which was not achieved for the Medicaid population for postpartum in 2019. Based on HEDIS 2020 data, UCare improved by 21 percentage points from 2019 to 2020. This strong improvement is due to major technical specification changes that increased acceptable types of post-partum care and the time period in which to receive it.

For the Connect population, UCare does not collect HEDIS hybrid data, so the rate is lower in comparison to PMAP and MnCare as the rate only represents administrative data. In 2018, Connect was 40% and it decreased by 3 percentage points to 37% in 2019. Based on HEDIS 2020 administrative data, UCare improved by 16 percentage points again due to major technical specification changes that increased acceptable types of post-partum care and the time period in which to receive it.

Although all products significantly improved their rates of post-partum care in HEDIS 2020 and stayed above the NCQA 75th percentile, the final rates were lower than expected due to COVID-19 and some medical records being unattainable in the annual medical record review.

Opportunities for Improvement – PPC

This focus area is identified as an opportunity for improvement but was not acted upon due to focusing on Medication Reconciliation, Comprehensive Diabetes Care – Eye Exam, and Controlling High Blood Pressure.

2021 Measure Focus Transition – PPC to PCR

Due to the very strong performance of the post-partum care measure in HEDIS 2020 and due to the significant change in specifications, UCare has decided not to continue with this opportunity as a focus area for continuity and

care coordination in 2021. Prenatal and post-partum care will continue to be supported at UCare in other capacities. A new opportunity is to explore Plan All-Cause Readmissions (PCR) as a continuity and care coordination focus in 2021.

Activity Description - PCR

Readmission rates are indicative of the quality of care received during a hospital stay as the rate of an unplanned acute readmission is measured within 30 days of discharge. Readmissions are associated with increased mortality and higher healthcare costs. Readmissions can also have an adverse effect on member experience. A focus on improving readmissions will include improvement of post-discharge planning, care coordination and patient self-management. Reducing readmissions offers an opportunity to lower healthcare-associated costs, improve the quality of care and improve patient satisfaction. This measure is an area of opportunity as performance has dropped in the last few years for most product lines.

Goal: Achieve 5 Star rating (3%) for all products.

Quantitative Analysis and Trending of Measures - PCR

Plan All-Cause Readmissions (PCR)	HEDIS 2018 (Baseline) Lower rate is better	HEDIS 2019 (Measurement Year 1) Lower rate is better	HEDIS 2020 (Measurement Year 2) Lower rate is better	Benchmark - Star Rating
Medicare (UCare Medicare)	10% (3 Star)	10% (2 Star)	15% (1)	3% (5 Star)*
Joint Medicare (EssentiaCare)	5% (5 Star)	15% (1 Star)	16% (1)	3% (5 Star)*
Joint Medicare (M Health w/NM)	**	**	27% (1)	3% (5 Star)*
Medicaid (MSHO)	11% (2 Star)	11% (2 Star)	16% (1)	3% (5 Star)*
Medicaid – (Connect+Medicare)	9% (4 Star)	12% (2 Star)	17% (1)	3% (5 Star)*

**Rating cut points shift year over year, and correlate to the specified HEDIS years. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020 which kept cut points and thresholds at the same measure rating. All threshold goals are based on HEDIS 2019 due to data limitations from the COVID 19 pandemic on HEDIS 2020.*

*** Plan too new to be measured.*

The data trends show that there is a significant increase in readmission rates compared to what is expected for our populations. NCQA has also made substantive changes to the PCR measure specifications. These changes include the classification of observation stays as inpatient admissions, which includes transfer. HEDIS 2020 was the first year this change went into effect, and it has resulted in an increased rate of readmissions for all of our populations.

Barriers Analysis – PRC

A major barrier for addressing readmissions includes the changes in the measure specifications from NCQA mentioned above. These changes require us to look at a new group of member stays to address readmissions. They will also result in a significant inability to compare our prior year rates to current rates, especially if using Star Ratings as a benchmark, and therefore making improvement goals difficult to define and progress towards those goals difficult to measure.

Additional barriers include:

- Receiving timely discharge summary reports to do outreach and timely transitions of care. Care systems are not required to notify UCare of hospital discharges nor provide discharge paperwork up front; therefore, discharge summaries are not always being sent or sent in a timely manner.

- UCare’s Core transformation of our new claims system has caused challenges with getting the data in a timely manner.
- Access and availability issues due to COVID-19.

Opportunities for Improvement: Despite NCQA measure changes, we do see an upward trend in our readmission rates, making this measure a significant opportunity for improvement. A focus on reducing readmissions will require the addition of members with observation stays and direct transfers. Additionally, looking into readmissions that are not true “readmissions” is an opportunity for improvement and insight into reasons for misclassification. There are no planned actions for this measure at this time.

Summary: Opportunities for Improvement – 2021 Focus Areas

Based on UCare’s performance and analysis from previous years measures and data trends, we will be changing our focus areas for 2021. UCare will focus on the follow measures:

Name of Measure	Movement Across Settings	Movement Across Practitioners	2021 Planned Actions
Transitions of Care (TRC) – Patient Engagement	X		X
Comprehensive Diabetes Care (CDC) – Eye Exam		X	X
Follow-up After ED Visit – 7 and 30 days	X		X
Plan All Cause Readmissions (PCR)	X		

Continuity and Coordination of Mental Health and Substance Use Disorder and Medical Care

Introduction

Coordination of care between Medical and Mental Health and Substance Use Healthcare Practitioners is essential to the well-being of our members. UCare uses a variety of sources to monitor continuity and coordination of care between mental health and substance use disorder (SUD) and medical care. Since late 2016, UCare has managed all mental health and SUD programming internally, including utilization management. UCare has intentionally grown the scope and breadth of the department over the past several years to further improve the mental and chemical health of UCare members. This deliberate focus on Mental Health and SUD Services has allowed UCare to better serve our members and improve the collaboration and coordination with medical, mental health and SUD providers.

Collaborating with mental health and substance use disorder practitioners

UCare meets on at least an annual basis with medical, mental health and SUD practitioners to discuss and identify opportunities in data collected on the utilization rates, costs and trends observed in members experiencing mental health, SUD and/or co-existing mental health, SUD and medical concerns. The group is comprised of adult and pediatric primary care, mental health and substance use providers and prescribers that practice in rural and metro areas. Qualitative analyses are conducted on each selected opportunity to determine barriers that prevented achievement of goals. After the barriers have been identified, UCare’s Mental Health and Substance Use Disorder and Quality Management teams develop and implement interventions targeted to resolve the identified barriers. The effectiveness of the interventions is evaluated at the next re-measurement to determine their effectiveness.

Focus Area	Name of Measure	2021 Planned Actions
Exchange of Information	Satisfaction with accuracy, completeness/sufficiency, and timely receipt of documentation for shared patients	
Appropriate diagnosis, treatment and referral of behavioral disorders commonly seen in primary care	Antidepressant Medication Management (AMM)	X

Appropriate use of psychotropic medications	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	
Management of treatment access and follow-up for members with coexisting medical and behavioral disorders	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	
Primary or secondary preventive behavioral healthcare program implementation	Members who, having been discharged from acute care for a cardiac diagnosis, received follow-up mental health services within 45 days	
Special needs of members with severe and persistent mental illness	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	X

Exchange of Information: Satisfaction with accuracy, completeness/sufficiency, and timely receipt of documentation for shared patients

Product Lines: Medicare, Joint Medicare, Marketplace, Medicaid

Activity Description – Exchange of Information

The Mental Health and Substance Use Disorder Services Department conducted a provider survey in quarter three of 2019 and 2020. Providers who have worked with UCare within the measurement year were included in the sample. UCare’s network of mental health and SUD providers represent all lines of business: Medicare (UCare Medicare, EssentiaCare, M Health Fairview and North Memorial), Medicaid and Marketplace. There is a nearly 95% overlap in network providers for all lines of business. Therefore, each line of business was represented in the survey. The intent of the survey was to seek feedback regarding the exchange of information between mental health and primary care provider types.

Methodology

Providers were surveyed regarding their level of satisfaction, their level of knowledge and how they felt UCare compares to other plans they work with on a five-point scale, with an additional “don’t know” option. The “don’t know” data point was removed from analysis, and the midpoint of the scale was considered neutral and not figured into the satisfaction analysis. The two lowest scale points and the two highest scale points were combined during analysis. Providers were asked to identify their type of service to UCare members. The survey was designed to identify each provider type’s satisfaction with various plan -provider interactions. UCare added a question to the survey about accuracy of information shared between providers in 2020. When reviewing the survey questions and outcomes in 2019, the mental health and SUD leadership team determined that these questions would assist in measuring how relevant medical information is shared between providers.

Mental Health and SUD Practitioners were asked to rate their satisfaction about how information is exchanged regarding accuracy, completeness/sufficiency, and timeliness of communication when working with emergency departments (ED), hospitals and primary care.

Clinical Provider Survey 2020 - Mental Health and SUD Subset response rate:

- 1,031 emails were sent
- 102 responses received
- Response Rate 9.9%

Goal: Increase satisfaction rate with providers by at least 2% each year. 2% was chosen as it represents a feasible goal that is significant enough to demonstrate improvement. Given the variability in number of provider responses and the inexact science of this type of survey, it was deemed important for a minimum threshold of improvement to be identified.

Quantitative Analysis and Trending of Measures – Exchange of Information

Please rate your satisfaction with the accuracy of information you receive from other providers in which you share patients.							
	2019 – Prior Year			2020 - Baseline			Goal
	Hospital	ED	Primary	Hospital N=65	ED N=65	Primary Care N=66	Increase Satisfaction Rate by 2%
Satisfied	*	*	*	42%	38%	50%	N/A
Neutral	*	*	*	52%	55%	44%	N/A
Dissatisfied	*	*	*	7%	6%	6%	N/A

Table 1.1 - Satisfaction with the accuracy of documentation from other providers in which you share patients
*Question was not asked in the prior year.

Providers were most satisfied with the accuracy of information provided by hospitals, followed closely by emergency departments. Providers were least satisfied with the accuracy of information provided by primary care settings.

Please rate your satisfaction with the completeness/sufficiency of documentation from other providers in which you share patients.							
	2019 – Prior Year			2020 - Baseline			Goal
	Hospital N=93	ED N=72	Primary Care N=114	Hospital N=67	ED N=67	Primary Care N=69	Increase Satisfaction Rate by 2%
Satisfied	67%	63%	67%	42%	42%	48%	● Not Met- all areas decreased
Neutral	26%	25%	23%	49%	51%	45%	N/A
Dissatisfied	8%	13%	11%	9%	7%	7%	N/A

Table 1.2 - Satisfaction with the completeness/sufficiency of documentation from other providers in which you share patients

Providers were most satisfied with the completeness of documentation provided by primary care (48% satisfied). Hospitals and emergency departments followed closely at 42% satisfied. When measuring completeness/sufficiency of documentation from other providers in which you share patients, categories of Hospitals, Emergency Departments and Primary Care decreased from 2019 to 2020. UCare did not meet the goal in this area.

Please rate your satisfaction with the timely receipt of documentation you receive from other providers in which you share patients.							
	2019 – Prior Year			2020 - Baseline			Goal
	Hospital N=90	ED N=66	Primary Care N=105	Hospital N=65	ED N=68	Primary Care N=65	Increase Satisfaction Rate by 2%
Satisfied	67%	64%	65%	45%	42%	52%	● Not Met- all areas decreased
Neutral	18%	20%	22%	48%	52%	41%	N/A
Dissatisfied	16%	17%	12%	8%	7%	7%	N/A

Table 1.3 - Satisfaction with the timely receipt of documentation from other providers in which you share patients

Providers were most satisfied with the timely receipt of documentation with primary care providers (52%), followed by hospitals (45%) and emergency departments (42%). When measuring timely receipt of documentation from other provider categories with which patients are shared (Hospitals, Emergency Departments, and Primary Care), satisfaction decreased from 2019 to 2020. UCare did not meet the goal in this area.

Satisfaction among mental health and SUD providers regarding sufficiency and timeliness of information exchange decreased approximately 20% from 2019 to 2020, therefore UCare did not meet the goal. Satisfaction with accuracy could not be compared to the prior year, as this was a new question in 2020. Overall, the majority of mental health and SUD practitioners indicated they were satisfied or neutral with information exchange between hospital, emergency room and primary care providers regarding accuracy, sufficiency/completeness and timeliness.

Qualitative Analysis – Exchange of Information

A causal analysis was undertaken based on provider comments from the 2020 Provider Survey as they pertain to mental health and SUD. Results were compiled and analyzed by the Mental Health and Substance Use Disorder Services Associate Director and Clinical Manager. The causal analysis focused on the rationale as to why practitioners made these statements and rated the health plan on the strength of various questions within the survey. The following themes stand out:

- Lack of communication between medical and mental health and substance use disorder providers
- Poor coordination between providers when members are in transition between levels and venues of care
- Delays in communication between providers
- Incomplete records

Barrier Analysis – Exchange of Information

Our continued pursuit of providing unique value to our provider partners is significantly predicated on provider satisfaction assessments that UCare uses to ensure our operations are aligned with provider needs, and that we are making progress towards our goal of improving provider and member experience. In an effort to determine what improvements should be made, the following barriers were identified:

- The global COVID-19 pandemic, and providers needing to prioritize their time to focus on patient care
- Providers working in different electronic health record systems
- Primary care providers may not always know what documentation is necessary when exchanging information with a mental health or SUD provider
- Low survey response rate

Opportunities for Improvement – Exchange of Information

The following opportunities have been identified to improve provider satisfaction with UCare:

- Continue to increase awareness of the Mental Health & SUD Triage Line to remind members and providers about direct access to the department.
- Continue improving the methodology of the survey to increase response rate.
- Promote communication between mental health and medical providers during the discharge process. UM specialists and case managers will assist members and providers with discharge planning and initiate collaboration between providers for mental health or SUD inpatient stays.

Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care:

Antidepressant Medication Management (AMM)

Product Lines: Medicare, Joint Medicare, Marketplace, Medicaid

Activity Description – AMM

Major depression is a mental health condition characterized by several features including an overwhelming feeling of sadness, isolation and despair that affects how a person thinks, feels and functions. The condition may significantly interfere with a person's daily life and may be accompanied by thoughts of suicide or intentional self-harm. Depression can affect people of all ages, races and socioeconomic classes. Depression is diagnosed in twice as many females compared to males and is one of the most commonly diagnosed mental health conditions

according to the National Institute of Mental Health. Adherence to prescribed antidepressant medication is an essential component in treatment guidelines for people diagnosed with major depression. The HEDIS measure, Antidepressant Medication Management (AMM), provides a tool to evaluate the success of these interventions.

Methodology

The methodology follows the technical specifications for the HEDIS measure Antidepressant Medication Management (AMM) with no material modifications. From this measure, the Continuation Phase rate is used, which measures medication adherence during the approximately six-month period following a new prescription of an antidepressant medication.

Measure definition for continuous use of antidepressant:

- **Denominator:** Members ages 18 and older with a diagnosis of major depression and a new prescription for an antidepressant medication. “New” prescriptions are defined as those preceded by a 105 day “clean period” without any antidepressant medication fills. In order to ensure data completeness, members must be continuously enrolled with a pharmacy benefit for the 105 days preceding the new prescription and the 231 days following it.
- **Numerator:** Members meeting denominator requirements who had at least 180 days of antidepressant medication possession during the 232 days beginning with the new prescription. Up to 52 “gap” days are allowed to account for medication changes and washout periods.

Medicare data includes UCare Medicare, EssentiaCare and Fairview/North Memorial products. For Medicare, analysis was complete on the total Medicare data. EssentiaCare and Fairview/North Memorial have relatively small memberships, 570 and 2,011 respectively. As a result, the number of members with a diagnosis of major depression are low. Membership demographics and characteristics do not vary significantly between Medicare products. Marketplace includes Individual and Family Plans (IFP) – UCare IFP and UCare M Health/Fairview IFP. Medicaid includes Prepaid Medical Assistance Program, MinnesotaCare, Minnesota Senior Health Options, Minnesota Senior Care Plus, Connect and Connect Plus.

Goal: When possible, UCare bases goal rates on NCQA national 75th percentile benchmarks. For the Medicaid population, the most recent available NCQA benchmark is for HEDIS 2019, with a Medicaid 75th percentile threshold of 41.01%. This is relatively stable to the previous HEDIS 2018 rate of 42.34%. Given these numbers, a Medicaid goal rate of 41% was deemed appropriate. For the Medicare population, the HEDIS 2019 75th percentile threshold is 61.58% and the HEDIS 2018 threshold is 60.94%, suggesting a goal rate of 62%. For the Marketplace population, NCQA does not provide data, however CMS produces benchmarks that average the initiation phase and continuation phase rates, with a 75th percentile threshold of 69.44% for HEDIS 2019 and 68.82% for HEDIS 2018. This blended rate is not directly comparable to the continuation phase rate measured here, because initiation phase rates tend to be approximately 15 percentage points higher. A reasonable target rate for the continuation phase, would be 7-8 percentage points below the blended average, which is 62%.

- Medicare goal rate: 62%
 - UCare Medicare goal rate: 62%
 - EssentiaCare Medicare goal rate: 62%
 - Fairview/North Memorial Medicare goal rate: 62%
- Medicaid goal rate: 41%
- Marketplace: 62%

Quantitative Analysis and Trending of Measures – AMM

	AMM Measure						
	2019 – Prior Year (July 2018-June 2019)			2020 – Baseline (July 2019-June 2020)			Goal Rate
	Denominator	Numerator	Rate	Denominator	Numerator	Rate	Goal Met/Not Met
Medicare - TOTAL	1387	939	68%	1942	1400	72%	62% ● Met
UCare Medicare	1363	926	68%	1899	1369	72%	62% ● Met
EssentiaCare	24	13	54%	27	19	70%	62% ● Met
UCare Medicare with M Health Fairview and North Memorial Health	*	*	*	16	12	75%	62% ● Met
Medicaid	5469	2147	39%	5832	2306	40%	41% ● Not Met
Marketplace	330	203	62%	471	306	65%	62% ● Met

Table 2.1 Baseline and Measurement Rates for AMM Continuation Phase

*Medicare Fairview was a new product 1/1/19 – therefore did not have a full identification period.

During the baseline measurement period, UCare’s Medicaid population had a rate of 40% on an eligible population of 5,832 members. This rate is slightly below the goal rate, indicating opportunity for improvement. The denominator and rate are stable to that of the year prior to the measurement period.

UCare’s Medicare population had a baseline period rate of 72.1% on an eligible population of 1,942 members. This rate is significantly above the goal rate and already exceeds the NCOA HEDIS 2019 95th percentile threshold of 71.79%. However, the baseline rate is significantly higher than the 67.7% rate of the year prior to the measurement period and may represent a one-time anomaly. The eligible population for the measure is non-repeating, this rate could regress slightly in future years due to random variation in the case mix.

The Marketplace population had a rate of 65.0% on an eligible population of 471 members. This rate is slightly above the goal rate, but opportunity for improvement remains. The baseline rate is somewhat higher than the 61.5% rate of the year prior to the measurement period and may represent a one-time anomaly.

Qualitative Analysis – AMM

Major depression is one of the most common mental health diagnoses in the United States (National Institute of Mental Health, 2020) and can lead to serious impairment in daily functioning. Depression carries a significant symptom burden and is the most common psychiatric diagnosis found in individuals who suicide. Suicide is the 10th leading cause of death in the United States (CDC, 2020). Major depression is estimated to affect 17.3 million adults in the United States, or approximately 7% of all US adults (National Institute of Mental Health, 2019).

Effective medication treatment of major depression can improve a person’s daily functioning and well-being. The complexity of this illness as well as its pharmacological treatment can create confusion and misunderstanding with members. Anti-depressant medication adherence is a challenge for both providers and members. Members who are newly prescribed an antidepressant medication are at high risk for non-adherence. UCare works with providers

and members to monitor treatment to help ensure that medication is taken appropriately and as prescribed. Although antidepressant medications are an effective treatment to help patients manage their condition, early discontinuation of antidepressants is common.

Comparison of the initiation phase rates to the continuation phase rates demonstrates that there is significant drop-off in adherence during both periods. Intervention efforts are appropriately focused on encouraging adherence both during the short-term and longer-term timeframes. The Medicaid initiation phase rate of 53% is especially noteworthy, indicating a relatively large percentage of members in this population who discontinue medication use very quickly after starting.

Examining rate differences across cohorts based on race, language, and ethnicity, reveals a clear racial disparity within the Medicaid population, with Black and Hispanic populations demonstrating significantly lower adherence rates than White and Asian populations. Within racial groups, language does not appear to be a materially consistent factor for adherence.

Geography does not appear to play a significant role in this measure. In the Medicare and Marketplace populations, rates between the metro and rural populations are substantively similar. Within Medicaid, metro rates appear lower, but this is a function of the racial disparity noted earlier, with concentration of the less-adherent Black and Hispanic populations in the metro counties. When analyzed within racial cohorts, the geographic differences largely disappear.

