



2021 Quality Program Work Plan

03/09/2021: Approved by the Quality Improvement Committee

03/18/2021: Approved by the Quality Improvement Advisory and Credentialing Committee

04/14/2021: Approved by the Board of Directors

UCare – 500 Stinson Boulevard NE – Minneapolis, MN 55413 – www.ucare.org

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

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

Committees	
CR	Credentialing Committee
HSMC	Health Services Management Committee
PHPC	Population Health Program Council
QMIC	Quality Measures Improvement Committee
QIC	Quality Improvement Committee
QIACC	Quality Improvement Advisory and Credentialing Committee

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
Admin	2020 Quality Program Evaluation (on 2020 QI Activities)	All Products	Evaluate the effectiveness of the Quality Program to include monitoring activities and clinical, operational, and satisfaction initiatives.*	Complete Annual Program Evaluation. Annual evaluation report submission to DHS.	NCQA QI 1C, 42 CFR §422.152, Minn. Rules 4685.1110, sub 8, Minn. Rules 4685.1115, Minn. Rules 4685.1120	2020 Program Evaluation	VP, Quality and PHM					Mar	Mar
Admin	2021 Quality Work Plan	All Products	Define quality related planning and monitoring of activities as well as clinical and operational improvement for the coming year.*	Completion of 2021 Work Plan for all products based on regulatory requirements and findings from previous QI Program Evaluation. Annual Quality Work plan submission to DHS.	NCQA QI 1B, 42 CFR §422.152, Minn. Rule 4685.1115, Minn. Rules 4685.1130, Minn. Rules 4685.1125, sub 2	2021 Work Plan	VP, Quality and PHM					Mar	Mar
Admin	2021 Quality Program Description	All Products	Annual review of Quality Program and structure.	Complete Quality Program description. Program structure changes made as indicated. Send to MDH annually.	NCQA QI 1A, 42 CFR §422.152, Minn. Rules 4685.1110, sub 1-13, Minn. Rules 4685.1115, Minn. Rules 4685.1130, sub 1	2021 Program Description	VP, Quality and PHM					Mar	Mar

*Monitoring of previously identified issues in 2020.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QS	Access and Availability Monitoring	All Products	Ensure providers are meeting regulatory and Ucare access standards.* Ensure network is adequate to meet members' needs.*	Improve the network appointment availability assessment process. Seek additional behavioral health and high-use specialty contracting opportunities, focusing on rural areas. Review applicable member satisfaction surveys (e.g. CAHPS). Host quarterly forums with member-facing staff. Evaluate member cultural needs and preferences and characteristics of network practitioners.	NCQA NET 1 and NET 2, 42 CFR §§ 438.206 and 438.207 MN Statutes Sections 62 D.124 and 62 Q.55 Minn. Rules 4685.1010	Access and Availability Report	VP, PRC					Sep	
SCC	Adverse Events Bi-Annual Report	All Products	Ongoing monitoring of adverse events between Recredentialing cycles and take appropriate action against practitioners when occurrences of poor quality are identified.*	Identify and when appropriate, act on quality and safety issues in a timely manner during the interval between formal credentialing. Monitor practitioner-specific adverse events. Report findings semi-annually.	NCQA CR 5 A	Adverse Events Report	VP, Quality and PHM	Feb Aug					
QS	Assessment of Network Adequacy	All Products	Monitor access to healthcare services and take action to improve it through Appeals and Grievances and out-of-Network requests. Inform members of the criteria used to select hospitals and practitioners for participation in plan networks, and monitor member experience with plan services.	Monitor trends in member Appeals and Grievances, out-of-network requests, and member satisfaction survey results (CAHPS, QHP, ECHO). Seek additional Primary Care, Specialty, and Behavioral Health provider contract opportunities. Provide members information to assist in selecting a plan and monitor member experience to identify opportunities for improving plan offerings.	NCQA NET 3 and ME 7C-F	Assessment of Network Adequacy Report	VP, PRC					Sep	