After race, the next most significant factor in medication adherence appears to be medical complexity, as measured by the member's number of chronic conditions and active medications. Members with many chronic conditions and medications are more likely to remain adherent to their antidepressants, presumably because they are better habituated to the practice of taking medication daily and refilling prescriptions timely. Members for whom the antidepressant is the only regular medication are far less likely to complete six months of adherence.

Independent of these factors, medical risk based on social determinants also appears to play a role, as higher risk members having lower rates for adherence.

Finally, there appears to be a strong correlation between medication adherence and the number of outpatient mental health or SUD services during the medication treatment period, with more visits being correlated to better adherence outcomes.

Barrier Analysis – AMM

Various programs that are designed to provide member outreach can be challenging to successfully implement due to a lack in member engagement, especially depression and antidepressant medication management. Members experience social taboos regarding mental illness making it difficult to discuss their condition and medications with a health care professional. Challenges in engaging with a health care professional may be exacerbated by barriers facing racial and ethnic minority groups. There are not enough providers that represent the Black, Indigenous and people of color (BIPOC) populations of members that UCare serves. There is implicit bias in the medical systems that make it difficult for BIPOC members to receive culturally congruent care.

Members do not always understand how their medications work or the amount of time it takes to feel an effect from the medication. It may also be difficult for members to continue taking a medication if there are adverse side-effects. Members who do not engage with their doctor, pharmacist or clinician may not understand that it can take up to two months before the medication becomes effective and before they will see a change in symptoms, so at times members quit taking the medication. Also, members do not always understand the prescribed medication regimen and the importance of taking the medication daily and not only when symptoms are present.

Many members are initially prescribed an antidepressant medication from their primary care provider, therefore, when the member follows up with a mental health prescriber, the medications may need to change to appropriately address the identified mental health concerns. It is also plausible that members on a Medicaid

product represent a lower socioeconomic segment of the population compared to Medicare members which draws from a broader socioeconomic pool, and this may correlate with medication adherence as they may have difficulty paying for their medication.

Ensuring that patients are compliant with their antidepressant medications is essential to treatment of their major depression. Discussing and monitoring side effects as well as adjusting patient's medications in response to side effects will also help the patient with their treatment response.

Opportunities for Improvement – AMM

Diagnosis, treatment and referral was identified as an opportunity for UCare. Medicaid has the biggest opportunity for improvement, but because of the importance of this measure we're continually seeking improvement across products.

UCare continually seeks to enhance awareness of AMM best practices as well as effective options in the treatment of members with depression both by mental health providers as well as primary care. The goal in improving rates is about encouraging patient-centered care for members who are taking antidepressant medications in order to support adherence and provide education about the benefits of antidepressant medication when appropriate. This is accomplished in part by disseminating mailings encouraging members to take their medication as prescribed. In 2020, UCare sent out 10,797 postcards to members, that were prescribed an antidepressant. UCare also mails out late to refill letters to members that are behind in picking up medications from their pharmacy.

Mental Health case management was expanded in 2019 to include Medicaid members. Case managers talk to members about their medications as a part of their coordination of care with members. They also educate members on the importance of medication adherence and psychotherapy. In addition to expanded case management services, all members also have the ability to call the mental health and SUD department directly and work with a clinician who can answer questions about depression and make recommendations about follow up care and assist with appointment set up, provider communication and coordination of care. The mental health and SUD triage line is printed on the back of all member identification cards, so that members can call the department directly regarding any mental health or SUD related concern.

UCare is also working to increase the coordination between pharmacists and providers to support medication adherence. UCare is currently working with provider offices to complete comprehensive medication reviews for IFP and Medicaid membership.

Medicare members benefit from interactive voice response calls, calls directly with a pharmacist and medication adherence kits that include pill boxes and alarms for members who are struggling with adherence. Marketplace and Medicaid members may also benefit from these strategies to improve rates in those products. Additional strategies on the horizon for our Medicaid members include digital applications to increase accessibility.

The following opportunities have been identified to improve Antidepressant Medication Management. UCare will continue some activities that are still being monitored for effectiveness and add additional interventions in 2021. Planned Activities:

- AMM postcards - postcards to members that are prescribed an antidepressant to encourage adherence.
- Late to refill reminders - letters from pharmacy team that remind members that they are late to refill their antidepressant medication.
- Comprehensive Medication Reviews
- Health Connect 360 - Multi channel approach - IVR calls and letters reminding members about the importance of refills. Pharmacist calls to members that are showing non-adherence. Pharmacist that works with provider offices will reach out to the provider office to make recommendations for changes.
- Screen Rx - IVR calls and letters reminding members about the importance of refills. Pharmacist calls to members that are showing non-adherence.

- InMynd - new program focusing on depression, anxiety and sleep disorders. Includes member support tool such as pharmacist outreach and digital cognitive behavioral therapy. Includes physician care alerts through the EMR, Fax, or Mail. Includes pharmacy point of sale alerts.
- Case Management outreach to help members understand the importance of medication adherence.
- Triage Line - direct access to the mental health and SUD team for members that have concerns or questions about their mental health.

Appropriate use of psychotropic medications: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Product Lines: Medicaid, Marketplace

Activity Description – ADD

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common mental health diagnoses affecting children. According to the CDC, approximately 10% of children in the United States have been diagnosed with ADHD. Features of the illness include hyperactivity, impulsiveness and inability to sustain attention or concentration. According to the Journal of the American Academy of Child and Adolescent Psychiatry, 6.1% of children with ADHD are taking ADHD medication. Children prescribed ADHD medications should be monitored by a child psychiatrist, or pediatrician to help identify emerging symptoms.

Methodology

The methodology follows the technical specifications for the HEDIS measure Follow-Up Care for Children Prescribed ADHD Medication (ADD) with no material modifications. From this measure, the Continuation and Maintenance Phase rate is used, which measures follow-up visits during the ten-month period following a new prescription of an ADHD medication.

- **Denominator:** Members ages 6-12 with a new prescription for an ADHD medication and receiving continuous medication treatment during a ten-month period. “New” prescriptions are defined as those preceded by a four month “clean period” without any ADHD medication fills. “Continuous medication treatment” is defined as medication treatment for at least 210 days of a 300-day period, which allows for medication holidays and washout periods for medication changes. In order to ensure data completeness, members must be continuously enrolled with a pharmacy benefit for the four months preceding the new prescription and the ten months following it. Members with an inpatient episode for a mental, behavioral, or neurodevelopmental disorder during the ten-month treatment period are excluded, as are members with a diagnosis of narcolepsy.
- **Numerator:** Members meeting denominator requirements who had at least one follow-up visit during the first 30 days following the new prescription, plus at least two additional follow-up visits in the 31-300th days following the new prescription. Follow-up visits may occur in outpatient, intensive outpatient, or partial hospitalization settings. The initial visit during the first 30 days must be an in-person visit to a practitioner with prescribing authority. Subsequent visits may be to any practitioner and may include some telehealth.

Goal: When possible, UCare bases goal rates on NCQA national 75th percentile benchmarks. For the Medicaid population, the most recent available NCQA benchmark is for HEDIS 2019, with a Medicaid 75th percentile threshold of 62.69%. This is relatively stable to the previous HEDIS 2018 rate of 63.72%. Given these numbers, a Medicaid goal rate of 63% seems appropriate. Given the low denominator size for the Marketplace population and the absence of a national benchmark, the Medicaid goal was also used for Marketplace.

- Medicaid goal rate: 63%
- Marketplace goal rate: 63%

Quantitative Analysis and Trending of Measures – ADD

	ADD Measure						
	2019 – Prior Year (July 2018-June 2019)			2020 – Baseline (July 2019-June 2020)			Goal Rate
	Denominator	Numerator	Rate	Denominator	Numerator	Rate	Goal Met/Not Met
Medicaid	180	98	54%	174	92	53%	63% ● Not Met
Marketplace	4	4	100%	5	1	20%	63% ● Not Met

During the baseline measurement period, UCare’s Medicaid population had a rate of 52.9% on an eligible population of 174 members. This rate is significantly below the goal rate. The denominator and rate are reasonably stable to that of the year prior to the measurement period.

The Marketplace population had an eligible population of five members, as there is a very low number of children in the product. UCare is below the goal rate for Marketplace. Due to the limited number of children and occurrences in the population, caution is advised when interpreting this data.

Qualitative Analysis – ADD

Regular monitoring of ADHD pharmacotherapy is essential for efficacy and safety. ADHD is often identified in school aged children when it leads to disruption in a classroom setting. According to the American Psychiatric Association, psychotherapy and medication can improve the symptoms of the disease and thereby improve academic and social function of school age children. Medications may help to control some of the symptoms, but they also may have side effects including lowering appetite, enhancing anxiety and potentially causing cardiac arrhythmias as well as in rare cases causing psychosis. Improvement in this measure may occur through enhanced understanding of the importance of monitoring for emerging symptoms. Since most children who are treated for ADHD are prescribed stimulants by their pediatrician, it is important for pediatricians to have ongoing education about psychiatric disorders. ADHD is a chronic condition and should have regular, ongoing monitoring for symptoms and treatment emergent side effects.

UCare did not meet the goal rate for the ADD measure. With a small eligible population, further stratification is unlikely to yield meaningful results. There is modest evidence to suggest that younger members (ages 6-9) are more likely to be compliant than older members (ages 10-12) and that those living in the metro area are more likely to be compliant than those living in more rural counties. However, the population size is too small to rule out random variation or to identify interactions among covariate factors. Stratifications based on race, ethnicity, language, and social needs failed to identify consistent correlations from year to year.

For this measure, the most significant element to understand is the relationship between the initiation phase rate (achieving the first follow-up within 30 days) and the continuation phase rate (achieving two additional visits during the following nine months). For the members who retained eligibility for the continuation phase, the initiation phase rate was 56.9% during the baseline measurement period. When compared to the eventual continuation phase rate of 52.9%, this reveals that virtually all members who are non-compliant for the measure become so during this initial period, and that most members who meet the initiation phase criteria go on to meet the continuation phase criteria. Interventional work, therefore, must be predominantly focused on this initial period.

Barrier Analysis – ADD

Due to the necessary emphasis on the initiation phase visit and the relatively short time window for action, member-directed interventions such as mailings are unlikely to offer significant impact. By the time new prescriptions are identified and members are contacted, there may not be sufficient time remaining for visits to be scheduled and attended before the 30-day window elapses. Intervention, therefore, must take place at the physician level, educating providers on the importance of the initial follow-up visit so that it may be scheduled at the time of the initial prescription.

For the 179 baseline period Medicaid members, there are 139 different prescribers of ADHD medications, with no prescriber having more than 4 members. Results are similar for the prior year. Educational efforts would have to be directed to the entire pediatric provider community, and successful efforts with any one specific practice would have little impact on the overall rate.

Opportunities for Improvement – ADD

Although the ADD measure for Medicaid and Marketplace has room to improve, intervention was not undertaken in 2020 because other focus areas were being prioritized. However, there may be an opportunity to partner with primary care providers on an educational campaign to increase awareness about the importance of ADHD medication adherence. Providing efficient CME opportunities as well as emphasizing the importance of follow-up with pediatrician’s ancillary staff, including nurses, represents an opportunity for improved adherence. Encouragement to engage in psychiatric collaboration and referral is also critical. There may also be opportunities for case management to assist parents and caregivers with appointment setting and additional education about ADHD medication adherence.

Management of treatment access and follow-up for members with coexisting medical and behavioral disorders: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

Product Lines: Medicaid

Activity Description – SMC

The presence of comorbid medical conditions, especially cardiovascular disease in schizophrenia is of significant concern. According to the journal of psychiatry and neuroscience, cardiovascular disease is the leading cause of increased mortality in persons with schizophrenia. Their research shows that patients with schizophrenia have higher mortality and lower life expectancy than the general population. Different factors related to the underlying pathology, antipsychotic medications and lifestyle (e.g., smoking, general neglect of health, poor diet and decreased access to health care services) may contribute to the increased mortality in these patients. Addressing the medical needs of members that are diagnosed with schizophrenia or schizoaffective disorder and prescribed an antipsychotic are important to improving access to health care and health outcomes for members.

Methodology

The methodology follows the technical specifications for the HEDIS measure Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC), slightly modified to remove the upper age restriction to allow for Medicare reporting. This measures the percentage of members with cardiovascular disease and schizophrenia or schizoaffective disorder who had an LDL-C test during the measurement period.

- **Denominator:** Members ages 18 and older with a diagnosis of schizophrenia or schizoaffective disorder during the measurement period and with evidence of cardiovascular disease during the measurement period or the prior year. To ensure data completeness, members must be continuously enrolled during the measurement period and the year prior.
- **Numerator:** Members meeting denominator requirements who had an LDL-C test performed during the measurement period.

Goal: When possible, UCare bases goal rates on NCQA national 75th percentile benchmarks. For the Medicaid population, the most recent available NCQA benchmark is for HEDIS 2019, with a Medicaid 75th percentile threshold of 84.63%. This is relatively stable to the previous HEDIS 2018 rate of 84.8%. Given these numbers, a

Medicaid goal rate of 85% seems appropriate. Given the low denominator sizes for the Medicare and Marketplace populations, these lines of business were not included in the analysis.

- Medicaid goal rate: 85%

Quantitative Analysis and Trending of Measures – SMC

	SMC Measure						
	2019 – Prior Year (July 2018-June 2019)			2020 – Baseline (July 2019-June 2020)			Goal Rate
	Denominator	Numerator	Rate	Denominator	Numerator	Rate	Met Not Met
Medicaid	86	55	64%	97	55	57%	85% ● Not Met

During the baseline measurement period, UCare’s Medicaid population had a rate of 56.7% on an eligible population of 97 members. This rate is significantly below the goal rate and would fall in the bottom 5% of health plans nationally. There is much opportunity for improvement. The baseline period rate is significantly lower than that of the prior year (64.0% on a denominator of 86), which may be random variation on a relatively small eligible population. The absence of any eligible members for the Marketplace population has been investigated and confirmed.

Qualitative Analysis – SMC

Persons with serious mental illness on antipsychotic medications are at an increased risk for cardiovascular disease. Screening for cardiovascular disease is important. Lack of appropriate screening may lead to the emergence and worsening of cardiovascular disease. Those diagnosed with a serious mental illness (SMI) or severe and persistent mental illness (SPMI) have a high incidence of non-adherence with diet and exercise regimens and have a high incidence of smoking. Cardiovascular disease is under recognized and under treated in people diagnosed with a mental illness according to studies conducted at the University of California San Diego. UCare is working with providers to improve the rate in which members are being screened for cardiovascular disease. UCare did not meet the goal for SMC, and given the small eligible population, further stratification is unlikely to yield meaningful results. Stratifications based on age, geography, and race all failed to identify consistent and significant correlations from year to year.

Barrier Analysis – SMC

There are a number of barriers that stand in the way of treating people diagnosed with schizophrenia. Those challenges make screening for comorbidities difficult. There may be a lack of awareness about symptoms of schizophrenia or even cardiovascular disease for the individual living with the disease. The nature of the disease often causes one to have irrational or confused thoughts, memory difficulty, and a lack of trust for others. Members may not understand the importance of cardiovascular screening and their increased risk for developing the disease.

It is possible that members may have been offered cardiovascular screening by having their cholesterol checked and refused. It is also possible that members who are receiving their care in a mental health setting may not have a phlebotomy department that can draw labs; therefore, members would need to follow through with an appointment at different provider. The need to see more than one provider reduces the chance for adherence. Improving care coordination for this population is extremely important to improve this measure.

Opportunities for Improvement – SMC

The following opportunities have been identified to improve Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia:

- Introduction of a pilot project with behavioral health home sites and certified community behavioral health clinics to help close gaps in care.
- Increasing education to mental health providers about the importance of collaborating with primary care providers so that members have an increased likelihood of annual screenings being performed
- Improved handoffs between mental health prescribers and primary care for members with SMI and SPMI
- Improved care coordination with members diagnosed with schizophrenia to ensure follow up appointments are being scheduled and attended

Primary or secondary preventive behavioral healthcare programs implementation: Members who, having been discharged from acute care for a cardiac diagnosis, received follow-up mental health services within 45 days

Product Lines: Medicare, Joint Medicare, Marketplace, Medicaid

Activity Description – MFC

According to the National Heart, Lung and Blood Institute (2017), at least a quarter of cardiac patients suffer from depression. When compared to people without depression, adults with a depressive disorder have a 64% greater risk of developing coronary artery disease and depressed cardiac patients are 59% more likely to have a future cardiovascular event such as a heart attack or death. The American College of Cardiology study shows that patients are twice as likely to die if they develop depression after being diagnosed with heart disease. Identification of depression in members experiencing cardiac events is important to address, as depression is the strongest predictor of death in the first decade after a heart disease diagnosis. Conversely there is a strong correlation between ischemic cardiac event and the development of depression, a correlation well known for over 30 years and synopsised by Leo Pozuelo at the Cleveland Clinic, a world leader in treatment of cardiovascular diseases.

Methodology

This measure examines the percentage of members who, having been discharged from acute care for a cardiac diagnosis, received follow-up mental health services within 45 days. Mental health follow-up is deemed to have been successfully completed if the member has been seen by either their primary care provider with a mental health diagnosis in the first 2 claims positions or has been seen by a mental health provider.

- **Denominator:** Members discharged from acute care hospitalization for primary diagnoses of acute myocardial infarction, cardiac arrest, cardiomyopathy, congestive heart failure, ischemic heart disease, or atherosclerosis. Members must be continuously enrolled for 45 days following discharge. Episodes resulting in re-admission for any reason within 45 days are excluded, as are members who entered hospice. For members having multiple eligible hospitalizations during the measurement period, only the earliest episode is considered. Diagnosis codes used to identify cardiac conditions are adapted from Johns Hopkins' ADG categories.
- **Numerator:** Members meeting denominator requirements who had an outpatient (or intensive outpatient/partial hospitalization) mental health or substance use disorder service within 45 days following discharge. These services are identified using specifications from the HEDIS measures Mental Health Utilization and Identification of Alcohol and Other Drug Services, using codes allowable within the Intensive Outpatient, Outpatient, and Telehealth categories.

Cohorts: Since measure performance overwhelmingly correlates with each member's history of MH/SUD services prior to the hospitalization, the measure looks back for MH/SUD services during the 12 months prior to the hospitalization and divides the eligible population into three distinct cohorts: prior MH/SUD (at least 1 service during the preceding 12 months), no prior MH/SUD (no services and at least 10 months of enrollment during the preceding year), and unknown (no services and fewer than 10 months of enrollment).

Medicare data includes UCare Medicare, EssentiaCare and Fairview/North Memorial products. For Medicare, analysis is done on the total Medicare data. EssentiaCare and Fairview/North Memorial have relatively small memberships, 570 and 2,011 respectively. Membership demographics and characteristics do not vary significantly

between Medicare products. Marketplace includes Individual and Family Plans (IFP) – UCare IFP and UCare M Health/Fairview IFP. Medicaid includes Prepaid Medical Assistance Program, MinnesotaCare, Minnesota Senior Health Options, Minnesota Senior Care Plus, Connect and Connect Plus.

Goal: Goals were chosen based on past data with the empirical understanding that the rate of mental health follow-up for Medicare is lower than that for Medicaid populations. Medicaid populations are younger, more likely to have other accompanying mental health conditions, and be previously connected with a mental health provider. Medicare populations are generally older and as such may be less comfortable with mental health diagnoses, especially that of depression.

- Medicare goal rate: 14%
 - UCare Medicare goal rate: 14%
 - Essentia Care Medicare goal rate: 14%
 - Fairview/North Memorial Medicare goal rate: 14%
- Medicaid goal rate: 34%
- Marketplace goal rate: 30%

Quantitative Analysis and Trending of Measures – MFC

	MFC Measure						
	2019 – Prior Year (July 2018-June 2019)			2020 – Baseline (July 2019-June 2020)			Goal Rate
	Denominator	Numerator	Rate	Denominator	Numerator	Rate	Goal Met/Not Met
Medicare - TOTAL	627	65	10%	666	62	9%	14% ● Not Met
UCare Medicare	618	63	10%	648	59	9%	14% ● Not Met
EssentiaCare	7	2	29%	11	2	18%	14% ● Met
UCare Medicare with M Health Fairview and North Memorial Health	2	0	0%	7	1	14%	14% ● Not Met
Medicaid	447	107	24%	457	118	26%	34% ● Not Met
Marketplace	50	8	16%	65	8	12%	30% ● Not Met

During the baseline measurement period, UCare’s Medicaid population had an overall rate of 26% on an eligible population of 457 members. The baseline period rate is in line with that of the prior year (24% on a denominator of 447). As expected, those members with a prior history of MH/SUD services fared significantly better, with a rate of 49.2% compared to the rate of 5.1% for members without prior history. UCare improved by 2% compared to the prior year.

The Medicare population had an overall rate of 9% on an eligible population of 666 members. The baseline period rate is in line with that of the prior year (10% on a denominator of 627). The rate for members with a prior history

of MH/SUD was 22%, which compares favorably to the rate of 5% for members without prior history. UCare did not improve in this area from the prior year.

The Marketplace population had a baseline rate of 12% on an eligible population of 65 members, which is somewhat lower than the prior year rate of 16%.

Qualitative Analysis – MFC

UCare did not meet the goal rate for mental health follow up after a cardiac inpatient stay. It is possible that patients believe that their needs are met by their primary care or cardiac provider and therefore no additional mental health evaluation is needed. It is possible that members that fall within the measure may have been offered a mental health consult and refused or the treating provider determined that the member's mental status was stable, and no further action was required.

According to the Cleveland Clinic, not receiving treatment for depression after a heart attack may cause depression to become worse. Improving consult rates to mental health care providers who can diagnose and start depression treatment with safe antidepressants is key to improving outcomes. Timely and comprehensive handoffs between mental health and medical providers is advised for members who were recently discharged for a cardiac event.

Stratifications based on diagnosis, age, geography, and race all failed to identify consistent and significant correlations from year to year. With a small eligible population, further stratification is unlikely to yield meaningful results.

Mental health and medical providers may enhance communication by ensuring that at some point during hospitalization Release of Information documents are signed for each of the members providers and that discharge information is sent to all of those providers. A checklist of post discharge patient follow-up plans should include a reminder for the patient or their family member to remind providers to communicate with each other. Where applicable, case managers should be alerted to the importance of provider communication and can press for this to take place.

Barrier Analysis – MFC

The following barriers have been identified:

- Potential member refusal of consult if offered
- Consult not needed, mental health condition stable
- Lack of provider referral for consult when deemed necessary
- In this community (Minnesota), most mental health care is delivered by primary care
- Member is no longer in crisis
- Member's medical condition is taking precedence over their mental health condition for the 30 days following hospitalization

Opportunities for Improvement – MFC

There have been various initiatives to improve the communication between providers when members are leaving the hospital. UCare developed a Universal Referral Form in collaboration with mental health, SUD and medical providers in the community to assist with improving referrals and communication. In addition to the universal referral form, UCare has secure prepaid medication management appointments for members needing a mental health appointment, and these may be used for members that are discharging from the hospital. Utilization Management Specialists may be able to identify recently discharged members that were hospitalized for a cardiac stay and refer them to case management or assist them in managing follow up care. These activities will continue in 2021 and additional interventions may be identified.

Special needs of members with severe and persistent mental illness: *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)*

Product Lines: Medicare, Joint Medicare, Marketplace, Medicaid

Activity Description – SSD

People with schizophrenia are at a greater risk of metabolic syndrome due to their serious mental illness (NIH, 2020). Diabetes screening is important for anyone with schizophrenia or bipolar disorder, and the added risk associated with antipsychotic medications contributes to the need to screen people with schizophrenia for diabetes. Diabetes screening for individuals with schizophrenia or bipolar disorder who are prescribed an antipsychotic medication may lead to earlier identification and treatment of diabetes.

Methodology

The methodology follows the technical specifications for the HEDIS measure Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD), slightly modified to remove the upper age restriction to allow for Medicare reporting. This measures the percentage of members with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication, and who had a diabetes screening test during the measurement period.

- **Denominator:** Members ages 18 and older with a diagnosis of schizophrenia or bipolar disorder during the measurement period and who were dispensed an antipsychotic medication during the measurement period. To ensure data completeness, members must be continuously enrolled during the measurement period and have a pharmacy benefit. Members with evidence of diabetes during the measurement period or the prior year are excluded.
- **Numerator:** Members meeting denominator requirements who had a glucose test or HbA1c test performed during the measurement period.

Medicare data includes UCare Medicare, EssentiaCare and Fairview/North Memorial products. For Medicare, analysis is done on the total Medicare data. EssentiaCare and Fairview/North Memorial have relatively small memberships, 570 and 2,011 respectively. As a result, the number of members with a diagnosis of major depression are low. Membership demographics and characteristics do not vary significantly between Medicare products. Marketplace includes Individual and Family Plans (IFP) – UCare IFP and UCare M Health/Fairview IFP. Medicaid includes Prepaid Medical Assistance Program, MinnesotaCare, Minnesota Senior Health Options, Minnesota Senior Care Plus, Connect and Connect Plus.

Goal: When possible, UCare bases goal rates on NCQA national 75th percentile benchmarks. For the Medicaid population, the most recent available NCQA benchmark is for HEDIS 2019, with a Medicaid 75th percentile threshold of 84.27%. This is relatively stable to the previous HEDIS 2018 rate of 84.78%. Given these numbers, a Medicaid goal rate of 84% is appropriate. Benchmark data for the Medicare and Marketplace product lines are not available.

Given that Marketplace population has a small eligible population and a rate similar to that of the Medicaid population, the Medicaid goal rate of 84% is appropriate. In both the baseline measurement period and the prior year, Medicare performance has been roughly 7 percentage points higher than that of Medicaid, indicating that a higher target rate may be warranted. However, any rate of 90% or greater would be above the Medicaid 95th percentile and quite possibly unachievable. A Medicare goal rate of 87% represents an aggressive but realistic target.

- Medicare goal rate: 87%
 - UCare Medicare goal rate: 87%
 - Essentia Care Medicare goal rate: 87%
 - Fairview/North Memorial Medicare goal rate: 87%
- Medicaid goal rate: 84%
- Marketplace goal rate: 84%

Quantitative Analysis and Trending of Measures – SSD

	SSD Measure						
	2019 – Prior Year (July 2018-June 2019)			2020 – Baseline (July 2019-June 2020)			Goal Rate
	Denominator	Numerator	Rate	Denominator	Numerator	Rate	Goal Met/Not Met
Medicare - TOTAL	386	318	82%	382	300	79%	87% ● Not Met
UCare Medicare	377	310	82%	371	290	78%	87% ● Not Met
EssentiaCare	5	5	100%	5	4	80%	87% ● Not Met
UCare Medicare with M Health Fairview and North Memorial Health	4	3	75%	6	6	100%	87% ● Met
Medicaid	4579	3468	76%	5243	3743	71%	84% ● Not Met
Marketplace	81	57	70%	104	71	68%	84% ● Not Met

During the baseline measurement period, UCare’s Medicaid population had a rate of 71.4% on an eligible population of 5,243 members. This rate is significantly below the goal rate and would fall in the bottom 5% of health plans nationally. There is much opportunity for improvement. The baseline period rate is significantly lower than that of the prior year (75.7% on a denominator of 4,579). UCare’s goal rate for performance of the SSD measure for Medicaid members was 71%. UCare was below the goal rate in 2020 and experienced a 5% decrease from the prior year.

The Medicare population had a baseline rate of 78.5% on an eligible population of 382 members, which is below the goal rate and somewhat lower than the prior year rate of 82.4%. UCare’s benchmark for performance of the SSD measure for Medicare members was the NCQA Medicare 75th percentile. Currently UCare is below the 75th percentile and decreased by 4% from the prior year.

The Marketplace population had a baseline rate of 68.3% on an eligible population of 104 members, which is below the goal rate and somewhat lower than the prior year rate of 70.4%. For Marketplace, UCare’s benchmark for performance for the SSD measure was 84%. UCare was below the benchmark in 2020 and decreased 2% from the prior year.

Qualitative Analysis – SSD

Patients diagnosed with schizophrenia or bipolar disorder and prescribed an antipsychotic are at a higher risk of developing diabetes. According to the American Diabetes Association, diabetes is common and seen in one in five patients with schizophrenia. It is more prevalent than in the general population and contributes to the increased morbidity and shortened lifespan seen in this population. However, screening and treatment for diabetes and other metabolic conditions remain poor.

Of particular importance with regard to this population, most people with psychotic disorders (schizophrenia) and many with bipolar affective disorder are treated with medications subsumed under the category of second-

generation antipsychotics often abbreviated to SGA's. Examples of these medications are Risperidone, Olanzapine and Quetiapine. These agents, unlike their first-generation antipsychotic predecessors, confer a much higher risk for metabolic syndrome which is a loosely connected group of abnormalities of blood glucose (hyperglycemia), high cholesterol (hypercholesterolemia) as well as high triglycerides(hypertriglyceridemia) – all of which directly increase the risk of atherosclerotic cardiovascular diseases especially myocardial infarction (MI), strokes (cerebrovascular disease), as well as diabetes mellitus. Therefore, screening for these conditions is imperative in members who take these medications.

UCare did not meet the goal rate for Medicaid, Medicare or Marketplace. The reduction in the rate may be partially explained by members experiencing a new diagnosis of bipolar or schizophrenia and being unaware of the need for routine screening for diabetes. There is also concern that members who are diagnosed with bipolar or schizophrenia may not have a consistent provider that is ordering labs. Often, primary care providers who typically order these labs may essentially ignore the psychiatric condition as schizophrenia and psychotic disorders are typically uncomfortable for family medicine and internists to deal with. Due to the chronic nature of the conditions in question, there is a significant repetition in the eligible population from year to year. Comparison of results at the member level between the baseline period and the prior year reveals that year to year results tend to be consistent. Members who were tested for diabetes in the prior year had baseline year testing rates 20-25 percentage points higher than those who were not.

Age appears to be a material factor in this measure, with the rate rising significantly with age for younger adults ages 18 through 70. This is likely due to an assessed increased risk of diabetes for older members. Sex also appears to play a meaningful role in the testing rate, with the rate for women typically 7-8 percentage points higher than the rate for men of similar age.

The effect of race on the testing rate appears to be modest but present. After adjusting for age, the testing rate for black members is typically 2-3 percentage points lower than that of whites. While this disparity is not extreme, it should be viewed with some concern considering the higher diabetes prevalence rate for black members.

Geography also appears to be a meaningful factor in this measure, even after adjusting for both age and race. Among similar cohorts, the rate for members in the seven metro counties is significantly lower than the rate for members in more rural areas.

Barrier Analysis – SSD

There are a number of barriers that stand in the way of treating people diagnosed with bipolar or schizophrenia. Therefore, taking a further step of screening for comorbidities proves difficult. There may be a lack of awareness about symptoms of schizophrenia and bipolar disorder or even diabetes for the individual living with the disease. The nature of the diseases often causes one to have irrational or confused thoughts, memory difficulty, and a lack of trust for others. Members may not understand the importance of diabetic screening and their increased risk for developing the disease. Improving care coordination for this population is extremely important if we want to improve this measure. A higher percentage of mental health providers are in independent practice with no direct connection to the primary care provider and therefore there is no communication about the need for metabolic screening. Conversely independent mental health providers often do not have easy access to a lab to facilitate consistent ordering of such screening labs.

It is possible that members may have been offered glucose monitoring and refused. It is also possible that members who are receiving their care in a mental health setting may not have a phlebotomy department that can draw labs; therefore, members would need to follow through with an appointment at a different provider. The need to see more than one provider reduces the chance for adherence.

Opportunities for Improvement – SSD

This measure was identified as an opportunity for improvement. Work was done in 2020 to identify community agencies that are interested in partnering to help members receive appropriate preventive screenings. Ten agencies were identified as sites of interest based on the number of members they serve and the opportunity to

impact preventive screening and close gaps in care. Discussions with several of these sites have commenced in order to facilitate a better strategy for metabolic screening. The partner project will last at least one year and UCare will send quarterly lists of members who are due or past due for a screening showing the agency where there are gaps in member care. At the end of the year, UCare will pay a stipend to the agency for each gap in care that was closed. As a part of the partnership, UCare agreed to provide education and training on resources that can be used to engage clients in preventive screenings (e.g. incentives, case management referrals, etc.).

The following opportunities have been identified to improve Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications. UCare will continue some activities that are still being monitored for effectiveness and add additional interventions in 2021. Planned Activities:

- Introduction of a pilot project with behavioral health home sites and certified community behavioral health clinics to help close gaps in care
- Inclusion of SSD on Individual Community Support Plan agreements with mental health providers
- Increasing education to mental health providers about the importance of collaborating with primary care providers so that members have an increased likelihood of annual screenings being performed
- Education about the importance of improved handoff's between mental health prescribers and primary care for members with SMI and SPMI
- Improved care coordination with members diagnosed with schizophrenia to ensure follow up appointments are being scheduled and attended

Cervical Cancer Screenings

Activity Description

The Quality Improvement Strategy (QIS) was implemented by the Centers for Medicare and Medicaid Services for issuers who have been in the Marketplace for two or more consecutive years and must implement a strategy to reward quality through market-based incentives. The QIS incentivizes quality by tying payments to measures of performance when providers meet specific quality indicators or enrollees make certain choices or exhibit behaviors associated with improved health.

UCare has implemented an enrollee market-based incentive for its members focusing on areas of improving health outcomes and reducing health and health care disparities. UCare chose to focus on increasing cervical cancer screening rates due to the high rate of cervical cancer in women who did not receive necessary preventative care.

UCare's QIS strategy is to improve the cervical cancer screening rates in the UCare Individual and Family Plans (IFP) population. UCare offered a \$30 dollar gift card incentive to members who receive a screening at the recommended interval.

Quantitative Analysis and Trending of Measures

The goal was to increase the cervical cancer screening rate by 10 percentage points to 61.56%, a statistically significant margin from the baseline HEDIS 2016 rate of 51.58%.

The denominator includes all women ages 24-64. Women who did not have an intact cervix due to hysterectomy were excluded from the measure denominator. The numerator includes women ages 21-64 who have had a cervical cytology (Pap smear test) in the measurement year or the two years prior. For women that did not meet the first set of criteria, we then looked for women ages 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the past 5 years.

HEDIS Measure	2016 HEDIS Rate (Baseline)	2017 HEDIS Rate	2018 HEDIS Rate	2019 HEDIS Rate	2020 HEDIS Rate	Absolute Change from Baseline	Goal
Cervical Cancer Screening	51.58%	51.09%	56.93%	62.04%	● 66.91%	↑ 15.33	61.56%

Individual and Family Plans (IFP) was established as an UCare product in 2015 and has experienced fluctuation in the Marketplace over the past few years. In 2018, the Marketplace started to stabilize and has given UCare more concrete and accurate data, as well as a better idea of our membership and how to engage the population. There was a screening rate increase of 4.87 percentage points between the 2019 HEDIS rate and 2020 HEDIS rate. Overall, the improvement of the 2020 HEDIS rate of 66.91% is 15.33 percentage points better than the 2016 HEDIS Baseline rate of 51.58%.

Evaluation of Effectiveness

UCare focused on a multi-pronged approach to reach out to members and provide education about the importance of cervical cancer screenings. UCare disseminated the incentive voucher using mailings to members who had a gap in care. In 2019, Member Score Cards were developed to give UCare members a personalized snapshot of what preventive services they have due. Cervical cancer screenings is listed as one of these preventive care screenings. In 2020, UCare planned to send Member Score Cards out; however, due to the COVID-19 pandemic, members were instead advised to work with their doctor and clinic to help plan for their preventive care needs. Direct member outreach related to cervical cancer screenings was temporarily paused in the first half of the year. Customer service hold time messages continued with a brief educational message prompting members to schedule their screening. Outreach efforts continued in quarter 3 and 4 with Interactive Voice Recordings (IVR) and telephonic outreach. Further, an email campaign was sent to members educating them on how to request a Member Score Card on preventive screens.

UCare continues to provide educational tools for members related to cervical cancer screenings, including:

- UCare's Sexual Health Website
- Educational materials on covered preventive benefits vs. diagnostic care
- A 'say it simple' philosophy when educating our members on their benefits.

Barrier Analysis

Member

A key barrier in 2020 was access to care due to COVID-19 and related clinic closures. In addition, members were fearful of going to clinics due to the pandemic once clinics reopened. Many clinics also furloughed some of their workforce due to demand and financial concerns, making access difficult for some members due to decreased appointment availability at clinics.

UCare continues to experience barriers when outreaching to members. When members enroll in the health plan, they are required to provide their email address or phone number, and many times members provide their email address and not their phone number; therefore, they are not able to receive IVR calls or calls from an outreach specialist about getting the cervical cancer screening. Also, at time member information was outdated or incomplete which made contacting members difficult.

Other barriers include member lack of knowledge of the importance of seeing their primary care provider annually for a wellness exam, as well as consulting with their provider about getting screened for cervical cancer. Additionally, the IFP population tended to have fear of surprise billing (e.g. not understanding if their provider is in-network or out-of-network, going in for a preventive visit but addressing other health concerns outside of the preventive visit covered services) and the difference between covered preventive services and diagnostic care.

Provider

In addition, there were barriers to members accessing cervical cancer screenings from the provider and clinic system, including:

- Lack of flexible scheduling to accommodate a patient in the office who last minute wants to have a cervical cancer screening.
- Provider applying the clinical practice guidelines in their own manner (e.g. 3 negative PAPs before allowing a 3-5 year schedule).
- Providers not taking a detailed medical/surgical history that allows for the proper screening schedule to be established.
- Provider stigma about who should be screened, such as the disabled.
- Patient Health Maintenance Schedules in EMRs not updated or filled out correctly.
- Providers not ordering and labeling HPV co-testing correctly.
- Changing clinical guidelines and screening modalities like High Risk Primary HPV Screening (hrHPV).

Opportunities for Improvement

In 2020, UCare exceeded our goal of improving cervical cancer screening rates to 61.56%. UCare anticipated continuing to conduct member outreach and implement a three-pronged approach including IVR calls, followed by quarterly incentive mailings for identified gaps in care, and telephonic outreach from a Member Engagement Specialist to educate and assist members with scheduling a visit. However, due to COVID-19, there were several changes to this approach. One mailing was sent in Q3 2020 to IFP members due for a cervical cancer screening. The individualized Member Score Cards were put on hold and not distributed at community events, as planned, due to COVID-19 and safety concerns.

UCare will continue to work with the Marketing department to launch email campaigns to send educational information on screening guidelines and promoting the Sexual Health website to members who do not provide a phone number and prefer electronic communication. In addition, UCare will commence a new partnership with Carrot Health to segment and analyze our population to determine the best member engagement methods going forward.

SNBC Dental Project

Activity Description

The goal of this project is to improve dental access for Special Needs BasicCare (SNBC) members through collaborative interventions and efforts between Managed Care Organizations (MCO's), the Minnesota Department of Human Services (DHS), DHS Direct Care and Treatment Dental Clinics (DCT-DC), and other applicable stakeholders. The various Collaborative interventions focus on improving the HEDIS Annual Dental Visit measure from the 2015 baseline rate of 45.89% to 60% and to sustain this over two measurement periods. Initiatives included:

- Dental Case Management:
 - Completed outreach to members who had not accessed a dentist in the previous 12 months.
 - Completed outreach to members based on Health Risk Assessment results and Care Plans, if applicable.
 - Distributed collaborative educational materials to staff and/or case managers.
 - Completed outreach to members who had an Emergency Department (ED) visit for non-traumatic dental related reasons.
- Special Needs Community Dentist and Staff Mentoring Program:
 - Recruited and engaged experts in the field to advise interventions.
 - Collaborated with participants to develop meaningful mentoring activities, timelines and goals.
 - Collaborated with Direct Care and Treatment Dental Clinic (DCT-DC) staff to create educational materials for patients, caregivers and providers.
- MCO's incorporated provider education, supported community dental treatment clinics, and worked to expand dental service contracts.

Quantitative Analysis and Trending of Measures

In addition to the overall project goals and measurement sources, the MCO Collaborative Workgroup relied on several process measures that helped guide project work and track success. This included tracking the number of members who were targeted for outreach, as well as tracking the percentage of members who followed through with dental appointments. The Collaborative also tracked the number of members who utilized the ED for non-traumatic dental related reasons and received outreach from MCO staff. Surveys were administered formally and informally with MCO case management staff who conducted the outreach to identify trends, barriers and best practices that they encountered in their work with members to access dental care.

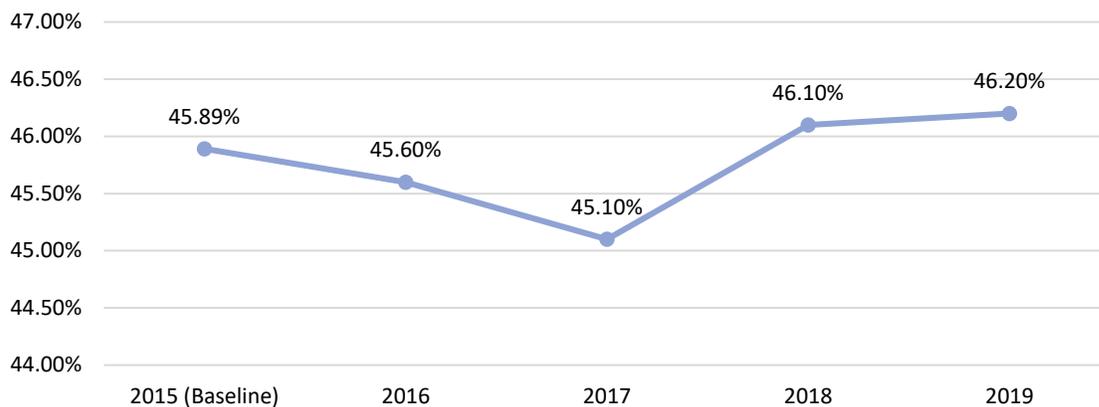
Project Goal: 60% of SNBC members continuously enrolled in the product have one or more dental visits during the measurement year. If the project performance target (60%) is achieved and sustained over two measurement periods, the project will be considered successful.