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QS	Assessment of Provider Directory Accuracy	All Products	Evaluate and identify opportunities to improve the accuracy and take action to improve the accuracy of the information in the physician directories.*	Conduct data validation to determine accuracy of the physician directory. Identify and act on opportunities for improvement. Monitor the online solution (DXT) where providers can login securely to a site to review and update the practitioner and site records. Conduct calls to verify accuracy of provider information.	NCQA NET 5C-D, 42 CFR §§ 438.206 and 438.207, MN Statutes Sections 62 D.124 and 62 Q.55, Minn. Rules 4685.1010	Physician and Hospital Directories	VP, PRC					Sep	
QCC	Chronic Care Improvement Program (CCIP)	UCare Medicare, MSHO, Connect + Medicare, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health	Reduce inpatient admissions per 1000 rates by 1% each year.* Reduce emergency department visits per 1000 rates by 1% each year.*	Quarterly mailing to members with 2-6 chronic conditions. Each mailing includes a quarterly focus, healthy recipe, health tips and resources. Quarterly focus topics include nutrition, preventive services, physical activity and stress management.	42 CFR §§ 422.152	CCIP Report	VP, Quality and PHM		Oct			July	
SCC	Clinical Practice Guidelines	All Products	Ensure that medical and behavioral health guidelines are adopted, approved, reviewed and monitored by QIACC.	Review and update existing guidelines every two years. Distribute to providers and members according to State and Federal standards.	42 CFR §§ 438.236	<u>Medical</u> Obesity Adults Heart Failure Preventive Adults Preventive Child and Adol Asthma Diabetes Prenatal	VP, CLS and AVP, MSS						Dec

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
MemX	Complaint Trend Report	All Products	Support members by resolving issues of dissatisfaction with Ucare. Standard for meeting timelines: 97%.* External report requirements are met 100% of the time.*	Track complaints, assess trends, and establish that corrective action is implemented and effective in improving the identified problems. Serve as member advocates by processing concerns in a timely manner. Provide internal training on appeal and grievances trends.	NCQA ME 7C-F, Minn. Rules 4685.1110, sub 9	A&G Trend Report	VP, Quality and PHM					Mar May Sep Nov	
MemX	Complex Case Management (CCM) Satisfaction Report	All Products	Evaluate CCM experience through member feedback to improve the CCM program.*	Obtain feedback from members for the following using a satisfaction survey: - Information about the overall program - Program staff - Usefulness of the information disseminated - Members' ability to adhere to recommendations - Percentage of members indicating that the program helped them achieve health goals	NCQA PHM 6	CCM Satisfaction Report	VP, CLS		May				

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
MemX	Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Enrollee Satisfaction Survey (ESS) Report	All Products	<p>Provide comparative information on performance of Managed Care Organizations (MCO) and identify areas of improvement.</p> <p>Achieve a rating at or above the 2019 national average for Medicare CAHPS UCare Medicare, MSHO, Connect + Medicare, and EssentiaCare.</p> <p>Achieve a rating at or above the MN average for CAHPS for MN Health Care Program (MHCP).</p> <p><i>Due to COVID-19, Medicare CAHPS was not reported to CMS, but UCare completed CAHPS data collection and below are the results.</i></p> <p>Focus Areas (below national/state average):</p> <p><u>UCare Medicare</u></p> <p>- Rating of Drug Plan 8.55*</p> <p><u>MSHO</u></p> <p>- Rating of Health Care Quality 8.45*</p> <p>- Getting Needed Care 3.15*</p> <p>- Customer Service 3.54*</p> <p>- Care Coordination 3.42</p> <p>- Getting Needed Prescription Drugs 3.55*</p> <p><u>Connect + Medicare</u></p> <p>- Rating of Health Care Quality 8.32*</p> <p>- Rating of Health Plan 8.69*</p> <p>- Annual Flu Vaccine 6.90</p> <p><u>EssentiaCare</u></p> <p>- Rating of Health Plan 8.52</p> <p>- Rating of Drug Plan 8.19</p> <p><u>IFP</u></p> <p>- Rating of Health Plan 6.24*</p> <p>- Access to Information 4.60*</p> <p>- Rating of All Health Care 7.50</p> <p><u>PMAP</u></p> <p>- Care Coordination 87.0%</p> <p><u>MnCare</u></p> <p>- Getting Needed Care 81.1%</p>	<p>Measure satisfaction of services with CAHPS questions in comparison with other MCO plans. Analyze the results against benchmarks.</p> <p>Identify opportunities for improvement based off of comparison to 2019 national average scores. Continue interventions in the following areas:</p> <p>- Customer Service training.</p> <p>- Member education materials.</p> <p>- Provider education (example: PCP, ADC).</p> <p>- Off-cycle CAHPS survey.</p>	NCQA ME 7C-F, NET 3, 42 CFR §§ 422.152 and 422.516	CAHPS and ESS Survey Results	VP, Quality and PHM				Nov	Nov	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
			<ul style="list-style-type: none"> - Getting Care Quickly 80.97%* <u>MSC+</u> - Getting Needed Care 82.0% - Rating of Health Plan 61.3%* - Getting Care Quickly 82.8%* - Customer Service 88.8% - Coordination of Care 81.3% <u>Connect</u> - Getting Needed Care 82.7% - Getting Care Quickly 82.9%* - Customer Service 85.9%* - Coordination of Care 84.5% 										