Primary Outcome Measure: HEDIS Annual Dental Visit

Measure definition: The percentage of SNBC members, age 19-64 continuously enrolled in SNBC who have had one or more dental visits during the measurement year. Dental visits include both preventive and non-preventive visits with a dental provider.

The table below shows results from the primary outcome measure for all MCOs in the collaborative. This data was provided by DHS.

SNBC HEDIS Annual Dental Visit Rates

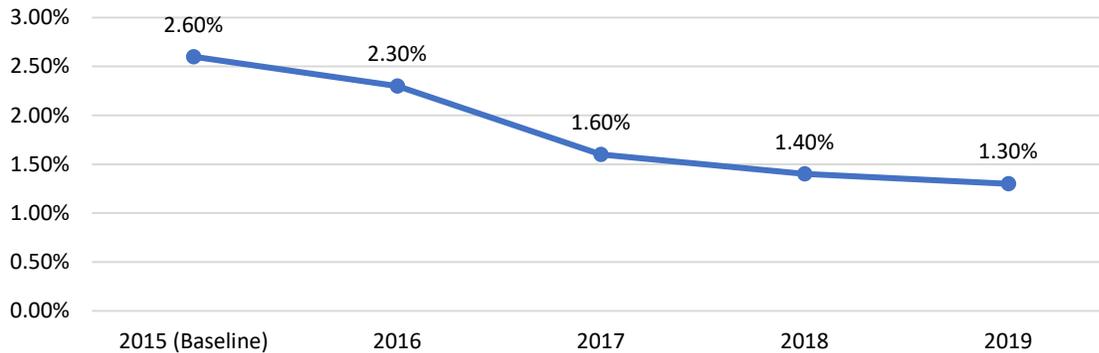


Secondary Measure: Follow-up after ED Visit

Measure definition: Percentage of those SNBC members who went to the ED for a non-traumatic dental reason during the measurement year had a follow-up dental visit within fifteen (15) days of their ED visit.

This measure was used as a project indicator for the Dental Case Management intervention to determine if those members that seek non-traumatic dental care from the ED are being assisted to establish a “dental home.” Rates for the SNBC ED Dental Visit measure are included in Table 2 below. This data represents all MCOs in the Collaborative. This data was provided by DHS.

Minnesota SNBC ED Dental Visit Rate



Evaluation of Effectiveness

The results provided by DHS show a slight improvement year over year from 2017 to 2019 for SNBC members who had at least one dental visit during the year. Although the formal project has ended, UCare will continue to make an effort to improve dental rates for this population.

In addition, the rate of SNBC members utilizing the ED for non-traumatic dental needs has seen a consistent decline year-over-year since 2015. The rate of utilization has almost been cut in half from 2.6% in 2015 to a rate of 1.30% in 2019. These results are positive indicators that the project interventions made a positive impact on the SNBC population.

Dental Case Management and Member Outreach

UCare and the other MCOs initiated a member outreach program in 2017 and continued outreach through 2019. UCare’s Member Engagement Specialist reached out to two different groups; members who had a gap in care for dental access and members who utilized the ED for non-traumatic dental needs. Telephonic outreach was conducted to provide education on the importance of the annual dental exam, assist members in scheduling an appointment, and help members find a dental home. If connection with the member or caregiver was not made, a letter was sent to inform them of their dental benefits and where to call if they need assistance with scheduling a dental appointment. In addition, the Member Engagement Specialist worked with UCare’s Dental Benefit Manager Delta Dental regarding assistance with scheduling a member’s dental exam or if there were concerns with finding the member a dental home.

UCare’s Outreach Data

	Total Members Outreached			
	2017	2018	2019	2020
Annual Dental Visit	2772	2455	2199	2425
Non-traumatic ED Usage	666	419	425	*

*Not conducted in 2020 as DHS project was completed.

Special Needs Community Dentist and Staff Mentoring Program

This intervention encourages additional education regarding the care of patients with special needs in the hopes that more Minnesota dental providers will be willing to see SNBC members. A Mentoring Expert Panel was developed and convened to assist the MCOs in understanding this issue and identify possible interventions to address it. Feedback from the Expert Panel and strong collaboration with Direct Care & Treatment—Dental Clinic (DCT-DC) staff continued throughout the three-year project.

Materials and outcomes based on feedback from the Expert Panel and DCT-DC collaboration included:

Provider Toolkit

Results and feedback from the Provider Survey, administered twice during the project, brought to light the opportunity to better engage and educate providers, care coordinators, and community groups on how to work effectively with the special needs population in relation to their dental care. Further, the Expert Panel interviews that were conducted and the information that was gathered provided another opportunity to use this information to educate community groups on dental care and the special needs population. In response, the MCOs collaboratively developed a Provider Toolkit to educate and engage stakeholders. The Provider Toolkit topics and information include:

- Overview: explanation of product lines and care coordination for members
- Health plans: information on each plan's dental benefits manager and resources (e.g. prior authorizations, commonly use forms, etc.)
- Special needs population: description of this population and who they are, tips & strategies to working with these members
- Mental health screening: screening tools and resources on what questions to ask during scheduling, how to use the information once it is collected, action steps if someone scores high need, and how to work with someone with dental anxiety
- Evidence-based practices: tips, advice from the field (expert panel interviews)
- Oral health education: how to work with diverse cultural groups on dental care, how to provide feedback to culturally diverse patients based on the food they eat, how to provide oral health education so it translates appropriately back to the cultural group (e.g. Hmong, Somali languages, etc.)
- Medical and mental health conditions and dental: medication side effects and how that affects dental care, chronic conditions and dental health, how dental health affects chronic conditions
- Resources for members and providers

The Provider Toolkit is also accessible publicly as it is posted on the SNBC Dental Access Improvement Project page on the Stratis Health website.

Additional Tools & Resources

Additionally, the MCOs collaborated with DCT-DC staff to identify gaps in knowledge about understanding MCOs, dental delegates, and dental benefits for dental patients. In 2019 and 2020, MCOs worked on the following initiatives with DCT-DC:

- Developed a dental care MCO 101 grid. The grid was designed for dental clinics, care managers, and counties as an easy-to-use tool that outlines important dental-related information for each health plan that offers Medicaid products. Topics included in the grid are additional dental benefits, referral resources, contact information—member and provider—incentives, etc.
- Developed a patient decision tree to assist care givers in identifying appropriate individuals to refer to DCT-DC for dental care and treatment.
- In September 2019, the health plans and DCT-DC staff hosted a webinar to educate the SNBC care team on the various resources created including the Provider Toolkit, MCO Dental Grid, and the patient decision tree. DCT-DC provided an overview of the services they provide and shared their expertise in serving patients with special needs.

These materials will be updated annually and are posted on the Stratis Health website on the SNBC Dental Access Improvement project page.

Prior Authorization Update

SNBC members often present with additional medical and dental needs that may warrant more frequent dental care. UCare acknowledges that the dental provider is in the best position to identify the patient-specific preventive care plan and that the existing prior authorization requirement was burdensome. UCare along with several of the MCOs decided to revise or remove the prior authorization requirement for additional (more than two) dental cleanings for their members. This will benefit the dental clinics in reducing workload and administrative staff time.

Saving administrative time with this new process will increase time the clinics can devote to access and care for special needs patients. Details of each MCO's prior authorization requirements are outlined in the MCO-101 grid.

Barrier Analysis

There were barriers throughout this project for members seeing a dental provider regardless of outreach efforts conducted by case managers. These barriers included:

- Access to dental care including timely appointments, close proximity, and providers accepting Medicaid. Oftentimes members are able to make a dental appointment but may have a difficult time getting a dental appointment in a timely manner or they have to travel 30+ minutes to see a dental provider that accepts Medicaid. This usually occurs with members in rural parts of MN where dental access to Medicaid providers is limited.
- Members who have dentures are not aware of the appropriate level of dental care needed and are not always cognizant of needing to schedule an annual dental visit.
- Members who experience dental anxiety are often hesitant to seek out dental care and attend regular scheduled appointments.

Opportunities for Improvement

UCare and the MCOs completed this project at the end of 2020, but UCare will continue to work on increasing dental access. Continued outreach efforts are occurring internally to increase the number of members contacted.

Intervention strategies that will continue or be improved in 2021 include:

- Interactive Voice Response (IVR) calls and member mailings prompting members to schedule a dental preventive exam and providing a dental incentive to members.
- Member Engagement Specialist outreach will continue to make member calls to assist with scheduling a dental visit with a provider.
- Collaborating with Delta Dental for telephonic outreach to members; as well as referring members to Delta Dental Care Coordination for assistance with scheduling an appointment.
- Informing Delta Dental when members are not able to schedule a dental visit with a local dental provider and seek assistance from Delta Dental on locations of additional dental providers in the community that may take new Medicaid patients.
- Evaluating the dental network to identify opportunities for expanding the network or encourage dental providers to accept new Medicaid patients.
- Community partnerships to conduct outreach with members on accessing care.

Opioid Performance Improvement Project

Activity Description

This Performance Improvement Project (PIP) is a collaboration of Minnesota Managed Care Organizations (MCOs) ("the Collaborative). UCare, along with six other health plans participated together in this three-year project to decrease their enrollee's use of opioids. The focus of the 2018 Opioid Performance Improvement Project (PIP) is to reduce the number of enrollees that are new chronic users of opioid pain relievers.

The PIP encompasses PMAP, MnCare, Connect, Connect + Medicare, MSHO and MSC+ product enrollees. UCare also focuses on the Medicare population, including UCare Medicare and EssentiaCare products.

UCare and the Collaborative are following the New Chronic User (NCU) measure for the PIP which was developed by Minnesota Department of Human Services (DHS) as a useful clinical outcome measure to support quality improvement efforts in preventing chronic use of opioids. An NCU is defined as an opioid naïve user who is prescribed an opioid for a 45 day or more supply over a consecutive ninety-day period.

For this project, Minnesota DHS has identified 45 days of opioid use as a critical timeline for patients prescribed opioids as continued use beyond 45 days can result in long-term/chronic use or addiction.

The Collaborative PIP interventions focused on decreasing the rate of NCU's. Interventions for the project included:

- Provider Interventions: Alignment of pharmacy practices.
- Provider Education: Provider toolkit and webinar series promotion of alternative therapies to providers.
- Consistent Messaging for Community Outreach: Opioid brochure.

UCare PIP interventions aligned with the Collaborative interventions. UCare also convened an internal cross-departmental opioid workgroup that developed and implemented additional interventions including:

- Implementation of DHS guidelines for opioid prescribing (7-day limit, prior authorization for long acting opioids, 90 morphine milligram equivalents, etc.) for PMAP, MnCare, and Connect. UCare implemented pharmacy guidelines on January 1, 2019.
- CMS implementation of 7-day limit, prior authorization for long acting opioids, prior authorization for cumulative 200 morphine milligram equivalents, and Medicare drug utilization review for cumulative 90 morphine milligram equivalents for all Medicare product lines. UCare implemented pharmacy guidelines on January 1, 2019 per CMS requirement.
- Continued tracking of appeals and grievance data related to the new requirements implemented in 2019.
- Identification of strategies to promote alternative pain management therapies.
- Education for members/providers on opioids, the use of these prescriptions, disposal sites, etc.
- Targeted mailings to members to request a *Deterra* Deactivation Pouch.

Quantitative Analysis and Trending of Measures

Minnesota DHS provided baseline rates to each of the MCOs using the New Chronic User (NCU) of Opioid Pain Relievers measure. Each MCO was responsible for calculating their own metrics beyond the baseline year.

Measure definitions for the PIP and QIP:

- **NCU:** Definition of an opioid naïve user who has been prescribed a 45 day or more supply over a consecutive ninety-day period following the first opioid prescription in the measurement year.
- **Denominator:** Number of Medicaid opioid naïve users in the measurement year.
- **Numerator:** Number of Medicaid naïve users prescribed a 45 day or more supply of an opioid medication over a 90-day consecutive period following the first opioid prescription in the measurement year.

	Rate of New Chronic Users - UCare			
	2016 (Baseline)	2017	2018	2019
Connect	9.48%	9.71%	9.76%	6.90%
Connect+Medicare	-	34.88%	24.43%	16.30%
EssentiaCare	22.92%	10.47%	6.84%	15.80%
Medicare Advantage	8.73%	8.37%	7.95%	11.1%
MnCare	3.39%	5.95%	2.95%	2.50%
MSC+	7.69%	7.37%	9.66%	4.80%
MSHO	16.15%	17.83%	17.23%	13.60%
PMAP	3.22%	3.44%	4.11%	2.90%

Note: DHS has not provided MCOs with data other than the 2016 baseline.

Evaluation of Effectiveness

The Collaborative identified that education continues to be an important factor to informing provider partners, members, and community stakeholders about the opioid epidemic. The group found several forums to educate providers on the opioid crisis, as well as provide the useful tools and resources that providers can leverage.

Webinars

In 2020, the Collaborative successfully launched one webinar addressing the challenges of opioids and pain management: November 10, 2020, Dr. Melody Mendiola, Associate Medical Director, Hennepin Health presented

Meeting the Opioid Challenge: More Tools and Information for Care Coordinators. The registered attendance was 172 participants. Ninety-three percent of the audience found the presentation to be good or excellent in providing additional knowledge and strategies to their work setting.

Conferences

In 2020, the collaborative presented on the opioid epidemic at the following conference: October 22, 2020 – Patty Graham, HealthPartners and Sara Rinn, Minnesota Department of Human Services presented *Opioid Update – Tools for Members and Updates to the MN Opioid Monitoring Program*, at the Many Faces of Community Health Conference via Web-Ex. Registered attendance was 48 participants. Eighty-four percent of the participants found the content relevant.

Consistent Messaging for Community Outreach

The Collaborative created a brochure, “Using Opioids for Pain: What You Should Know,” to encourage consistent and common language when conducting outreach to members. The target audience for the brochure is members with acute pain. The content of the brochure reviews opiate pain medications, risks related to the use of opiate pain medications, and alternative medications to treat pain. The brochure provided a synopsis of using opioids for pain and possible treatment options (e.g. alternative pain management) and was a useful resource to provide consistent messaging to members. The distribution of the brochure was completed by each MCO independently. UCare’s clinical staff distributed this informative brochure to Medicare members when engaging with our members for another project. The brochure continues to be used to educate members on this important topic.

UCare Internal Intervention projects

UCare purchased *Deterra* disposal pouches for members to safely dispose of opioids and other prescription medications. UCare determined that Care Coordinators were best suited to distribute and identify the appropriate use of the Deterra disposal pouches. Care Coordinators were trained on opioid risk factors, side effects, and safe disposal methods. UCare’s Care Coordination delegates are also able to order Deterra disposal pouches for their clients. UCare has distributed Deterra bags throughout the state to providers, public health agencies and members. UCare’s MSHO and Connect + Medicare members can complete and submit a request to receive a complimentary *Deterra* Drug disposal bag. Other distribution methods are being explored to expand the reach of safe disposal.

Barrier Analysis

The baseline data provided by DHS for the PIP had limitations due to fluctuation in the PMAP population. The 2018 data results represent the state of MN membership for UCare, which does not allow for a true comparison of year over year results. In addition, due to small numbers in the denominator for the PIP, only 1 or 2 members could influence our goal rate positively or negatively.

Another barrier with the data is when members are identified by MCOs on an ongoing basis, some members are issued more than one Plan Member Identification (PMI) number by DHS within the calendar or measurement year. Members may be continuously enrolled during the measurement year; but because they were issued a different PMI number, they do not meet the enrollment criteria compounding the issue of small numbers in the denominator.

Also, timely outreach to members newly prescribed can be challenging. For the Medicaid population, MCOs may receive prescribing information after a member has gone into the NCU criteria. The measure has a very small window for intervention and the delay in claims data makes it more challenging. This is less of a barrier for the Medicare products as UCare receives CMS pharmacy data in a timelier manner.

Opportunities for Improvement

In the third year of the PIP, the Collaborative focused on educational activities such as webinars and presentations at events throughout the state. However, the ongoing pandemic has prompted MCOs to re-think existing outreach strategies and get creative with how to continue educating members and providers. UCare and the Collaborative will monitor conference schedules to identify opportunities to share our project, however conferences continue to

be postponed or switched to a virtual platform. In Quarter 4 2020, one presentation was delivered at the Many Faces of Community Health Conference and another webinar was presented for care coordinators. It is anticipated that these educational activities made a positive impact in the community. Additionally, UCare will continue to distribute the *Deterra* drug disposal bags to members and conduct targeted interventions for member mailings and Care Coordinator outreach.

Appeals and Grievances

Activity Description

UCare's Appeals and Grievance (A&G) department supports member needs related to dissatisfaction with UCare's services. A&G data is reviewed daily, monthly and on a quarterly basis. Data is regularly shared with leadership and monthly with the Member Experience Workgroup. Individual departments receive complaint detail reports pertaining to their areas on a quarterly basis. The data is reviewed for trends and improvement opportunities. Annual report summaries include data analysis and trends that are presented to the Quality Improvement Council (QIC) quarterly.

Quantitative Analysis and Trending of Measures

UCare received a total of 6,826 grievances and appeals. Of these cases, 23% (1,552) were grievances and 77% (5,274) were appeals. The change from 2019 reflected a 2% increase overall. The annual analysis in this report includes data from October 1, 2019 through September 30, 2020. The charts below show the rate per 1,000 members of grievances and appeals which are reported into five categories: Quality of Care, Access, Attitude/Service, Billing/Financial, and Quality of Practitioner Office Site.

State Public Programs

Grievances

Category	2019 Total Grievances	2019 Rate Per 1K	2020 Total Grievances	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	16	0.05	34	0.11	0.50	● Met
Access	601	2.18	242	0.80	3.00	● Met
Attitude/Service	363	1.31	334	1.10	3.00	● Met
Billing/Financial	15	0.05	20	0.06	3.00	● Met
Quality of Practitioner Office Site	0	0.00	5	0.02	0.15	● Met

Appeals

Category	2019 Total Appeals	2019 Rate Per 1K	2020 Total Appeals	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	0	0.00	0	0.00	0.50	● Met
Access	1649	5.97	1923	6.35	3.00	● Not Met
Attitude/Service	0	0.00	0	0.00	0.50	● Met
Billing/Financial	249	0.90	356	1.18	3.00	● Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.50	● Met

MSHO

Grievances

Category	2019 Total Grievances	2019 Rate Per 1K	2020 Total Grievances	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	6	0.46	7	0.51	0.50	● Not Met
Access	78	0.53	33	2.42	3.00	● Met
Attitude/Service	56	4.30	58	4.26	3.00	● Not Met
Billing/Financial	1	0.07	4	0.29	3.00	● Met
Quality of Practitioner Office Site	0	0.00	1	0.07	0.15	● Met

Appeals

Category	2019 Total Appeals	2019 Rate Per 1K	2020 Total Appeals	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	0	0.00	0	0.00	0.50	● Met
Access	211	16.23	289	21.20	3.00	● Not Met
Attitude/Service	0	0.00	0	0.00	0.50	● Met
Billing/Financial	39	3.00	70	5.13	3.00	● Not Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.50	● Met

UCare Medicare

Grievances

Category	2019 Total Grievances	2019 Rate Per 1K	2020 Total Grievances	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	45	0.46	27	0.26	0.50	● Met
Access	128	1.31	79	0.76	3.00	● Met
Attitude/Service	222	2.28	226	2.18	3.00	● Met
Billing/Financial	186	1.91	175	1.69	3.00	● Met
Quality of Practitioner Office Site	1	0.01	1	0.01	0.15	● Met

Appeals

Category	2019 Total Appeals	2019 Rate Per 1K	2020 Total Appeals	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	0	0.00	0	0.00	0.50	● Met
Access	667	6.86	790	7.62	3.00	● Not Met
Attitude/Service	0	0.00	0	0.00	0.50	● Met
Billing/Financial	667	6.86	725	6.99	3.00	● Not Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.50	● Met

Individual and Family Plans (IFP)**Grievances**

Category	2019 Total Grievances	2019 Rate Per 1K	2020 Total Grievances	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	4	0.14	2	0.05	0.50	● Met
Access	74	2.61	65	1.69	3.00	● Met
Attitude/Service	46	1.62	68	1.76	3.00	● Met
Billing/Financial	94	3.31	100	2.59	3.00	● Met
Quality of Practitioner Office Site	0	0.00	1	0.03	0.15	● Met

Appeals

Category	2019 Total Appeals	2019 Rate Per 1K	2020 Total Appeals	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	0	0.00	0	0.00	0.50	● Met
Access	159	5.61	169	4.38	3.00	● Not Met
Attitude/Service	0	0.00	0	0.00	0.50	● Met
Billing/Financial	644	22.72	770	19.96	3.00	● Not Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.50	● Met

Connect + Medicare**Grievances**

Category	2019 Total Grievances	2019 Rate Per 1K	2020 Total Grievances	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	1	0.39	3	0.77	0.50	● Not Met
Access	44	17.27	23	5.94	3.00	● Not Met
Attitude/Service	33	12.95	23	5.94	3.00	● Not Met
Billing/Financial	2	0.78	7	1.81	3.00	● Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.15	● Met

Appeals

Category	2019 Total Appeals	2019 Rate Per 1K	2020 Total Appeals	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	0	0.00	0	0.00	0.50	● Met
Access	40	15.70	91	23.51	3.00	● Not Met
Attitude/Service	0	0.00	0	0.00	0.50	● Met
Billing/Financial	20	7.85	18	4.70	3.00	● Not Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.50	● Met

EssentiaCare

Grievances

Category	2019 Total Grievances	2019 Rate Per 1K	2020 Total Grievances	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	0	0.00	2	1.07	0.50	● Not Met
Access	4	2.66	1	0.53	3.00	● Met
Attitude/Service	1	0.66	2	1.07	3.00	● Met
Billing/Financial	2	1.33	4	2.13	3.00	● Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.15	● Met

Appeals

Category	2019 Total Appeals	2019 Rate Per 1K	2020 Total Appeals	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	0	0.00	0	0.00	0.50	● Met
Access	4	2.66	6	3.10	3.00	● Not Met
Attitude/Service	0	0.00	0	0.00	0.50	● Met
Billing/Financial	28	18.63	40	21.31	3.00	● Not Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.50	● Met

UCare Medicare with M Health Fairview and North Memorial Health

Grievances

Category	2019 Total Grievances	2019 Rate Per 1K	2020 Total Grievances	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	1	2.92	0	0.00	0.50	● Met
Access	1	2.92	0	0.00	3.00	● Met
Attitude/Service	1	2.92	6	11.45	3.00	● Not Met
Billing/Financial	2	5.85	3	5.72	3.00	● Not Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.15	● Met

Appeals

Category	2019 Total Appeals	2019 Rate Per 1K	2020 Total Appeals	2020 Rate Per 1K	UCare Threshold	Threshold Met/Not Met
Quality of Care	0	0.00	0	0.00	0.50	● Met
Access	9	26.33	6	11.45	3.00	● Not Met
Attitude/Service	0	0.00	0	0.00	0.50	● Met
Billing/Financial	4	11.70	15	28.63	3.00	● Not Met
Quality of Practitioner Office Site	0	0.00	0	0.00	0.50	● Met

Evaluation of Effectiveness

SPP and MSHO

The top grievance trends for State Public Programs (SPP) and Minnesota Senior Health Options (MSHO) were in the Access and Attitude/Service categories, specifically related to the transportation benefit. UCare did meet the threshold for all grievance categories under SPP. UCare did not meet our threshold under the grievance category of Attitude/Service for MSHO members related to communication with transportation providers, primary care providers, and the health plan.