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Continuity and Coordination Between Mental Health and Substance Use Disorder and Medical Care	All Products	Collaborate with mental health and substance use disorder practitioners to monitor and improve coordination between medical care and mental health and substance use disorder services.*	<p>Collect and analyze data to identify opportunities for improvement of coordination between behavioral and medical care in the following areas:</p> <ul style="list-style-type: none"> - Exchange of information. - Appropriate diagnosis, treatment and referral of behavioral disorders commonly seen in Primary Care. - Appropriate use of psychotropic medications. - Management of treatment access and follow-up for members with coexisting medical and behavioral disorders. - Primary to secondary preventive behavioral healthcare program implementation. - Special needs of members with severe and persistent mental illness. <p>Based on the analysis and identification of opportunities for improvement of coordination between behavioral and medical care, take action to address at least two opportunities (Antidepressant Medication Management, Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications).</p>	NCQA QI 4 42 CFR §§ 438.208	Continuity and Coordination Between Mental Health and Substance Use Disorder and Medical Care	AVP, MSS		Nov				Dec

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Continuity and Coordination of Medical Care	All Products	Monitor and take action as necessary to improve continuity and coordination of care across the health care network.*	Collect and analyze data to identify opportunities for improvement of coordination of medical care by: - Collecting data on member movement between practitioners and across settings. - Conducting quantitative and causal analysis of data to identify improvement opportunities. - Identify and select 4 opportunities for improvement. - Act on 3 of those 4 identified opportunities for improvement (Transitions of Care, Follow-Up After Emergency Department Visit, Comprehensive Diabetes Care Eye Exam).	NCQA QI 3 42 CFR §§ 438.208	Continuity and Coordination of Medical Care	VP, Quality and PHM				Nov	Nov	Dec
Admin	Criteria for Credentialing File Review Grid	All Products	Annually review Credentialing File Review Grid.	Review and update Criteria for Credentialing File Review Grid.	NCQA CR 1A	Criteria for Credentialing File Review Grid	VP, Quality and PHM	Mar					
Admin	Culturally and Linguistically Appropriate Services (CLAS)	All Products	Advance health equity, improve quality, and help eliminate health care disparities by implementing culturally and linguistically appropriate services.*	Identify activities for each of the 15 CLAS standards. Implement diversity initiatives and cultural competency initiatives for members and providers. Develop, assure, implement and evaluate health care initiatives aimed at reducing the disparities in health status among targeted UCare populations. Maintain, disseminate, and annually review the Limited English Proficiencies (LEP) plan.	NCQA QI 1, DHS	CLAS Standards Work Plan	SVP, Public Affairs and Chief Marketing Officer					May	

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
Admin	Delegation Oversight <i>Regulatory</i>	All Products	Perform oversight of delegated facilities and responsibilities in accordance with regulatory and contractual delegation agreements. Determine and follow up on opportunities for improvement.*	Annual audit of delegated entities. Annual schedule submitted to the state identifying delegated functions. Develop Corrective Action Plans (CAPs) based on audit findings. Provide member and clinical data, as applicable.	NCQA CR 8/PHM 7/UM 13/NET 6/ME 8	Delegation Audit Findings	VP, Compliance	Feb Aug				Nov	
QCC	Dental Project Report	PMAP, MnCare, MSHO, MSC+, Connect, Connect + Medicare	Increase dental utilization and access for UCare members.	Provide telephonic outreach to increase annual dental visit. Update MCO101 Dental Information Grid. Continue Mobile Dental Clinic. Build and strengthen community partnerships. Continue value-based contracts.	DHS Contract	Dental Report	VP, Quality and PHM					Jul	