The top appeal trends for SPP and MSHO were in the Access category, specifically related to authorization denials. The majority of these appeals were related to formulary and non-formulary exceptions.

UCare Medicare

UCare met the threshold for all grievance categories under UCare Medicare. The top grievance trends for UCare Medicare were in the Billing/Financial and Attitude/Service categories. The majority of the Billing/Financial grievances were related to membership process issues and billing process issues, specifically concerning billing practices by the clinic/provider, and cost sharing related to the Part D benefit package. The majority of the Attitude/Service grievances were related to communication and behavior issues, specifically miscommunication between member/family and provider/UCare and the communication related to the pharmacy benefit package.

The top appeal trends for UCare Medicare were in the Access and Billing/Financial categories. The Billing/Financial appeal trends were specifically related to claims denials and cost sharing disputes for inpatient and outpatient hospital services, lab services/diagnostics, Part D formulary and non-formulary medications and cost sharing disputes related to primary care visits. In 2020, there was an increase in Part B appeals due to prior authorization and regulatory changes. The rates for both Access and Billing/Financial increased this year compared to last year. The majority of the Access appeals were Part D medication appeals. There was also an increase in Part B appeals due to prior authorization requirement changes.

Individual and Family Plans

UCare met the threshold for all grievance categories under Individual and Family Plans. The top grievance trends for Individual and Family Plans were in the Billing/Financial categories. The top issues under the Billing/Financial category were related to billing process issues and membership process issues, specifically concerning premium billing issues.

The top appeal trend for Individual and Family Plans was in the Billing/Financial category, specifically related to balance billing, claim paid at incorrect benefit level and cost sharing disputes for hospital and emergency services, preventive services, labs/diagnostic tests and facility fees. The rates for both Access and Billing/Financial decreased slightly this year compared to last year.

Connect + Medicare

UCare did not meet the threshold for Quality of Care, Access or Attitude/Service for grievances under Connect + Medicare. The majority of grievances under Access and Attitude/Service were transportation related. The rates for Access and Attitude/Service decreased significantly compared to 2019.

The top appeal trend for Connect + Medicare was under the Access category, specifically related to Part D and Part B medication appeals. UCare did not meet the threshold for Access or Billing/Financial appeals. The rate of Billing/Financial appeals decreased compared to 2019. The rate of Access appeals increased significantly compared to 2019.

EssentiaCare

UCare met the threshold for all grievance categories under EssentiaCare.

UCare did not meet the threshold for Access or Billing/Financial appeals. The appeal rates for both Access and Billing/Financial increased compared to 2019. The top appeal trends were in the Billing/Financial category with cost sharing disputes specifically related to professional medical services, labs and specialty care providers.

UCare Medicare with M Health Fairview and North Memorial Health

UCare met the threshold for all grievance categories under Fairview North Memorial.

UCare did not meet the threshold for Access or Billing/Financial Appeals. The appeal rates for Access decreased significantly and the rates increased significantly for Billing/Financial compared to 2019. The top trends related to Billing/Financial were related to cost sharing for out of network providers, vision and DME.

Barrier Analysis

Changes to the formulary impacted appeals and grievances across all products with the highest number of appeals for SPP continuing to be in the most highly utilized service, pharmacy. The highest number of grievances continue to be in the area of transportation for SPP, MSHO and Connect + Medicare. There was an increase in Part B appeals for all Medicare lines of business due to regulatory changes and prior authorization changes related to Part B drugs. The highest number of appeals for Marketplace are related to billing and financial disputes, largely related to balance billing disputes and services applied to members' deductibles. There were several configuration issues identified for Medicare claims when Health Rules was implemented in 2020 which caused incorrect cost sharing and increased appeals related to billing and financial for all Medicare lines of business.

Opportunities for Improvement

In 3rd quarter of 2020, UCare transitioned oral grievances from Customer Service to Appeals and Grievances and a new transportation system was implemented which allowed more accuracy for booking of rides for members. In addition, the transportation Customer Service specialists were trained on the intake of transportation grievances to assist members with transportation issues and increase the amount of grievances that were resolved at the time of the call. UCare has a monthly transportation workgroup and will continue to look for opportunities to improve transportation for our members.

As a result of the 2020 analysis, the improvements identified are to continue internal education on appeal/grievance trends to identify opportunities for improvement, communicate with members on the appeal and grievance process and work with internal stakeholders for consideration of future plan design. A monthly Appeals and Grievances workgroup will be implemented for 2021, which will allow real time trend reporting to impacted departments and effective resolution of identified issues.

Care Management Program

Activity Description

UCare makes care management services available to all members in all products. UCare has teams of in-house staff consisting of nurses, social workers, associate care managers and care navigators that manage UCare Medicare, Individual and Family Products, Connect, Connect + Medicare, MSHO, MSC+, PMAP, and MnCare members. UCare also contracts with counties, care systems and care coordination entities to provide care coordination/case management services for some UCare Medicare, MSHO, MSC+, Connect and Connect + Medicare members. Following is a summary of highlights of case management activities conducted during 2020.

The goal of care coordination/case management services is to coordinate services across the continuum of care to meet the health and social service needs of the member by:

- Providing appropriate access to care
- Integrating and improving the coordination of care
- Encouraging health promotion
- Providing resources for social or community support systems
- Promoting a safe environment

- Helping to alleviate the impact of mental health (MH) and substance use disorder (SUD) issues through targeted resources
- Encouraging self-reliance

PMAP and MnCare (MHCP) Care Management

Care management for MHCP members is 100% conducted by in-house registered nurse case managers. Outreach is performed telephonically to members identified through multiple sources including but not limited to, staff referrals, provider referrals, inpatient utilization reports, comprehensive claims data and pharmacy reports. All new members are offered a health risk assessment (HRA) administered by an NCQA certified vendor. This HRA also contains the base questions from the DHS Enrollee Screening Document. The HRA is then offered on an annual basis.

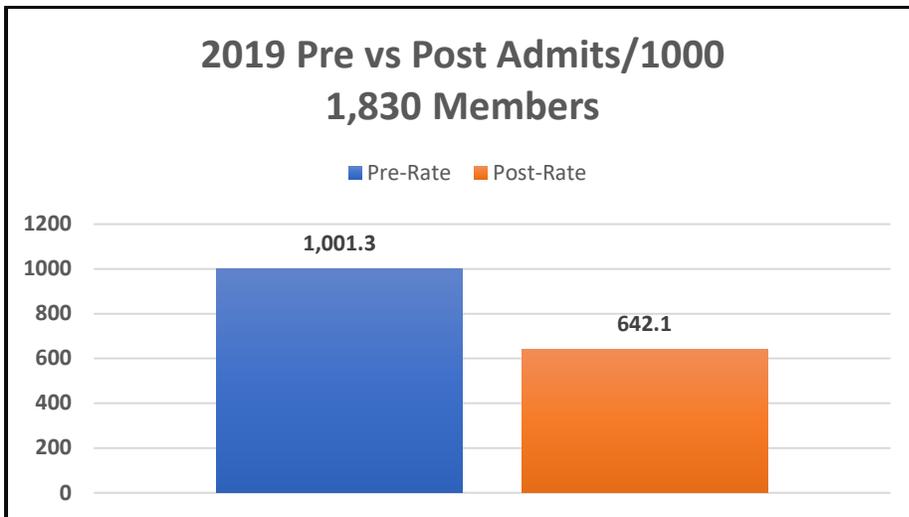
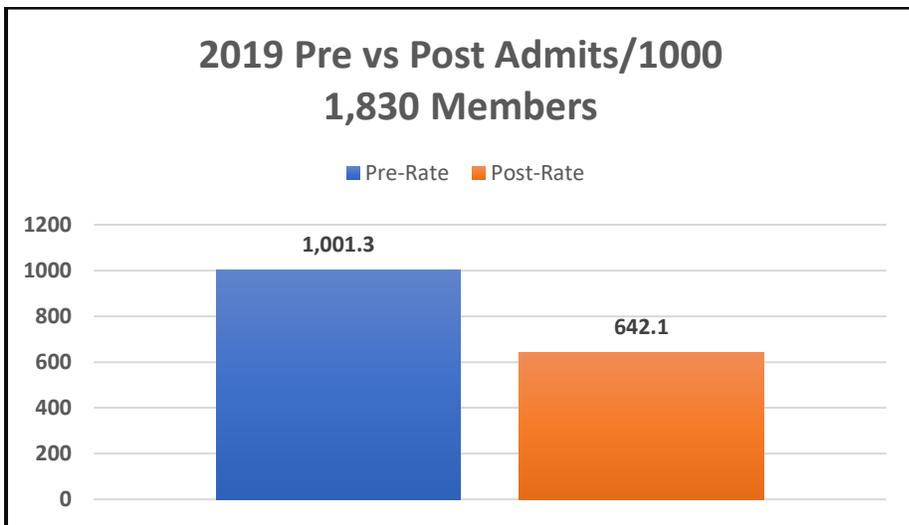
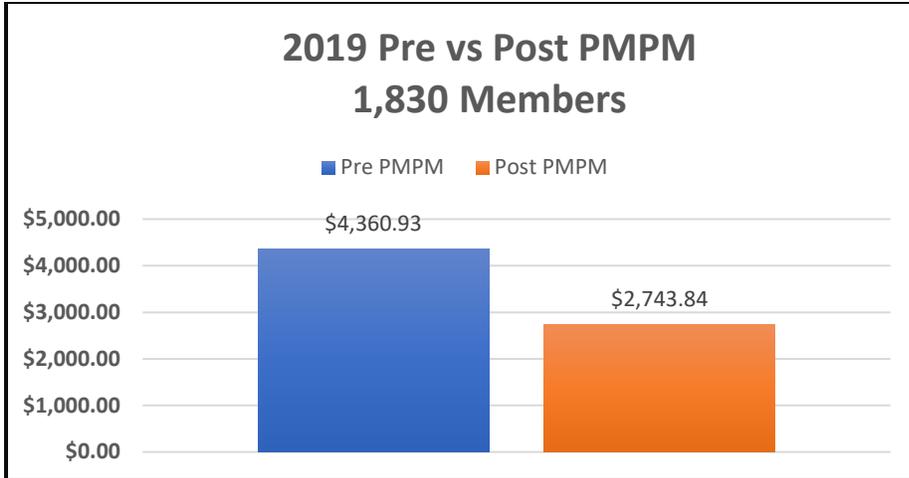
MHCP members with special health care needs (SHCN) are identified for case management services through report analysis utilizing specific diagnosis and utilization indicators. Case management is offered to members of all ages. Adult and pediatric members are also identified for services through county and community agencies and family or caregivers. The case manager contacts the member and conducts a comprehensive assessment with the development of an individualized, person-centered care plan. The care coordinator works with the member/caregiver to identify medical and social needs of the member and connects them to the needed services. UCare case managers use a social risk factor application to allow for more broad access to resources in the member's local area. When care plan goals have been met, the member no longer requests services, or the member is no longer a UCare eligible member, they are discharged from case management service.

Approximately 1-2% of members are in active case management. The case managers collaborate with members, medical providers and local community agencies to develop, implement, and evaluate the individualized plan of care. Ongoing follow up with the member is mutually agreed upon at the end of each telephonic visit, and occurs at least monthly or more often, as the situation warrants.

The table below outlines utilization metrics for our PMAP complex case management program for members with at least three member months in the pre and post analysis period.

These data show the value of the case management program through the interventions and ongoing activity of the case managers in engaging, assessing and identifying resources and solutions for the specific needs of UCare members in reducing barriers to care and improving health outcomes. The case manager works working directly with the member coordinating their care, connecting to needed services and resources and establishing trust and a relationship that helps the member move to their best outcomes.

Members enrolled in the PMAP complex case management for at least three months demonstrate a decrease in per member per month (PMPM) costs as well as a decrease in admissions per 1,000.



Special Health Care Needs Program

The Special Health Care Needs (SHCN) Program, a program required by contract with DHS for a subset of members ages 18-65, is also offered to members under the age of 18 to ensure pediatric members with SHCN are also

identified for case management. Specific criteria and utilization indicators are developed and reviewed annually for this population. Members with special needs are screened and assessed for case management, disease management, or referral to specialists, county services or other services that may assist the member.

Maternal and Child Health Program

Case management also includes services for at-risk and high-risk pregnant women and their babies. Members who are pregnant and deemed to be at-risk or high-risk are invited to enroll in UCare's Maternal & Child Health program. Case managers conduct a comprehensive assessment to determine the member's needs and health goals then follow-up with the member throughout their pregnancy and into their post-partum period. Case managers collaborate with the member's providers, community partners, county and other social service agencies as needed to offer support during pregnancy. Babies admitted to Neonatal Intensive Care (NICU) are followed by case managers throughout their stay and transition home.

UCare Connect and UCare Connect+ Medicare Care Coordination

Members are offered a face-to-face comprehensive assessment upon enrollment, either through a UCare assessor, UCare care coordinator, or through the member's county waiver case manager. The comprehensive assessment helps determine member needs and identifies the member's willingness to engage in ongoing care coordination.

All UCare Connect and Connect + Medicare members have access to a care navigator (CN) who acts as their initial contact at UCare. The CN can assist the member to establish a healthcare home, promote access to preventive care, refer members to UCare Disease Management programs and provide access to UCare health promotion programs. They also serve as a resource for care coordinators.

A care coordinator develops a care plan based on the member assessment. The care plan incorporates primary, acute, long-term care, mental health, and social service needs, and has a preventive focus to maintain or improve member self-maintenance and functioning. Care coordination services for Connect and Connect + Medicare members are ongoing and include face-to-face health risk assessments every twelve months at a minimum, or with a change in condition. In addition, the care coordinator contacts the member at least every six months, via phone or face-to-face, to monitor progress and assist as needed. UCare collaborates with counties when members are receiving waiver services (Community Access for Disability Inclusion (CADI), Community Alternative Care (CAC), Developmentally Disabled (DD), Brain Injury (BI)) through the county, to coordinate services and share information.

In 2020, approximately 6% of members were assigned to care coordination with a UCare care coordinator or delegate and approximately 29% of members received care coordination services via their county waiver case manager.

UCare also provides transition management services. Members moving from one level of care to another receive outreach to assist with discharge planning as appropriate and ensure that discharge services are in place. This program is based on the Eric Coleman model and includes medication reconciliation, assistance with appointment scheduling, and home care follow-up.

MSHO and MSC+ Care Coordination

Each MSHO/MS+ member is assigned a care coordinator who serves as their primary contact and advocate, helping them navigate complex social service and health care delivery systems. The care coordinator offers an initial assessment to every member. The care coordinator develops an individualized care plan for members that is person-centered and based on input from the member and/or family members to address health care and social needs. The care plan incorporates primary, acute, long-term care, mental health, and social service needs, including home and community-based waiver services designed to help the member live as independently as possible. In addition, the care plan has a preventive focus to maintain or improve member functioning. Care coordination services for members are ongoing and include health risk assessments on an annual basis, within 365 days, or with a change in condition.

In addition, the care coordinator checks in with the member at least every six months, via phone or face-to-face, to monitor progress and assist as needed.

UCare also offers transition management services. Members moving from one level of care to another receive outreach to assist with discharge planning as appropriate and ensure that discharge services are in place. This program is based on the Eric Coleman model and includes medication reconciliation, assistance with appointment scheduling, and home care follow-up.

Medicare Advantage UCare Medicare Case Management and UCare Individual and Family Case Management

UCare provides case management services for eligible UCare Medicare or UCare Individual and Family Plan Product members. Members are managed either by in-house care management teams at UCare or by staff employed by contracted care systems (delegated entities). All new members are offered a health risk assessment (HRA) administered by a CMS certified vendor. The HRA is then offered on an annual basis. Members are also identified for outreach based on various utilization and cost triggers, or by referral. Members identified for case management through claims and utilization reports receive outreach from a UCare case manager.

Members who meet criteria are screened for case management services. Generally, up to 5% of UCare Medicare members are screened, with approximately 1-2% of members engaged in active case management. Case management services are telephonic and provided for three to six months, or longer, as needed. The goals of case management are to maintain or improve health, prevent hospitalizations or readmissions, avoid inappropriate utilization of emergency services, and support safe living environments. Members with specific complex medical needs are identified for or referred to our Complex Case Management program.

The goal of the Complex Case Management program is to help members improve their health and quality of life and become more self-reliant in managing their health care. Our complex case managers are registered nurses who help our members by coordinating care and access to services.

Members or their caregivers are encouraged to contact UCare for screening into the complex case management program. If the member meets program criteria, they are offered the option to enroll. If the member does not meet the program criteria, they may be referred to one of our disease management programs.

UCare also offers transition management services. Members moving from one level of care to another receive outreach to assist with discharge planning as appropriate and ensure that discharge services are in place. This program is based on the Eric Coleman model and includes medication reconciliation, assistance with appointment scheduling, and home care follow-up.

UCare proactively identifies members for case management intervention using a predictive modeling tool, allowing for earlier outreach in an attempt to manage costs or service utilization and improve member health status. UCare also uses claims/utilization, pharmacy, member and provider data to identify members for the complex case management program.

Mental Health and Substance Use Disorder Care Management

The goal for Mental Health (MH) and Substance Use Disorder (SUD) Care Management is to provide member centric advocacy and access to appropriate care for member's mental health, substance use and/or social determinant needs. MH & SUD Care Management is offered to Prepaid Medical Assistance Plan (PMAP), Minnesota Care (MnCare), and expanded to Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) members in quarter 4 of 2019.

The criteria for members to qualify for MH & SUD care management are as follows:

- 2 MH and/or SUD admissions in the past 12 months of the following:
 - Inpatient mental health, substance use disorder or eating disorder.
 - Residential Treatment for mental health, substance use disorder, IRTS or eating disorder.

- 3 admissions in the past 6 months for crisis residential.
- 2 episodes in the past 12 months for partial hospitalization program.
- 2 emergency room visits in the past 6 months for a MH and/or SUD condition.
- 2 admissions in the past 6 months for detox.

Please note: Members can meet one or any combination of these criteria to qualify for MH and SUD care Management.

- If a member does not meet criteria for MH & SUD Care Management, there is an option to consult with a MH & SUD Care Manager to discuss the member's MH & SUD needs via UCare's Mental Health Triage Phone Line.
- Members may be identified or referred for MH & SUD care management through a variety of sources. We accept internal and external referrals using our MH & SUD care management referral form. A weekly inpatient and emergency department report is used to identify members with recent utilization of services for a MH and/or SUD condition. Also, members are identified using a monthly report which stratifies members with MH & SUD utilization by cost and risk. Once identified, an engagement specialist contacts the members for program enrollment.

After enrollment, a care manager reviews medical, mental health and SUD claims, and assesses any gaps in care. The care manager contacts the member to complete a comprehensive assessment which addresses physical health, mental health, substance use, the Healthy Days assessment (Centers for Disease Control and Prevention tool developed to track health-related quality of life indicators) and social determinants of health needs (such as housing, food security, safety, etc.). Based upon assessment findings and member input, an individualized, person-centered care plan is developed with member centric interventions and goals. The care manager continues outreach to the member, at mutually agreed upon intervals to address progress on goals and identify any barriers the member may be experiencing with the identified goals. Once members have reached a point in case management where their mental health and/or SUD care plan goals are met, they may be referred to a health coach or another case management team for ongoing follow up and coaching for behavior change.

Evaluation of Effectiveness

UCare measures the effectiveness of care coordination for the PMAP, MnCare, Connect, Connect + Medicare, MSC+, MSHO, Individual and Family Plans and UCare Medicare products through the review of specific case management effectiveness measures gleaned from various data sources, including:

- Care Plan Audits – MSHO, MSC+, Connect, Connect + Medicare
- Care Transition Audits – MSHO, MSC+, Connect, Connect + Medicare
- Care Coordination Member Satisfaction Surveys – MSHO, MSC+, Connect, Connect + Medicare
- Care Coordination – MSHO, MSC+, Connect, Connect + Medicare
- Assessment Outreach – Connect, Connect + Medicare
- Initial Assessments for Withhold and Medicare Part C Assessment Results – MSHO, MSC+
- Complex Case Management Satisfaction Survey – UCare Medicare, Individual and Family Plans, PMAP, MnCare
- Model of Care Evaluation – MSHO, Connect + Medicare

The Mental Health and Substance Use Disorder Care Management Program was implemented in quarter three of 2019 and measures of effectiveness has not been evaluated at this time.

Care Management Effectiveness Reports

Multiple reports can be found in the Appendix of the 2019 Annual Utilization Management Report that demonstrate analysis and opportunities for improvement.

Disease Management Programs

Introduction

UCare's Disease Management programs exist to improve the health of members through innovative approaches for asthma, diabetes, heart failure and migraine. The programs take a holistic approach in working with members as evidenced in the Asthma Education and Health Coaching programs, which focus on using in-house staff and vendors to support members in improving or maintaining their health. The effectiveness of the program is evaluated based on improved HEDIS rates, as applicable, decreased utilization such as hospital admissions, emergency department visits and hospital readmissions and meeting or exceeding benchmark goals. UCare recognizes the diverse population of the membership and addresses the specific needs of all members.

An analysis for each DM program based on length of member enrollment and program participation follows. Only products with at least 75 members in both the study and control group will be analyzed separately for each DM program. Improvement in areas analyzed is a reduction in all areas except for outpatient visits where improvement is measured as an increase.

Asthma Program

Activity Description – Asthma Program

The asthma program is based on HEDIS criteria and includes various stratifications of interventions. All members with asthma are sent an annual reminder and are encouraged to visit their provider to complete an asthma action plan.

- At-risk members are identified using HEDIS asthma criteria and claims (medical and pharmacy) utilization. They receive interactive voice response (IVR) calls or text messages containing asthma education and two asthma related questions. An alert is triggered if a member answers in a way indicating they may be having difficulty self-managing their asthma. The DM asthma team follows up with the member to provide support, recommendations and/or referrals.
- High-risk members are identified based on event triggers including emergency department (ED) or inpatient (IP) visits for asthma. The program utilizes asthma educators for the 12-month program. High-risk members are offered a home assessment to evaluate potential asthma triggers, adherence with medications and inhaler technique. The asthma educator performs an Asthma Control Test (ACT) to determine if asthma symptoms are well controlled.

2020 Asthma Program Engagement rates:

Asthma Program	Participants/Eligible	% Engagement
At-risk	3,532/8,455	42%
High-risk	275/967	28%

Quantitative Analysis and Trending of Measures, and Evaluation of Effectiveness – Asthma Program

At-Risk Asthma Program

The study population was defined as program participants who enrolled between 1/1/2019 and 12/31/2019, were continuously managed during their post-period, had a valid control match and who had 9 months pre and post enrollment. The tables below compare results for PMAP and Connect members for the At-Risk Asthma program.

Table 1: At Risk Asthma (IVR/Texting Program) Annual Comparison (PMAP)

	2018 DM Evaluation (1,601 Participants)	2018 Net Difference	2019 DM Evaluation (352 Participants)	2019 Net Difference
PMPM	8% Increase	-12%	5% Reduction	↑ 1%
ED Visits	10% Reduction	-10%	35% Reduction	↓ -8%
Inpatient Admits	10% Increase	-26%	29% Reduction	↓ -4%
Readmissions	32% Increase	-42%	36% Increase	↑ 76%
Risk Score	7% Reduction	-9%	19% Reduction	↓ -7%
OP Visits	6% Reduction	-9%	23% Reduction	↓ -2%

PMAP: Neutral results. There were 3 categories indicating a positive outcome (ED visit reduction; Inpatient Admission reduction; Risk Score reduction) and 3 categories did not indicate a positive outcome (Table 1).

Table 2: At Risk Asthma (IVR/Texting Program) Annual Comparison (Connect)

	2018 DM Evaluation (945 Participants)	2018 Net Difference	2019 DM Evaluation (95 Participants)	2019 Net Difference
PMPM	24% Increase	5%	0% Change	↓ -9%
ED Visits	5% Increase	3%	42% Reduction	↓ -28%
Inpatient Admits	2% Increase	-7%	55% Reduction	↓ -47%
Readmissions	31% Increase	-50%	45% Reduction	↓ -16%
Risk Score	0% Change	0%	22% Reduction	↓ -15%
OP Visits	3% Reduction	-5%	23% Reduction	↓ -10%

Connect: Favorable results. There were 5 categories indicating a positive outcome (PMPM improvement, ED visits reduction, Inpatient Admission reduction; Readmissions reduction; Risk Score reduction), one category not indicating a positive outcome (Table 2).

High-Risk Asthma Program

The study population was defined as program participants who enrolled between 1/1/2019 and 12/31/2019, were continuously managed during their post-period, had a valid control match and who had 9 months pre and post enrollment. The table below compare results for PMAP members for the High-Risk Asthma program.

Table 3: High Risk Asthma (Asthma Coaching Program) Annual Comparison (PMAP)

	2017 DM Evaluation (4 Participants)	2017 Net Difference	2018 DM Evaluation (56 Participants)	2018 Net Difference	2019 DM Evaluation (115 Participants)	2019 Net Difference
PMPM	13% Reduction	-30%	30% Increase	28%	10% Increase	↑ 21%
ED Visits	N/A	N/A	23% Reduction	3%	38% Reduction	↓ -3%
Inpatient Admits	N/A	N/A	11% Increase	11%	31% Increase	↑ 15%
Readmissions	N/A	N/A	33% Reduction	-275%	N/A	N/A
Risk Score	N/A	N/A	11% Increase	2%	21% Reduction	↓ -3%
OP Visits	N/A	N/A	7% Increase	15%	21% Reduction	↑ 5%

PMAP: Favorable results. There were 3 categories indicating a positive outcome (ED visit reduction; Risk Score reduction and increase in OP visits) and 2 categories indicated a negative outcome. (Table 3).

Satisfaction Survey Results for High Risk Asthma Program:

The 2020 High Risk Asthma Program survey instrument was administered by mail to 79 members in January 2021 who completed the Asthma Action program in 2020. Twenty participants responded to the survey yielding a response rate of 25% (20/79). Highlights include:

Two areas scored 100% satisfaction:

- I have made fewer visits to the ER or hospital for my asthma
- Overall satisfaction with UCare's Asthma program

Thresholds (80% satisfaction) were met in seven of the eleven survey questions. Areas meeting thresholds include:

- I get useful information from the respiratory therapist during the home visit and follow up calls
- I am now able to participate in most activities without asthma related breathing problems

- I have missed less school and/or workdays due to my asthma
- I have made fewer visits to the ER or hospital for my asthma
- I know how to take my asthma medication(s)
- I am satisfied with the services I received from my asthma educator
- Overall satisfaction with UCare’s Asthma program

An increase in program participation could yield greater survey responses. In addition, transitioning to sending out surveys the month following program graduation could yield higher survey response rates.

Barrier Analysis – Asthma Program

- Data stratification does not stratify based on the continuum of member’s needs; it only stratifies based on asthma claims.
- Program evaluation has limitations based on number of participating members.
- Current program design is driven by incentive structure not member engagement to assist members toward asthma self-management.
- Lack of digital strategy features like videos, interactive tools, email coaching etc.
- Lack of partnerships that include Community Health Workers or other collaborative approaches with clinics.
- Current promotional strategies are through targeted letters mailed to member homes and outbound telephone calls.

Opportunities for Improvement – Asthma Program

- Modify data stratification beyond asthma claims to ensure member is receiving the appropriate intervention based on their needs utilizing predictive modeling metrics.
- Identify other evaluation metrics to be able to evaluate program regardless of minimum number of program participants.
- Create recommendations for asthma program redesign to include incentive modifications and member participation design.
- Develop disease management strategies that meet the needs of different learning styles, technologies, language, ethnic backgrounds and support mental health and special needs populations.
 - Utilize Brook Health app launching Q1 2021 with members interested in app technology.
 - Determine if current vendors have new program initiatives to offer or seek out new programs through new relationships.
- Develop promotional strategy in partnership with marketing to include electronic communications and an overview of all program offerings.
- Partner with Clinical Services Community Health Workers to promote and identify members eligible for asthma program.

Diabetes Program

Activity Description – Diabetes Program

The diabetes program consists of two stratifications of intervention: at-risk and high-risk.

- At-risk members are those identified by HEDIS criteria as having diabetes. All at-risk members receive diabetes education related IVR calls or text messages followed by two questions related to their diabetes. An alert is triggered if a member answers in a way indicating they may be having difficulty self-managing their diabetes. A health coach follows up on IVR alerts and encourages members to opt-in to the high-risk health coaching program.
- High-risk members are identified through diabetes ED or IP admissions and are eligible for the health coaching program. Health coaches apply motivational interviewing techniques to assist members in setting short- and long-term diabetes health goals. Members receive a Health Journey book containing educational material ranging from healthy eating, managing diabetes and other co-morbid conditions. Health coaches assess for gaps in diabetes care and encourage members to complete regular diabetes visits with their providers.

2020 Diabetes Program Engagement rates:

Diabetes Program	Participants/Eligible	% Engagement
At-risk	2,552/8,186	31%
High-risk	477/1,444	33%

Quantitative Analysis, Trending of Measures, and Evaluation of Effectiveness – Diabetes Program

The study population was defined as program participants who enrolled between 1/1/2019 and 12/31/2019, were continuously managed during their post-period, had a valid control match and who had 9 months pre and post enrollment. The tables below compare results for Connect, PMAP, MnCare, Ucare Medicare, MSC+, MSHO and IFP members for the At-Risk Diabetes program.

At-Risk Diabetes Program**Table 4: At Risk Diabetes (IVR/Texting Program) Connect**

	2018 DM Evaluation (603 Participants)	2018 Net Difference	2019 DM Evaluation (189 Participants)	2019 Net Difference
PMPM	16% Increase	-10%	12% Increase	↑ 6%
ED Visits	6% Increase	-5%	11% Reduction	↓ -10%
Inpatient Admits	43% Increase	4%	4% Reduction	↓ -16%
Readmissions	769% Increase	666%	24% Reduction	↓ -36%
Risk Score	3% Increase	-3%	29% Reduction	↓ -25%
OP Visits	5% Increase	-3%	21% Reduction	↓ -3%

Connect: Favorable. There were 4 categories indicating a positive outcome (ED visit reduction, Inpatient admission reduction, Readmissions reduction, Risk Score reduction) and 2 categories indicating a negative outcome.

Table 5: At Risk Diabetes (IVR/Texting Program) PMAP

	2018 DM Evaluation (260 Participants)	2018 Net Difference	2019 DM Evaluation (121 Participants)	2019 Net Difference
PMPM	12% Increase	-29%	29% Reduction	↓ -35%
ED Visits	5% Reduction	-24%	1% Increase	↑ 3%
Inpatient Admits	8% Reduction	-92%	77% Reduction	↓ -67%
Readmissions	13% Reduction	-403%	N/A	N/A
Risk Score	6% Increase	-8%	49% Reduction	↓ -40%
OP Visits	5% Increase	-3%	39% Reduction	↓ -13%

PMAP: Favorable. There were 3 categories indicating a positive outcome (PMPM improvement, Inpatient admission reduction, Risk Score reduction) and 2 categories indicating a negative outcome.

Table 6: At Risk Diabetes (IVR/Texting Program) MnCare

	2018 DM Evaluation (49 Participants)	2018 Net Difference	2019 DM Evaluation (54 Participants)	2019 Net Difference
PMPM	47% Increase	-15%	35% Reduction	↓ -93%
ED Visits	67% Reduction	-42%	22% Reduction	↓ -89%
Inpatient Admits	167% Increase	87%	N/A	N/A
Readmissions	N/A	N/A	N/A	N/A
Risk Score	7% Increase	-20%	51% Reduction	↓ -44%
OP Visits	2% Reduction	-17%	53% Reduction	↓ -26%

MnCare: Favorable. There were 3 categories indicating a positive outcome (PMPM improvement, ED visit reduction, Risk Score reduction) and one category indicating a negative outcome.

Table 7: At Risk Diabetes (IVR/Texting Program) Annual Comparison UCare Medicare

	2018 DM Evaluation (726 Participants)	2018 Net Difference	2019 DM Evaluation (434 Participants)	2019 Net Difference
PMPM	49% Increase	3%	26% Increase	↓ -19%
ED Visits	17% Increase	16%	27% Increase	↓ -38%
Inpatient Admits	30% Increase	-50%	60% Increase	↑ 37%
Readmissions	N/A	N/A	N/A	N/A
Risk Score	10% Increase	-1%	17% Reduction	↑ 32%
OP Visits	6% Increase	-6%	7% Reduction	↓ -26%

Medicare Advantage: Unfavorable. There were 2 categories indicating a positive outcome (PMPM improvement, ED visit reduction) and 3 categories indicating a negative outcome.

Table 8: At Risk Diabetes (IVR/Texting Program) Annual Comparison MSC+

	2019 DM Evaluation (29 Participants)	2019 Net Difference
PMPM	21% Reduction	↓ -40%
ED Visits	31% Reduction	↓ -27%
Inpatient Admits	39% Reduction	↓ -125%
Readmissions	N/A	N/A
Risk Score	11% Reduction	↓ -23%
OP Visits	26% Reduction	↓ -14%

MSC+: Favorable. There were 4 categories indicating a positive outcome (PMPM improvement, ED visit reduction, Inpatient admits reduction and Risk Score improvement) and one category indicating a negative outcome.

Table 9: At Risk Diabetes (IVR/Texting Program) Annual Comparison MSHO

	2018 DM Evaluation (110 Participants)	2018 Net Difference	2019 DM Evaluation (56 Participants)	2019 Net Difference
PMPM	30% Increase	14%	7% Reduction	↓ -28%
ED Visits	0% Change	-5%	33% Increase	↑ 10%
Inpatient Admits	14% Increase	-2%	16% Reduction	↓ -16%
Readmissions	9% Increase	-106%	100% Reduction	↓ -50%
Risk Score	4% Increase	2%	14% Reduction	↓ -11%
OP Visits	9% Increase	4%	12% Reduction	↓ -3%

MSHO: Favorable. There were 4 categories indicating a positive outcome (PMPM improvement, Inpatient admits reduction, Readmission reduction and Risk Score improvement) and two categories indicating a negative outcome.

Table 10: At Risk Diabetes (IVR/Texting Program) Annual Comparison (UCare IFP)

	2019 DM Evaluation (53 Participants)	2019 Net Difference
PMPM	76% Increase	↑ 33%
ED Visits	7% Increase	↓ -77%
Inpatient Admits	33% Increase	↓ -67%
Readmissions	N/A	N/A
Risk Score	8% Reduction	↓ -50%
OP Visits	12% Reduction	↑ 3%

IFP: Favorable. There were 4 categories indicating a positive outcome (ED visit reduction, Inpatient admission reduction, Risk Score reduction, increase in OP visits) and 1 category indicated a negative outcome.

High-Risk Diabetes Program

The study population was defined as program participants who enrolled between 1/1/2019 and 12/31/2019, were continuously managed during their post-period, had a valid control match and who had 9 months pre and post enrollment. The tables below compare results for UCare Medicare and Connect members for the High-Risk Diabetes program.

Table 11: High Risk Diabetes (Health Coaching Program) Annual Comparison (UCare Medicare)

	2019 DM Evaluation (102 Participants)	2019 Net Difference
PMPM	39% Increase	↑ 7%
ED Visits	5% Reduction	↓ -1%
Inpatient Admits	71% Increase	↑ 16%
Readmissions	N/A	N/A
Risk Score	14% Reduction	↑ 46%
OP Visits	18% Increase	↑ 3%

Medicare Advantage: Unfavorable. There were 2 categories indicating a positive outcome (ED reduction, increase in outpatient visits) and 3 categories not indicating a negative outcome.

Table 12: High Risk Diabetes (Health Coaching Program) Annual Comparison (Connect)

	2017 DM Evaluation (54 Participants)	2017 Net Difference	2018 DM Evaluation (48 Participants)	2018 Net Difference	2019 DM Evaluation (70 Participants)	2019 Net Difference
PMPM	10% Reduction	2%	23% Increase	-4%	13% Increase	↑ 6%
ED Visits	6% Reduction	10%	8% Increase	3%	3% Reduction	↓ -2%
Inpatient Admits	16% Reduction	-2%	12% Reduction	-39%	15% Reduction	↑ 6%
Readmissi ons	N/A	N/A	N/A	N/A	100% Increase	↓ -21%
Risk Score	N/A	N/A	6% Increase	5%	13% Reduction	↓ -2%
OP Visits	N/A	N/A	9% Increase	11%	7% Reduction	↑ 14%

Connect: Favorable. There were 4 categories indicating a positive outcome (ED visit reduction; Inpatient admissions reduction; risk score reduction, increase in outpatient visits) and 2 categories not indicating a positive outcome.

Diabetes Program Impact with HEDIS Results

UCare collects and reports data for the HEDIS measure Comprehensive Diabetes Care. HEDIS produces a quantitative result, is population based and uses data and methodology that are valid for the process or outcome being measured.

The grids below represent UCare Medicare and Medical Assistance products. UCare compared our HEDIS results to the National 75 Percentile HEDIS levels. UCare’s goal is to meet or exceed the National 75th percentile HEDIS level.

Table 13: HEDIS Diabetes Outcomes (UCare Medicare)

	UCare HEDIS 2019	UCare HEDIS 2020	Year-over-year Comparison 2019 to 2020	2019 HEDIS National 75 th Percentile	Comparison to 2019 National 75 th Percentile
Comprehensive Diabetes: Eye Exam	79.32	78.1	↓ -1.22	82.05	● -3.95
Comprehensive Diabetes: A1c Testing	95.62	97.08	↑ +1.46	96.38	● +0.70
Comprehensive Diabetes: Monitor Nephropathy	94.40	94.65	↓ -0.49	97.09	● -2.44

UCare Medicare: In a year-over-year analysis, rates improved for A1C testing and declined for Eye Exam and Monitoring Nephropathy. When compared to UCare’s benchmark (HEDIS 75th Percentile), A1C met or exceeded the goal. To improve these measures, an incentive continues to be offered encouraging diabetic members to visit their provider to complete their diabetic eye exam, annual blood glucose test and urine protein test. Completion of the exam with a doctor’s signature earned each member who submitted their completed voucher a \$25 gift card incentive for each measure (diabetic eye, A1C, urine protein test). If all three diabetes tests are completed the member can earn \$75 in gift cards. In addition, all diabetic members enrolled in the Health Journey diabetes health coaching program are evaluated for diabetic eye exam, A1C testing and nephropathy monitoring at program enrollment and graduation.

Table 14: HEDIS Diabetes Outcomes (MSHO)

	UCare HEDIS 2019	UCare HEDIS 2020	Year-over-year Comparison 2019 to 2020	2019 HEDIS National 75 th Percentile	Comparison to 2019 National 75 th Percentile
Comprehensive Diabetes: Eye Exam	81.02	79.56	↓ -1.46	82.05	● -2.51
Comprehensive Diabetes: A1c Testing	96.84	96.35	↓ -0.49	96.38	● -0.03
Comprehensive Diabetes: Monitor Nephropathy	93.92	93.67	↓ -0.25	97.09	● -3.42

MSHO: In a year-over-year analysis, a decline was seen in 2020 measure for all measures. When compared to UCare’s benchmark (HEDIS 75th Percentile), none of the measures met/ exceeded the goal. An incentive continues to be offered encouraging diabetic members to visit their provider to complete their diabetic eye exam, annual blood glucose test and urine protein test. Completion of the exam with a doctor’s signature earned each member who submitted their completed voucher a \$25 gift card incentive for each measure (diabetic eye, A1C, urine protein test). If all three diabetes tests are completed the member can earn \$75 in gift cards. In addition, all

diabetic members enrolled in the Health Journey diabetes health coaching program are evaluated for diabetic eye exam, A1C testing and nephropathy monitoring at program enrollment and graduation.