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	DHS Risk Corridor	PMAP, MnCare, MSHO, MSC+, Connect, Connect + Medicare	Reduce disparity gaps by a net value of (50%) or more compared to baseline rate for the following areas: 1. Breast Cancer Screening 2. Colorectal Cancer Screening 3. Childhood Immunization Status 4. Well Child Visits in First 15 Mo 5. Well Child Visits 3-6 yr 6. Diabetes HbA1c Screening 7. Asthma Medication Ratio 8. Follow-up After Hospitalization for Mental Illness 9. Initiation and Engagement of Alcohol, Opioids, and Other Drug Dependence Treatment 10. Antidepressant Medication Management: Acute Phase and Continuation Phase 11. Plan All-Cause Readmissions 12. Emergency Department Utilization	Monitor data and identify opportunities for improvement. Develop and implement interventions to address and reduce health disparity gaps among members.	DHS Contract	Committee Updates	SVP, CMO				May	Jul	Sept

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	DHS Withholds	PMAP, MnCare, MSC+, Connect, Connect + Medicare, MSHO	<p>Monitor data, identify opportunities for improvement, and implement interventions in the following focus areas:</p> <ol style="list-style-type: none"> Dental Service (PMAP, MnCare)* -Age 1-20 - increase by 10% over 3 yrs. -Age 21-64 - increase by 10% over 3 yrs. -Provider Network Equity - 90% over 3 yrs. -Provider Network Service - TB Repeat Deficiencies - 0 deficiencies (All)* ED Utilization - 25% reduction, over 3 yrs. (PMAP, MnCare)* Hospital Admission Rate - 25% reduction, over 3 yrs. (PMAP, MnCare)* 30 Day Readmission - 25% reduction, over 3 yrs. (PMAP, MnCare)* Accessibility Requirements - complete survey once a year (Connect, Connect+Medicare)* Regional Stakeholder Group - Attend meetings (Connect, Connect + Medicare, MSHO, MSC+)* Annual Dental Visit, age 19-64 - 10% increase, over 3 years (Connect, Connect + Medicare)* Annual Dental Visit, age 65+ - 10% increase, over 3 years (MSHO, MSC+)* Care Plan Audit - 85% timely completion (MSHO, MSC+)* Health Risk Screening - completed within 75 days of a member enrolled for 60 days (MSHO, MSC+)* 	<p>Provide telephonic outreach to members who have a gap in care for a dental visit.</p> <p>Provide outreach education to members who have had a non-traumatic ED visit.</p> <p>Partner with Delta Dental on providing additional outreach services to members.</p> <p>Attend regional stakeholder meetings as scheduled.</p> <p>Conduct provider education (tool kit, Webinars, and resources).</p> <p>Conduct member education (IVR calls, mailings).</p> <p>Continue Mobile Dental Clinic.</p>	DHS Contract	Committee Updates	VP, Quality and PHM VP, CLS VP, GR				May	Sep	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Disease Management (DM) Annual Report	All Products	Help members regain optimum health and/or improve functional capability, in the right setting and in a cost-effective manner.* Improve DM program.* Goal is to meet/exceed 80% member satisfaction.	Identify relevant process or outcome measures, analyze results and identify opportunities for improvement. Integrate DM strategy with the Population Health Management Strategy. Identify and inform eligible members of the DM program. Provide DM health coaching for members and help them access needed resources.	NCQA PHM 1, PHM 2, PHM 6 DHS Contract	DM Satisfaction Report and Annual Evaluation	VP, Quality and PHM			Mar			
MemX	Experience of Care and Health Outcomes Survey (ECHO) Report	All Products	Measure overall experience from members who accessed mental health services in the past 12 months to obtain information about experiences with mental health care services and the health plan. Meet or exceed Ucare performance benchmarks.	Analyze results against previous years and benchmarks to identify opportunities for improvement. Identify interventions to improve performance in measures that are below the benchmark, including: expanding provider network, improving prior authorization processes, and expanding telehealth service.	NCQA ME 7 E-F	ECHO Report	VP, Quality and PHM				Nov	Nov	
SCC	Health Outcomes Survey (HOS)	Ucare Medicare, MSHO, EssentiaCare, Ucare Medicare with M Health Fairview & North Memorial Health	Assess and monitor physical and mental health functional status of Medicare members.* Utilize data to improve functional outcomes as indicated by survey results, as a measurement tool, and as a comparative indicator of member health.*	Conduct a two-year cohort study on a sample of members. Review questions that pertain to physical and mental health outcomes. Trend results and compare benchmarks. Review HRA data to identify at risk members. Implement interventions: provider education, member education, Annual Wellness Exam incentive.	42 CFR §§ 422.152 and 422.516	HOS Survey Results	VP, Quality and PHM				Nov		

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Healthcare Effectiveness Data Information Set (HEDIS)	EssentiaCare, Ucare Medicare with M Health Fairview & North Memorial Health	Achieve 5 Star ratings. Address issues identified in 2020 Annual Program Evaluation.* Evaluate COVID-19 impacts to final HEDIS MY 2020 rates. Focus Areas: <u>EssentiaCare</u> - Colorectal Cancer Screening 63.26%** - Plan All Cause Readmissions 15.57% (lower is better) <u>Ucare Medicare with M Health Fairview & North Memorial Health</u> - Colorectal Cancer Screening 70.00%** - Diabetes Control <8 70.91% - Diabetes Eye 70.91% - Transitions of Care (TRC) Admit Note. 21.43% - TRC Engagement in 30 days 83.93% - TRC Med. Rec. in 30 days 51.79%	Monitor effectiveness of care, access/availability of care, and use of services. Analyze results against previous years, other health plans, and benchmarks to identify opportunities for improvement. Identify interventions to improve performance in measures that are below the threshold and as identified in the annual evaluation. Explore member engagement solutions. Conduct member outreach (e.g. IVR, telephonic, mailings, etc.). Conduct provider outreach to focus on Star measures (e.g. action lists, education on measures, etc.). Evaluate COVID-19 impacts on final HEDIS MY 2020 rates.	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Quality and PHM				Jul	Jul	

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**Lower than predicted hybrid rates in HEDIS MY 2019 due to COVID-19.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Healthcare Effectiveness Data Information Set (HEDIS)	UCare Medicare, I-SNP, MSHO, Connect + Medicare	<p>Achieve 5 Star ratings for Ucare Medicare.</p> <p>Maintain 4 Star ratings or above for MSHO.</p> <p>Maintain 4.5 Star rating or above for Connect + Medicare.</p> <p>Address issues identified in 2020 Annual Program Evaluation.*</p> <p>Evaluate COVID-19 impacts to final HEDIS MY 2020 rates.</p> <p>Focus Areas:</p> <p><u>UCare Medicare</u></p> <ul style="list-style-type: none"> - Breast Cancer Screening 78.78% - Colorectal Cancer Screen 66.91%** - Diabetes Control <8 71.78%** - Diabetes Eye 78.10%** - Diabetes Nephropathy 94.65%** - Controlling High Blood Pressure 75.18%** - Osteoporosis Management 28.63%** - Transitions of Care (TRC) Engagement in 30 days 82.00%** - TRC Med Rec in 30 days 55.72%** - Plan All Cause Readmissions 14.90% (lower is better) <p><u>I-SNP</u></p> <ul style="list-style-type: none"> - COA ADV (NEW) - COA FSA (NEW) - COA Pain (NEW) - COA Rx Review (NEW) <p><u>MSHO</u></p> <ul style="list-style-type: none"> - Breast Cancer Screening 67.09% - COA FSA 92.21%** - COA Pain 95.13%** - COA Rx Review 86.62%** - Colorectal Cancer Screening 59.37%** - Diabetes Control <8 59.61%** 	<p>Monitor effectiveness of care, access/availability of care, and use of services.</p> <p>Analyze results against previous years, other health plans, and benchmarks to identify opportunities for improvement.</p> <p>Identify interventions to improve performance in measures that are below the threshold and as identified in the annual evaluation.</p> <p>Explore member engagement solutions.</p> <p>Conduct member outreach (e.g. IVR, telephonic, mailings, etc.).</p> <p>Conduct provider outreach to focus on Star measures (e.g. action lists, education on measures, etc.).</p> <p>Evaluate COVID-19 impacts on final HEDIS MY 2020 rates.</p>	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Quality and PHM				Jul	Jul	