Table 15: HEDIS Diabetes Outcomes (Medical Assistance Combined)

	UCare HEDIS 2019	UCare HEDIS 2020	Year-over-year Comparison 2019 to 2020	2019 HEDIS National 75 th Percentile	Comparison to 2019 National 75 th Percentile
Comprehensive Diabetes: Eye Exam	63.24	64.14	↑ +0.90	64.72	● -0.58
Comprehensive Diabetes: A1c Testing	94.14	91.97	↓ -2.17	90.51	● +1.46
Comprehensive Diabetes: Monitor Nephropathy	88.47	88.32	↓ -0.15	91.85	● -3.53

Medical Assistance Combined: In a year-over-year analysis, 2020 rates improved for Eye Exam and declined for A1C testing and Monitoring Nephropathy. When compared to UCare's benchmark (HEDIS 75th Percentile), A1C Testing measures met or exceeded the goal.

Table 16: HEDIS Diabetes Outcomes (Connect)

	UCare HEDIS 2019	UCare HEDIS 2020	Year-over-year Comparison 2019 to 2020	2019 HEDIS National 75 th Percentile	Comparison to 2019 National 75 th Percentile
Comprehensive Diabetes: Eye Exam	68.56	68.27	-0.29	64.72	● +3.55
Comprehensive Diabetes: A1c Testing	91.92	93.36	+1.44	90.51	● +2.85
Comprehensive Diabetes: Monitor Nephropathy	91.92	90.77	-1.15	91.85	● -1.08

Connect: In a year-over-year analysis, 2020 rates improved for A1C testing and declined for Eye Exam and Monitoring Nephropathy. When compared to UCare's benchmark (HEDIS 75th Percentile) Eye Exam and A1C Testing met or exceeded the goal.

Table 17: HEDIS Diabetes Outcomes (IFP)

	UCare HEDIS 2019	UCare HEDIS 2020	Year-over-year Comparison 2019 to 2020	2019 HEDIS National 75 th Percentile	Comparison to 2019 National 75 th Percentile
Comprehensive Diabetes: Eye Exam	47.93	47.93	+0.00	56.11	● -8.18
Comprehensive Diabetes: HBA1C under 8.0	61.07	58.39	↓ -3.16	63.75	● -5.36
Comprehensive Diabetes: Monitor Nephropathy	93.92	93.67	↓ -0.25	92.70	● +0.97

IFP: In a year-over-year analysis, 2020 rates were stable for Eye Exam and declined for A1C Testing and Monitoring Nephropathy. When compared to UCare's benchmark (HEDIS 75th Percentile) Monitor Nephropathy met or exceeded the goal. To improve these measures, an incentive is offered encouraging diabetic members to visit their provider to complete their diabetic eye exam, annual blood glucose test and urine protein test. Completion of the exam with a doctor's signature earned each member who submitted their completed voucher a \$25 gift card

incentive for each measure (diabetic eye, A1C, urine protein test). If all three diabetes tests are completed the member can earn \$75 in gift cards. In addition, all diabetic members enrolled in the Health Journey diabetes health coaching program are evaluated for diabetic eye exam, A1C testing and nephropathy monitoring at program enrollment and graduation.

Diabetes Program Satisfaction Survey Results

The 2020 Health Journey Diabetes survey instrument was administered by mail to 199 members in January 2021. These members graduated from the Health Journey Diabetes coaching program. Ninety-five participants responded to the survey yielding a response rate of 48% (95/199).

- Overall satisfaction with the program is 95%.
- All eight survey questions received 82% or higher satisfaction meeting the 80% agreement threshold.
- Five areas received high satisfaction in member's responses. The areas receiving highest satisfaction of 90% or above include:
 - Overall satisfaction with the Health Journey Health Coaching program
 - Satisfaction with the services received from health coach
 - Members agree they have set lifestyle goals to improve their health
 - Members agree they feel better prepared to make healthy behavior changes
 - Members agree they are better able to follow their health care provider's treatment plan

Barrier Analysis – Diabetes Program

- Data stratification does not stratify based on the continuum of member's needs; it only stratifies based on diabetes claims.
- Program evaluation has limitations based on number of participating members.
- Current program design only targets at risk and high-risk diabetics.
- Lack of digital strategy features like videos, interactive tools, email coaching etc.
- Lack of partnerships that include CHW or other collaborative approaches with clinics.
- Current promotional strategies are through targeted letters mailed to member homes and telephonic outreach.

Opportunities for Improvement – Diabetes Preprogram

- Modify data stratification beyond diabetes claims to ensure member is receiving the appropriate intervention based on their needs utilizing predictive modeling metrics.
- Identify other evaluation metrics to be able to evaluate program regardless of minimum number of program participants.
- Expand program outreach for diabetic members to include appropriate interventions for members across all risk levels.
- Continue integration efforts with pharmacy for referrals and short-term co-management.
- Develop disease management strategies that meet the needs of different learning styles, technologies, language, ethnic backgrounds and support mental health and special needs populations.
 - Utilize Brook Health app launching Q1 2021 with diabetic members interested in app technology.
 - Determine if current vendors have new program initiatives to offer or seek out new programs through new relationships.
- Develop promotional strategy in partnership with marketing to include electronic communications and an overview of all program offerings.
- Partner with Clinical Services CHW to promote and identify members eligible for the diabetes health coaching program.

Heart Failure Program

Activity Description – Heart Failure Program

The heart failure program provides stratified interventions for UCare members.

- The at-risk heart failure program utilizes health coaching. Health coaches apply motivational interviewing techniques to assist members in setting short- and long-term goals to help reduce heart failure exacerbations. Members receive a Health Journey book containing educational material ranging from healthy eating, heart failure and other comorbid conditions. Members may receive a bathroom scale and weight/symptom trackers if indicated.
- The high-risk heart failure program consists of a Telescale used to capture weight and/or symptom data. The Telescale program leverages RNs to monitor enrollee weight/symptoms and alert the provider if there is a change indicating an exacerbation may be occurring. The Telescale is available in three languages, English, Spanish and Hmong. Also available is a device for non-weight bearing members for our disabled members. It captures symptom data, which has been found effective in identifying exacerbations of heart failure early.

2020 Heart Failure Program Engagement rate:

Program	Participants/Eligible	% Engagement
At-Risk	82/243	41%
High Risk	239/2,553	9%

Quantitative Analysis, Trending of Measures, and Evaluation of Effectiveness – Heart Failure Program

The study population was defined as program participants who enrolled between 1/1/2019 and 12/31/2019, were continuously managed during their post-period, had a valid control match and who had 9 months pre and post enrollment.

At-Risk Heart Failure

The annual comparison tables below compare results for the At-Risk Heart Failure program. Results are taken from members enrolled 6 months post program enrollment. Fifty-seven members who participated in the at-risk heart failure program during the measurement period were identified for the study group. This is below the minimum threshold of member participants to evaluate any products separately.

Table 18: At Risk Heart Failure (Health Coaching Program) Annual Comparison (Connect, UCare Medicare, MnCare, PMAP)

	2019 DM Evaluation (43 Participants)	2019 Net Difference
PMPM	17% Decrease	↓ -15%
ED Visits	46% Increase	↑ 64%
Inpatient Admits	43% Reduction	↓ -45%
Readmissions	11% Increase	↓ -89%
Risk Score	16% Reduction	↓ -12%
OP Visits	7% Reduction	↓ -1%

Combined Product Analysis (Connect, UCare Medicare, MnCare, PMAP): Favorable results. There were 4 categories indicating a positive outcome (PMPM improvement; Inpatient Admission reduction; Readmissions reduction; Risk Score improvement) and 2 categories not indicating a positive outcome.

High-Risk Heart Failure

The study population was defined as program participants who enrolled between 1/1/2019 and 12/31/2019, were continuously managed during their post-period, had a valid control match and who had 9 months pre and post enrollment. The table below compares results from a combined analysis of members from Connect, Connect + Medicare, MnCare, MSC+, MSHO, UCare Medicare and PMAP for the High-Risk Heart Failure program.

Table 19: High Risk HF (Medtronic Telemonitoring Program) Annual Comparison (Combined Products)

	2019 DM Evaluation (60 Participants)	2019 Net Difference
PMPM	18% Reduction	↓ -24%
ED Visits	6% Increase	↑ 12%
Inpatient Admits	51% Reduction	↓ -15%
Readmissions	38% Reduction	↓ -81%
Risk Score	26% Reduction	↓ -12%
OP Visits	5% Increase	↑ 16%

All Products: Favorable results. There were 5 categories indicating a positive outcome (PMPM improvement; Inpatient Admission reduction; Readmissions reduction; Risk Score improvement, increase in Outpatient visits), and 1 category indicating a negative outcome.

Heart Failure Program Satisfaction Survey

At-Risk Member Survey

The 2020 Health Journey Healthy Hearts survey instrument was administered by mail to 30 members in January 2021. These members graduated from the Health Journey Healthy Hearts Health Coaching Program. Forty-seven participants responded yielding a response rate of 47% (14/30). Highlights include:

- Overall program satisfaction is 92%.
- Several areas received 86% satisfaction or higher in member’s responses. These areas include:
 - I am satisfied with the services I received from my health coach
 - I have improved my knowledge about my condition
 - I have set lifestyle goals to improve my health
 - I feel better prepared to make healthy behavior changes
 - I am better able to follow my health care provider’s treatment plan
 - Overall satisfaction with the health coaching program

An increase in program participation could yield greater survey responses. Modifications to timing of survey being mailed following graduation could yield higher survey response rates.

High-Risk Member Survey

An annual satisfaction survey is sent to high-risk members. The survey instrument was administered by mail to 484 participating members in 2020 across all product lines. The survey was sent out in January 2021. The survey response rate was 25% (123/484). Highlights include:

- At least 86% of respondents reported a high rate of satisfaction with the Medtronic program experience. The 2020 result meets and exceeds the target goal for this measure.
- Eighty-nine percent of members agreed their Medtronic nurse contacted them monthly.
- All thirteen questions received 86% or higher satisfaction meeting the 80% agreement threshold.
- Two areas received high satisfaction in member’s responses. The areas receiving highest satisfaction of 94% or above include:
 - Ability to recognize weight changes or swelling
 - Ability to recognize times when short of breath

Barrier Analysis – Heart Failure Program

- Data stratification does not stratify based on the continuum of member’s needs; it only stratifies based on heart failure claims.
- Program evaluation has limitations based on number of participating members; the at-risk program historically has low enrollment.

- Current program design targets at risk and high-risk members with heart failure.
- Lack of digital strategy features like videos, interactive tools, email coaching etc.
- Lack of partnerships that include CHW or other collaborative approaches with clinics.
- Current promotional strategies are through targeted letters mailed to member homes or telephonic outreach.
- High risk heart failure program uses old technology that prohibits some members from participating and is not transportable for clinic visits (i.e. telehealth bulky scales).

Opportunities for Improvement – Heart Failure Program

- Modify data stratification beyond heart failure claims to ensure member is receiving the appropriate intervention based on their needs utilizing predictive modeling metrics.
- Identify other evaluation metrics to be able to evaluate program regardless of minimum number of program participants.
- Expand program outreach for heart failure members to include appropriate interventions for members across all risk levels, including emerging risk group.
- Continue integration efforts with pharmacy for referrals and short-term co-management.
- Develop disease management strategies that meet the needs of different learning styles, technologies, language, ethnic backgrounds and support mental health and special needs populations.
 - Utilize Brook Health app launching Q1 2021 with heart failure members interested in app technology.
 - Determine if current vendors have new program initiatives to offer or seek out new programs through new relationships.
- Develop promotional strategy in partnership with marketing to include electronic communications and an overview of all program offerings.
- Partner with Clinical Services CHW to promote and identify members eligible for UCare or Medtronic’s heart failure program.
- Partner with Medtronic to transition high risk members to new tablet technology which is more appealing to members as it takes up less space. The tablet can also be brought to clinic appointments to share member telehealth data with providers enhancing member care with real time data.

Migraine Management Program

Activity Description – Migraine Management Program

The migraine management program members are identified based on a migraine diagnosis and utilization via claims and pharmacy data. Health coaches apply motivational interviewing techniques to assist members in setting short- and long-term migraine management health goals. Members receive a migraine education book, migraine diary and a migraine action plan. Health coaches assess for gaps in care and encourage members to complete regular visits with their providers.

2020 Migraine Program Engagement rate:

Participants/Eligible	% Engagement
242/625	39%

Quantitative Analysis, Trending of Measures, and Evaluation of Effectiveness – Migraine Management Program

The study population was defined as program participants who enrolled between 1/1/2019 and 12/31/2019 were continuously managed during their post-period, had a valid control match and who had 9 months pre and post enrollment. The table below compares results for PMAP members for the Migraine program.

Table 20: Annual Comparison (Migraine Program) (PMAP)

	2018 DM Evaluation (142 Participants)	2018 Net Difference	2019 DM Evaluation (102 Participants)	2019 Net Difference
PMPM	10% Reduction	-26%	40% Increase	↑ 41%
ED Visits	17% Reduction	-11%	16% Reduction	↓ -11%
Inpatient Admits	61% Reduction	-75%	80% Increase	↑ 28%
Readmissions	0% Change	-90%	N/A	N/A
Risk Score	43% Reduction	-24%	7% Reduction	↓ -10%
OP Visits	16% Reduction	-2%	15% Reduction	↑ 6%

PMPM: Favorable. There were 3 categories indicating a positive outcome (ED visit reduction; Risk Score reduction and an increase in OP visits) and 2 categories not indicating a positive outcome.

Migraine Program Satisfaction Survey

An annual satisfaction survey is sent to migraine management program members. The survey instrument was administered by mail to 150 participating members in 2020. The survey was sent out in January 2021. The survey response rate was 20% (30/150). Highlights include:

- Program satisfaction is at 87% and 90% of respondents were satisfied with their health coach.
- Survey responses scoring 80% or above include:
 - I have made healthy lifestyle changes to help manage my migraines
 - I have a health care provider I feel supports me in my migraine care
 - I am satisfied with the help I received from my health coach
 - I have improved my knowledge about migraines
 - Overall satisfaction with the program

The migraine program continues to exceed participation expectations. An increase in survey participation could yield greater survey responses to assist with program monitoring and formation. Transitioning to sending out surveys the month following program graduation could yield higher survey response rates. Member comments indicate the respondents were engaged in and found benefit from the program.

Barrier Analysis – Migraine Management Program

- Data stratification does not stratify based on the continuum of member’s needs; it only stratifies based on migraine claims.
- Program evaluation has limitations based on number of participating members.
- Current program design may be limiting members enrolled in product lines not currently being offered the migraine program.
- Lack of digital strategy features like videos, interactive tools, email coaching etc.
- Lack of partnerships that include CHW or other collaborative approaches with clinics.
- Current promotional strategies are through targeted letters mailed to member homes or telephonic outreach.

Opportunities for Improvement – Migraine Management Program

- Modify data stratification beyond migraine claims to ensure member is receiving the appropriate intervention based on their needs utilizing predictive modeling metrics.
- Identify other evaluation metrics to be able to evaluate program regardless of minimum number of program participants.
- Evaluate migraine data across all product lines to determine if there are gaps in products eligible for the migraine management program.
- Continue integration efforts with pharmacy for referrals and short-term co-management.

- Develop disease management strategies that meet the needs of different learning styles, technologies, language, ethnic backgrounds and support mental health and special needs populations.
- Develop promotional strategy in partnership with marketing to include electronic communications and an overview of all program offerings.
- Partner with Clinical CHW to promote and identify members eligible for the migraine management health coaching program.

Chronic Care Improvement Program (CCIP)

Activity Description – CCIP

UCare's CCIP program provides quarterly newsletter education to members with 2-6 chronic conditions. Newsletters focus on education for chronic conditions and includes focus areas of stress management, mental health, preventive care and heart health. UCare products included in CCIP include UCare's Medicare, Connect + Medicare and MSHO.

UCare uses the Johns Hopkins ACG 11.1 software to identify the chronic condition count of each member as an aggregate marker of case complexity. The ACG software assigns Expanded Diagnostic Clusters (EDC) to its members, some of which are identified as chronic. The number of unique chronic EDCs found for a member represents the final chronic condition count.

CCIP Program goals are to:

- Reduce inpatient admissions per 1000 rates by 1% each year.
- Reduce emergency department visits per 1000 rates by 1% each year.

During the evaluation period, 12,726 members were identified for the CCIP program to receive the quarterly educational newsletter.

Quantitative Analysis, Trending of Measures, and Evaluation of Effectiveness – CCIP

Table 21: CCIP Program Annual Comparison- Inpatient Hospitalization

Target Population (UCare Product)	Inpatient Hospitalizations per 1000 (Baseline)	Inpatient Hospitalizations per 1000 (12-month enrollment marker)	Inpatient Hospitalizations per 1000 % Change	Goal Met
UCare Medicare	137.7	156.91	+13.95%	● No
MSHO	193.0	233.69	+21.08%	● No
Connect + Medicare	232.3	225.00	-3.14%	● Yes

Favorable for Connect + Medicare and unfavorable for UCare Medicare Plans and MSHO.

Table 22: CCIP Program Annual Comparison- ED Visits

Target Population (UCare Product)	ED Visits per 1000 (Baseline)	ED Visits per 1000 (12-month enrollment marker)	ED Visits per 1000 % Change	Goal Met
UCare Medicare	243.1	212.62	-12.54%	● Yes
MSHO	484.7	462.82	-45.36%	● Yes
Connect + Medicare	940.9	734.03	-21.97%	● Yes

Favorable for UCare Medicare, Connect + Medicare and MSHO.

Barrier Analysis – CCIP

- Program design lacks ability to track member utilization metrics.
- Current program design is paper based only which may be excluding members who prefer other program delivery modes and learning styles.

Opportunities for Improvement – CCIP

- Consider creating a CCIP web page for members to access to track member utilization metrics.
- Utilize CCIP web page to promote additional resources for members with chronic conditions.
- Utilize CCIP web page to link to other pages on ucare.org to be able to promote additional programming in multiple delivery modes.

Medtronic Chronic Condition At-Home Monitoring Program: Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Heart Failure (HF) and/or Hypertension

Activity Description – Medtronic Chronic Condition At-Home Monitoring Program

Mid-2020 UCare launched a remote monitoring program with Medtronic for Medicaid Families and Children and MinnesotaCare members with CAD, COPD, diabetes, HF and/or hypertension. Remote monitoring is an innovative solution designed to identify potential health problems early in addition to supporting members with chronic, complex, and co-morbid conditions while helping members develop self-management skills. Medtronic applies a proprietary risk stratification algorithm to identify members at greatest risk for utilization. Once a member agrees to enroll in the program the member receives a monitoring device with instructions for use.

Each day members are asked a series of symptom assessment questions regarding their condition(s) and may be asked to send daily biometric data such as weight, blood pressure, pulse oximetry, or glucose readings. The health check is simple by design and takes a few minutes to complete. Once data is transmitted through the tablet the system determines if the member is within their clinical monitoring patterns or if RN outreach is needed.

The program is designed to provide early identification of possible health issues for intervention. Additionally, the program is designed to provide members with the knowledge and skills needed to develop effective self-management skills. Preventing utilization of unnecessary emergency care is one of the primary purposes of remote patient monitoring.

Quantitative Analysis, Trending of Measures, and Evaluation of Effectiveness – Medtronic Chronic Condition At-Home Monitoring Program

Medicaid Families and Children and MinnesotaCare Chronic Condition At Home Monitoring Program

Participation data

Participants/Eligible	% Engagement
1,281/15,342	8%

While the program is still in the early phases of outreach, preliminary data indicates significant gains in medication adherence for diabetes and blood pressure drugs (ACEs and ARBs). This gain can be attributed to both the Medtronic Chronic Condition At Home Monitoring program and to UCare allowing 90 day medication supplies in April 2020.

Measure	Current Numerator	Current Rate	Prior Rate
UCare Diabetes Adherence	2,585	63%	55%
UCare RASA Adherence	5,640	66%	61%

Preliminary data through November 2020 for 591 members included in the at-risk cohort group are indicating reductions in IP and ER utilization.

	Pre-Period	Post Period
Annual IP Events Per 1,000 Members	420	216
Annual ER Events Per 1,000 Members	217	165

*Data includes claims up to November 30, 2020.

Preliminary data through November 2020 for 591 members included in the at-risk cohort group are indicating improvements in cost. With medication adherence, it's expected that pharmacy claims would increase.

	Pre-Period	Post Period
Annual Total Claims PMPM Cost	\$20,399	\$16,086
Annualized Medical Claims PMPM Costs	\$14,603	\$9,679
Annual Pharmacy Claims PMPM Cost	\$5,796	\$6,407

*Data includes claims up to November 30, 2020.

Opportunities for Improvement – Medtronic Chronic Condition At-Home Monitoring Program

Medtronic and UCare continue to focus on engaging more members into the Medtronic program. In early 2021 we are exploring additional ways outside of telephone calls to connect with members to increase overall program engagement. Most members are participating in health checks 3-5 times a week including 60% of Families and Children and 73% of MinnesotaCare adult members completing a health check at least 3 times per week. This data indicates continued engagement in the program and dedication to ongoing member self-management which can assist in overall member health improvement and utilization improvements.