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
			<ul style="list-style-type: none"> - Diabetes Eye 79.56%** - Diabetes Nephropathy 93.67%** - Controlling High Blood Pressure 62.29%** - DMARD Use for RA 75.86%** - Osteoporosis Management 21.43%** - TRC Admit Note 22.38%** - TRC Disch. Rec. 10.46%** - TRC Engagement in 30 days 74.94%** - TRC Med Rec in 30 days 42.82%** - Plan All Cause Readmissions 15.56% (lower is better) <u>Connect + Medicare</u> - Breast Cancer Screening 75.00% - Colorectal Cancer Screening 67.40%** - Diabetes Control <8 56.45%** - Diabetes Eye 76.64%** - Diabetes Nephropathy 91.24%** - Controlling High Blood Pressure 71.29%** - TRC Admit Note 18.73%** -TRC Engagement in 30 days 81.02%** - TRC Med Rec in 30 days 35.77%** - Plan All Cause Readmissions 17.07% (lower is better) 										

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QCC	Healthcare Effectiveness Data Information Set (HEDIS)	IFP	Achieve 4 Star rating or above for QRS measures. Address issues identified in 2020 Annual Evaluation.* Evaluate COVID-19 impacts to final HEDIS MY 2020 rates. Focus Areas: <u>IFP</u> - Annual Dental 29.91% - Antidepr Med Mgmt.(QRS Avg.) 72.02% - Breast Cancer Screening 67.16% - Cervical Cancer Screening 66.91%** - Chlamydia Screening 48.31% - Colorectal Cancer Screen 49.64%** - Diabetes Control <8 58.39%** - Diabetes Eye 47.93%** - Diabetes Nephropathy 93.43%** - Controlling High Blood Pressure 72.02%** - Follow up After MH Hosp (30 day) 70.00% - Prenatal 92.92%** - Postpartum 85.84%** - Child Nutrition 64.72%** - Child Physical Activity 63.26%** - Well Visits Ages 3-21 (NEW) - Well Visits 15 and 30 months (NEW)	Monitor effectiveness of care, access/availability of care, and use of services. Analyze results against previous years, other health plans, and benchmarks to identify opportunities for improvement. Identify interventions to improve performance in measures that are below the threshold and as identified in the annual evaluation. Explore member engagement solutions. Conduct member outreach (e.g. IVR, telephonic, mailings, etc.). Conduct provider outreach to focus on Star measures (e.g. action lists, education on measures, etc.). Evaluate COVID-19 impacts on final HEDIS MY 2020 rates.	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Quality and PHM				Jul	Jul	

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Healthcare Effectiveness Data Information Set (HEDIS)	PMAP, MnCare, MSC+, Connect	<p>Achieve the 75th NCQA percentile or above.</p> <p>Address issues identified in 2020 Annual Evaluation.*</p> <p>Evaluate COVID-19 impacts to final HEDIS MY 2020 rates.</p> <p>Focus Areas:</p> <p><u>PMAP</u></p> <ul style="list-style-type: none"> - Antidepressant Med Mgmt. 35.73% - Breast Cancer Screening 59.60% - Cervical Cancer Screening 63.75%** - Child Nutrition 55.47%** - Child Physical Activity 53.53%** - Adolescent Immuniz. Co 2 (HPV) 34.06%** - Chlamydia Screening 59.65% - Follow Up After Hospital (30 day) 65.26% - Postpartum 76.16%** - Well Visits Ages 3-21 (NEW) - Well Visits 15 and 30 months (NEW) <p><u>MnCare</u></p> <ul style="list-style-type: none"> - Well Visits Ages 3-21 (NEW) - Well Visits 15 and 30 months (NEW) - Breast Cancer Screening 62.73% - Chlamydia Screening 61.07% <p><u>Connect</u></p> <ul style="list-style-type: none"> - Breast Cancer Screening 57.15% - Cervical Cancer Screening 58.88%** - Chlamydia Screening 42.90% - Annual Dental Visit 38.61% <p><u>MSC+</u></p> <ul style="list-style-type: none"> - Antidepressant Med Mgmt. NA*** - Breast Cancer Screening NA*** 	<p>Monitor effectiveness of care, access/availability of care, and use of services.</p> <p>Analyze results against previous years, other health plans, and benchmarks to identify opportunities for improvement.</p> <p>Identify interventions to improve performance in measures that are below the threshold and as identified in the annual evaluation.</p> <p>Explore member engagement solutions.</p> <p>Conduct member outreach (e.g. IVR, telephonic, mailings, etc.).</p> <p>Conduct provider outreach to focus on Star measures (e.g. action lists, education on measures, etc.).</p> <p>Evaluate COVID-19 impacts on final HEDIS MY 2020 rates.</p>	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Quality and PHM				Jul	Jul	

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***Insufficient data to report

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Inter-Rater Reliability (IRR) Report	All Products	Ensure uniform application of objective measurable criteria for utilization decisions.*	Calculate percent of inter-rater reliability. Update InterQual medical criteria. Continue the testing process.	NCQA UM 2 C	Inter-Rater Reliability (IRR) Report	VP, CLS and AVP, MSS		Dec				
QCC	Long Term Support Services (LTSS)	MSHO, MSC+, Connect, Connect + Medicare	Create a system to implement effective services that produces positive outcomes through accountability, continuous improvement, cultural responsiveness, and partnership.* Assess quality and appropriateness of care furnished to Enrollees using LTSS covered under the contract.*	Identify a strategic direction of services and supports. Identify performance measures related to LTSS. Monitor and evaluate the quality of home and community based services provided members.	DHS Contract	Audit Results Report	VP, CLS					Sep	Dec
QCC	Medical Record Standards and Advance Directives Audit	All Products	Monitor quality of primary care medical records for compliance with UCare standards.* Address issues identified in 2020 Annual Evaluation.*	Evaluate providers for compliance with UCare Medical Record Standards. UCare standards and criteria will remain the same for 2021. Conduct provider outreach and education post audit, as necessary.	Minn. Rules, part 4685.1110, subpart 13 DHS contract	Medical Record Standards and Advance Directives Audit Results	VP, Quality and PHM					Sep	Sep
MemX	Member Satisfaction Analysis	All Products	Implement mechanisms to assess and improve member experience and satisfaction.*	Annually monitor and evaluate member experience with services and identify areas of potential improvement by reviewing appeals and grievances, CAHPS/QHP, and ECHO data. Continue interventions in the following areas: - Customer Service training. - Member education materials. - Provider education (example: PCP, ADC). - Off cycle CAHPS survey.	NCQA ME 7 C-F	Member Satisfaction Report	VP, Quality and PHM					May	

*Monitoring of previously identified issues in 2020.

**Lower than predicted hybrid rates in HEDIS MY 2019 due to COVID-19.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Mental Health and Substance Use Disorder Services Care Management	PMAP, MnCare, MSHO MSC+	Address the needs of members with co-occurring behavioral and physical health conditions.	Identify members who are diagnosed with a mental health disorder and have a chronic medical condition or high utilization. Promote proper management of mental health, SUD and medical conditions. Identify barriers. Educate members on conditions and risks.	NCQA PHM 1A	Mental Health and Substance Use Disorder Services Care Management Report	AVP, MSS		Jul				Sep
QCC	Model of Care (MOC) Annual Evaluation	MSHO, Connect + Medicare, I-SNP	Improve the Special Needs Plan's (SNP's) ability to deliver high-quality health care services and benefits to SNP beneficiaries.*	Conduct an annual analysis of select measures related to the MOC and identify opportunities for improvement.	CMS MOC 4	MOC Annual Evaluation	VP, CLS		Mar			Mar	
Admin	NCQA Accreditation Updates	All Products	Complete all annual requirements for NCQA Accreditation.*	Manage document review and P&P updates throughout the organization.	NCQA	Bi-annual Updates	VP, Quality and PHM					May Nov	
MemX	New Member Feedback Report	All Products	Assess member understanding of policies and procedures and health plan materials.*	Complete assessment of new members. Identify opportunities for improvement of policies and procedures, and health plan materials provided to new members.	NCQA ME 3 C	New Member Feedback Report	VP, Marketing and PM					Jul	
Admin	Non-Discrimination Report	All Products	Identify and track incidences of discrimination in the Credentialing process.*	Complete audits of credentialing files to monitor the Credentialing and Recredentialing process to prevent and/or identify any discriminatory practices. Complete audits of practitioner complaints for evidence of alleged discrimination.	NCQA CR 1A	Annual Non-Discrimination Report	VP, Quality and PHM	Oct					
QCC	Over/Under Utilization Report	All Products	Improve utilization of appropriate medical care to contain the cost of medical services for members.*	Monitor both over and under utilization of medical resources, and identify opportunities to improve appropriate utilization of medical care.	DHS Contract	Over and Under Utilization Report	VP, CLS		Feb May Sep Nov				