Outcome Summary for Disease Management Programs

At-Risk Program Analysis (IVR and Texting for Diabetes and Asthma)

Favorable Impact for Connect Members for both asthma and diabetes at-risk programs. Favorable impact for PMAP, MnCare, MSC+, MSHO and UCare IFP diabetes at-risk program. The at-risk program is delivered via interactive voice response call or text message education. Favorable results for the program in the areas of PMPM costs; ED visit reduction; inpatient admit reduction; readmission reduction; and lowered risk scores for several products for the Annual Comparison indicate a program delivery mode that is favored especially by our Connect population but all product lines saw improvements in areas. This highlights that Connect members respond well to automatic/electronic delivery mode with messaging they can listen to or read at a time of day that is convenient for them. Increasing program opportunities via a digital strategy could provide benefits for Connect members and other members as they gain comfort for this delivery mode for health improvement resulting in additional cost savings.

High-Risk Asthma Program (Home Visit and Health Coaching) Analysis

Favorable impact for PMAP members. Data for our high-risk participating members indicates that the high-risk program lowered ED visits; lowered Risk Scores and increased Outpatient visits. One of the goals of the high-risk program is assisting the member with identifying what type of care they need if they are not feeling well or having an asthma exacerbation. The data indicates that program participants lowered their ED visits which indicates they are developing self-management skills of learning where, when and what level of care they need based on symptoms presented (i.e. calling the nurse line or their clinic to seek advice before visiting the ED). An increase in outpatient visits could also indicate members are seeing their physician for care to keep their asthma under control.

High-Risk Diabetes (Health Coaching)

Neither favorable nor unfavorable for Connect members and unfavorable impact for UCare Medicare members. Data for our high-risk participating members indicates the high-risk program lowered ED visits and increased Outpatient visits. The health coaching program encourages identifying appropriate care and encourages members to have a provider they connect with regularly. Barriers with the program include long term engagement challenges in connecting with members and members looking for other delivery modes for participation. Increasing program opportunities via multiple delivery modes could provide benefit to members as they move

through the continuum of chronic condition management and allow us to meet the member where they are at with their learning style.

At-Risk Heart Failure (Health Coaching) and High-Risk Heart Failure (Telemonitoring)

Favorable impact for Connect, Medicare Advantage, MnCare and PMAP members for at-risk heart failure health coaching program. Favorable impact for members across all products for high-risk telemonitoring program. We continue to experience challenges with program engagement for at-risk and high-risk health coaching. Members report they are not able to add another member to their heart failure care team due to other appointments related to their heart failure.

The program is designed to meet the member where they are at and offer the program as an opt in program. Providing other tools such as web based educational touch points may be beneficial for members with heart failure, so they are able to participate and take in information on their own time. In 2020, we started to transition high-risk members to tablets for telemonitoring enabling members to bring their tablet with them while out of town or to their provider to share their telemonitoring data.

Migraine Management (Health Coaching)

Favorable impact for PMAP members. The Migraine Management program set out a goal to enroll 150 members. The Disease Management (DM) team exceeded this goal again in 2020 with enrollment of 242 members and 39% engagement. Members have shared they are enrolling to improve their quality of life; they want to reduce medications and have shared that no one has ever taken the time to speak with them about their migraine and other options outside of pharmaceuticals. The migraine program has shown positive results in the areas of lowering risk scores, ED reduction and an increase in outpatient visits. It is recommended to continue to offer the migraine program and to evaluate current migraine data to determine if additional member populations should be offered the program.

Overall DM Structure and Model

There is a need for a revised disease management structure and model to address the needs of UCare's populations as well as address learning styles, social factors and impact a greater number of members. Work is underway assessing the data through population assessments to identify gaps in programming, data stratification and analyzing performance of existing programs. Integration with care management, pharmacy, mental health, utilization management and providers will be key in supporting the whole member and developing programs that provide value. Exploring additional opportunities with existing vendors and expanding programs through new vendor relationships will assist with successful implementations of new offerings throughout 202.

DM Program Opportunities

Market Comparison

In comparison with other DM program models, UCare's current model addresses contractually obligated chronic condition programs and are limited in using a one size fits all approach to all products. Other DM program models offer chronic condition support as well as lifestyle behavior change coaching for low risk and high-risk members. Other models in the industry have larger volumes of members in disease management programs and offer several strategies: vendor coaching, email coaching, online/web site coaching, self-service learning tools and interactive online tools targeted for members who may be experiencing social risk factors. Some evidenced based programs offer incentives to influence enrollment and behavior change in certain populations. One gap among all programs evaluated was having a program to address emerging risk populations and preventing chronic conditions which is different than health promotion programming.

Emerging Risk Strategy/Programming

UCare's Population Health Management strategy incorporates programming for members across the health and wellness continuum. Programs are designed to keep members at low risk or once a chronic condition is identified to help members manage these conditions with few exacerbations. The disease management team often learns of members who have pre-diabetes and are seeking assistance.

A focused initiative or program could assist with members at emerging risk of developing diabetes by teaching them lifestyle behaviors and skills to avoid or delay diabetes onset. DM is partnering with pharmacy in 2021 to integrate with pharmacy new program offerings to compliment the health coaching experience for engaged members.

Digital Strategy

Developing a digital strategy will be critical to the future of disease management programming. Use of apps, texting, email, online coaching, interactive videos etc. is already being offered in other markets. Considering generational approaches to learning as well as evaluating social determinant opportunities that can be addressed digitally, language and other approaches that address cultural needs will be important with enrollment, engagement and impacting overall health. The benefit of digital program offerings include being able to reach more members, allowing members the ability to participate in programming at a time that is best for them and enhancing our ability to meet the learning and delivery style needs of our membership.

Incentives

Our asthma and migraine programs offer gift card incentives for program participation and/or program graduation. Modifying the current incentive design to ensure members are participating for the development of self-management skills will allow the DM team to continue to interact with members who prefer one to one telephonic support. Expanding program incentives to other disease management programs could encourage greater member enrollment, engagement and goal achievement. Incentives could include gift cards or access to healthy foods while participating in the DM programs.

Integration

DM is partnering with pharmacy, utilization management and mental health and substance use disorder teams in 2021 to address medication adherence and other topics identified as opportunities through population assessments done by the health care analytics team. In addition, this evaluation will identify program gaps that will drive the disease management model and future strategy.

Mental health diagnoses impact an individual's ability to make healthy behavior changes. In 2021, DM continues its partnership with the mental health and substance use disorder team to assist members with finding success in managing both their mental health and chronic condition(s).

The DM team continues to enhance their use of GuidingCare to allow for streamlined integration between UCare teams. An example of this is integrating vendor program participation information to allow UCare teams to understand which vendor programs members have been identified and their current program status (actively participating, graduated, etc). This allows for an integrated streamlined and seamless approach to member management.



2020 Quality Program Evaluation- Summary



Summary

The UCare quality improvement goals are integrated and communicated throughout the organization with structured work plans, goals and objectives that are owned at the department level. Our organizational monitoring activities and reports are reviewed throughout the year to identify opportunities for needed changes and improvements. These activities, in addition to ongoing improvement projects, form the basis of the organization's work plan and support all products offered by UCare. The current health care landscape, COVID-19, key strengths and opportunities for improvement guided UCare's overall quality-related efforts in 2020.

Overall Evaluation

Overall, most activities planned in the 2020 Work Plan were achieved. The COVID-19 pandemic impacted UCare's planned quality improvement activities for 2020. UCare was able to shift focus, priorities, and resources to address the COVID-19 pandemic and pressing needs of members. The impact on specific activities and initiatives is outlined throughout the Program Evaluation. The activities that were not completed will be considered for continuation in 2021.

Opportunities for improvement were identified and interventions were implemented. Throughout each area, UCare implemented interventions that met the needs of our culturally and ethnically diverse membership. As a result of planned activities in 2020, improvements and achievements are noted in the below areas:

COVID-19 Response

UCare has been a leader in responding to the COVID-19 pandemic for our members. In 2020, UCare's response to the COVID-19 pandemic was to provide outreach and services to our members to ensure members had accurate and correct information about the pandemic and assist in linking them to the right services when applicable including primary care, specialty care, mental health services, dental care and/or community resources to best meet their needs during the pandemic. UCare's strategies and interventions have been tailored to reduce disproportionate burden of COVID-19 among diverse population groups that are at increased risk for infection and severe illness as well as working to address health disparities and inequities related to COVID-19. UCare's 2020 COVID-19 strategies and interventions focused on data analytics, member engagement, member resources, pharmacy, community participation, provider engagement and support, and benefit structure.

Structural Interventions

Access and Availability to Providers: The UCare provider networks have not changed appreciably throughout 2020. There was improved performance on many appointment availability, access and geographic availability metrics. The comprehensive network is sufficient to meet the needs of enrolled members and the standards set by UCare's regulators.

Provider Directory: UCare has made improvements in the accuracy of provider directory data in 2020. Five of the categories measured between primary care and specialty/mental health care that were not previously meeting goals have moved to passing ranges.

Value-Based Contracting: UCare continues to actively engage network providers in alternative payment arrangements to reduce costs and improve outcomes for UCare members.

Delegates: In 2020, UCare ensured the delegates, and their activities, were closely monitored and audited against federal, state and NCQA requirements. Delegates include those that provide services to members for pharmacy, chiropractic care, hearing aid benefits, dental care, disease management, utilization management and credentialing.

Medical Records Standards and Advance Directives audits: Maintained high performance in most 2020 requirements for medical records.

Community Resources

Member Wellness and Safety Initiatives: UCare maintains various member wellness and safety initiatives including: Mobile Dental Clinic, tobacco and nicotine cessation, fitness programs, fall prevention, community education discounts, healthy savings, food access outreach, Management of Maternity Services (MOMS) program, preventive incentives, and Seats, Education, and Travel Safety (SEATS) Program. UCare tracks member engagement.

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

Social Services Referral Engine: UCare utilizes a social services referral engine to support referrals for relevant services in the member's community. UCare tracks utilization of the referral engine and identified opportunities to build out the tool to better track member engagement. The platform includes 12,280 services and 3,804 organizations across the state of Minnesota. Currently, UCare has 82 platform users, spread across 8 departments.

Tailored Interventions

NCQA: Achieved Health Plan Accreditation for UCare's full line of Medicare, Joint Medicare, Medicaid and Marketplace products.

HEDIS: Interventions were developed and implemented for all products. Interventions included member and provider outreach. The following percentages of measure elements were above the national 75th percentile for each product:

- 67% of EssentiaCare
- 61% of UCare Medicare
- 60% of MnCare
- 54% of Connect + Medicare
- 54% of M Health Fairview North Memorial
- 47% of MSHO
- 47% of Individual and Family Plans
- 46% of Connect
- 36% of PMAP

HOS: Measure score changes were mixed. MSHO improved from the previous year and obtained a 4 Star in *Improving or Maintaining Physical Health* and *Monitoring Physical Activity*. MSHO maintained a 5 Star in *Reducing Risk of Falling*. MSHO decreased by one Star rating in *Improving or Maintaining Mental Health* and *Improving Bladder Control*. UCare Medicare improved by one Star rating in all measures: 5 Star in *Improving or Maintaining Mental Health*, 4 Star for *Improving Bladder Control*, 3 Star in *Monitoring Physical Activity* and *Improving or Maintaining Physical Health*, and 2 Star in *Risk of Falling*.

Star Ratings: The majority of the Medicare plans that qualified for an individual Star Rating for 2021 achieved a 4.5 out of 5.0 Stars. Both Connect + Medicare and UCare Medicare's overall weighted average improved from last year, with both product lines increasing by 0.5 Star levels. MSHO received a slightly lower overall score for 2021 but maintained a 4.0 overall Star Rating. Areas of improvement for all products have been identified and improvement efforts have begun.

CAHPS: Although CMS canceled the submission requirements for the 2020 CAHPS survey due to COVID-19, UCare elected to continue the survey as scheduled for internal quality improvement. In 2020, UCare members reported an overall positive experience with the UCare Medicare plan. CMS did not release 2020 national averages, but in comparison to the 2019 national average UCare Medicare results are at or above the national average in 6 of 11 measures. The greatest improvement UCare saw in comparison to 2019 was the *Rating of Drug Plan*. CAHPS results for the MSHO plan showed consistent performance overall compared to 2019, with the greatest improvement

seen in *Rating of Health Care Quality*. MSHO scored above the national average in *Rating of Health Plan* and *Rating of Drug Plan*. Connect + Medicare improved in the *Rating of Health Plan* and the *Rating of Health Care Quality*. The main opportunity for improvement is the *Coordination of Care* measure, as there were declines from 2019 to 2020. UCare administered the CMS CAHPS survey to EssentiaCare plan members for the first time in 2020. Although we do not have trending data, in comparison to the 2019 national average EssentiaCare performed well in the provider related measures and has opportunities related to the health plan administration measures including the *Rating of Health Plan*, *Rating of Drug Plan*, and *Customer Service*.

ECHO survey: In 2020, Individual and Family Plan, UCare Medicare, EssentiaCare, UCare Medicare with M Health Fairview and North Memorial Health, Medicaid and Medicare + Medicaid members reported scores above the UCare benchmark in the composite scores for *How Well Clinicians Communicate*. UCare Medicare and UCare Medicare with M Health Fairview and North Memorial Health also reported scores above the UCare benchmark for *Rating of Counseling or Treatment*. In addition, Medicaid members reported scores above the UCare benchmark composite in *Rating of Health Plan for Counseling or Treatment*.

Customer Service: In 2020, UCare met all goals, except one, related to functionality of self-service processes available in UCare's portal and quality and accuracy of the information members receive through the portal and phone regarding benefits and pharmacy information. UCare identified opportunities for improvement and interventions to improve timeliness of portal responses.

Member Safety: UCare continued to focus on member safety. In 2020, the primary mechanism for monitoring this area was through Quality of Care (QOC) cases and medication adherence. In 2020, 6 QOC cases were substantiated and appropriate actions were taken. UCare continues to perform well in Medicare Part D Star measures where UCare Medicare improved its previous performance and continued to outperform the MA-PD average across all adherence measures.

Focused Studies: Focused studies topics include cervical cancer screenings, continuity and coordination of medical care, continuity and coordination between mental health and substance use disorder and medical care, a dental project, and the opioid epidemic. Partnerships and both internal and collaborative interventions are developed and implemented to improve member health and achieve project goals. Through tailored interventions, UCare saw improvement in cervical cancer screening rates, decrease in emergency department dental visit rates, reduction in rate of new chronic opioid users in almost all product lines, and increase in postpartum visits for Marketplace and Medicaid members.

Appeals and Grievances (A&G): UCare's A&G department supports member needs related to dissatisfaction with UCare's services. During 2020, UCare received a total of 6,826 grievances and appeals. Of these cases, 23% (1,552) were grievances and 77% (5,274) were appeals. The change from 2019 reflected a 2% increase overall.

Care Management: UCare makes care management services available to all members in all products through in-house staff or contracts with counties, care systems and care coordination entities. Members enrolled in the PMAP complex case management for at least three months demonstrated a decrease in per member per month (PMPM) costs as well as a decrease in admissions per 1,000.

Disease Management Program: UCare's Disease Management (DM) Program saw favorable results in the following programs:

- At-risk asthma program: Connect
- High-risk asthma program: PMAP
- At-risk diabetes program: Connect, PMAP, MnCare, MSC+, MSHO, IFP
- At-risk heart failure program: Connect, UCare Medicare, MnCare, PMAP
- High-risk heart failure program: Connect, Connect + Medicare, MnCare, MSC+, MSHO, UCare Medicare, PMAP
- Migraine management program: PMAP
- Chronic Care Improvement Program (CCIP): Connect + Medicare, UCare Medicare, MSHO

The contents of this report will be reviewed by UCare's Quality Improvement Council (QIC) and Quality Improvement Advisory and Credentialing Committee (QIACC), and the Board of Directors (BOD). Findings included in this document serve as the framework for developing the Quality Program Work Plan for 2021.

Effectiveness of Quality Program Structure

Adequacy of Resources

In 2020, a majority of the work plan activities were completed and most of the work plan goals were attained. Quality resource needs are determined based on the percentage of key activities completed, associated goals attained, and employee satisfaction survey results. In 2020, UCare's Quality Management Department and other UCare departments were restructured to better align resources and organizational priorities. In this restructuring, Pharmacy was shifted into its own department (previously under Quality Management). Three new areas were added under the newly titled Quality Management and Population Health Department, including Population Health, Health Services Analytics, and Disease Management. This restructuring highlights UCare's commitment to a data-driven, population-based approach to quality improvement.

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

Data and Information Support

UCare evaluated our data and information staff, resources and software to ensure our health information system that collects, analyzes and integrates data that is necessary to implement the QI Program is adequate. UCare implemented a new platform in 2020, GuidingCare, which integrates all activities and functions required for optimal population health management and care coordination, and includes case management, disease management, mental health and substance use disorder, health promotions, utilization review and appeal and grievances cases. This platform offers one place to see all the member's activities, thereby making care coordination more comprehensive and effective in meeting the needs of the member. In addition, this platform offers improved reporting and analytics capabilities which will improve our quality-related activities. In addition, UCare is in the process of implementing a Carrot Health module which combines market, membership and consumer data with predictive analytics to support quality improvement efforts to improve the health and well-being of our members. This module will further UCare's population health and quality efforts. UCare will continue to evaluate the impact of these new resources and continually evaluate additional technology needs and resources for the organization.

Committee Structure

After evaluating the Quality Program committee structure, UCare leadership made the decision in 2020 to add three new councils and committees. These changes were made to further key strategic initiatives and ensure adequate guidance to help teams reach goals. UCare added a Population Health Program Council (PHPC), reporting to the Quality Improvement Advisory and Credentialing Committee (QIACC). UCare also added a Population Health Data Management Committee and Population Health Initiatives Committee, both committees reporting to the Population Health Program Council. Council and committee charters are available in UCare's 2021 Quality Program Description. This revised structure continues to provide further alignment of QI activities and support effective governance.

Practitioner Participation

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

In addition to serving on various committees, UCare enlists practitioner and provider input regarding peer review (where applicable) and key quality improvement initiatives. For example, in 2020 UCare collaborated and engaged with community dental providers to improve annual dental exam rates and reduce dental-related emergency room visits. In addition, UCare partnered with community pharmacies on initiatives to improve medication adherence. UCare also solicits feedback from community providers through surveys and other feedback mechanisms. For example, annually UCare surveys mental health and substance use disorder providers related to satisfaction with exchange of information, and from that provider feedback UCare acts on opportunities for improvement. External and internal practitioner engagement continues to be high and attendance on committees is highly consistent. UCare values involvement from community practitioners and providers and encourages participation in directing and evaluating our Quality Program and activities.

Leadership Involvement

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

UCare's leadership evaluates the need for changes to the overall quality program structure throughout the year. UCare leadership involvement is adequate, and all leaders regularly attend and actively participate in QI committee meetings. UCare's commitment to quality is strong and shared across all levels of the organization. Beyond committee structures, there is not a need to restructure the Quality Program for 2021 at this time. UCare will continue to pursue our goals to achieve overall quality excellence.

QI Program Effectiveness

Based on the evaluation of adequacy of the Quality Program resources, data and information support, Quality Program structure, practitioner involvement and leadership involvement, UCare has determined that the current Quality Program is effective. No changes to the Quality Program structure are needed at this time.

2021 Goals Priorities

Based on the 2020 Quality Program Evaluation, successes, challenges and changing healthcare landscape, UCare has refined existing goals and developed new goals for the Quality Program in 2021. The goals emphasize health equity and population health. UCare will also continue executing and measuring COVID-19 strategies in 2021, focusing on member education and addressing vaccine hesitancy.

Population Health Management:

- Continue to refine and develop a more robust population health management strategy to identify and address the needs of our members across the continuum of care to improve the overall health of the community.

- Foster partnerships among members, caregivers, providers and communities, which allows UCare to promote effective health management, health education and disease prevention, as well as encourage the optimal use of health care and services by members and providers.
- Implement aligned and evidence-based health promotion, disease management, care coordination and care management programs to support members in achieving their best health and well-being.
- Establish metrics to evaluate members' perception of their quality of life and develop goals for improvement.

Health and Racial Equity:

- Identify, implement and measure evidence-based strategies and metrics to address social factors that influence health, health care and racial disparities and inequities to improve overall health outcomes of our members.
- Ensure UCare's organizational initiatives are data-driven, equity-centered, community-informed and culturally appropriate and responsive to meet the needs of UCare members.
- Broaden and integrate perspective on the health and racial equity implications of business decisions at UCare.

Access:

- Ensure adequate access and availability to medical, specialty, dental, pharmacy, mental health and substance use disorder services to match member needs and preferences, including cultural, ethnic, racial and linguistic needs and preferences.
- Monitor telehealth trends and demonstrate that UCare's telehealth network is providing safe, equitable and coordinated care by credentialed providers.

Quality of Care:

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

Regulatory:

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