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Performance Improvement Project (PIP) Diabetes 2021-2023	Connect, Connect + Medicare, MSC+, MSHO	Improve the Comprehensive Diabetes Care and services for Seniors and SNBC members with the focus on disparities varying by Managed Care Organizations (MCO).	<p>Participate in collaborative interventions including:</p> <ul style="list-style-type: none"> - Implement education and training opportunities to help members manage their diabetes through care coordinator training. - Provide educational resources. - Conduct community outreach and develop partnerships. <p>Implement UCare specific interventions including:</p> <ul style="list-style-type: none"> - Increasing services and education of the DM program. - Utilize Carrot Health to identify, document and track gaps in diabetes care. - Explore BiolQ in-home testing kits outreach. - Partner with Carenet via telephonic outreach. 	DHS Contract, Minn. Rules, part 4685.1125	PIP Interim Report	VP, Quality and PHM				Sep	Sep	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Performance Improvement Project (PIP) Healthy Start 2021-2023	PMAP, MnCare	Promote a "Healthy Start" for women and children with a focus on health disparities.	<p>Participate in collaborative interventions including:</p> <ul style="list-style-type: none"> - Provide education, resources, and tools to care teams. - Community partnership interventions. - Integrated Care for High Risk Pregnancies (ICHRP). - Doulas and county partners. <p>Implement UCare specific interventions including:</p> <ul style="list-style-type: none"> - Organizational redesign for prenatal and postpartum case management. - Develop strategies to improve childhood well care and immunizations rates during COVID-19. - Engage doulas. - Utilize Community Health Workers (CHW) and social workers. - Assess benefits to improve access and utilization of services. 	DHS Contract, Minn. Rules, part 4685.1125	PIP Interim Report	VP, Quality and PHM				Sep	Sep	
QCC	Performance Improvement Project (PIP) Opioid Dependence 2018-2020	PMAP, MnCare, Connect, Connect + Medicare, MSC+, MSHO	Decrease the rate/number of members that are new chronic users of opioid pain relievers.*	<p>Support sustainability plan which includes:</p> <ul style="list-style-type: none"> - Updating resources made available on the Stratis Health website. - Continue distribution of Detera disposal bags. - Implement UCare pharmacy DUR strategies. - Implement MSS triage phone line for rapid member access and support. 	DHS Contract, Minn. Rules, part 4685.1125	PIP Final Report	VP, Quality and PHM				Sep	Sep	

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Population Health Management - Strategy	All Products	Develop a cohesive population health management (PHM) strategy for addressing member needs across the continuum of care.	Annually review and update Population Health Management (PHM) strategy. Maintain a minimum of two programs/activities in the following areas: Keeping Members Healthy; Emerging Risk; Chronic Conditions; Complex Case Management.	DHS Contract, NCQA PHM 1-6	Population Health Management Strategy	VP, Quality and PHM			Mar			Jun
QCC	Population Health Management - Population Assessments	All Products	Assess needs of members and determine actionable categories for appropriate intervention.	Annually assess and review the characteristics and needs of members by product, including social determinants of health, subpopulations, child/adol. members, disabilities and SPMI. Utilize population assessments to review and update PHM activities and resources.	DHS Contract, NCQA PHM 1-6	Population Assessments	VP, Quality and PHM			May			Jun
QCC	Population Health Management - Impact Analysis	All Products	Evaluate effectiveness of PHM strategy and determine whether goals were achieved and identify areas for improvement.*	Annually conduct a comprehensive analysis inclusive of clinical, cost/utilization and experience measures to evaluate the effectiveness of the PHM programs and the overall impact of the PHM strategy. Assess and develop internal strategy for evaluating PHM programs and activities.	DHS Contract, NCQA PHM 1-6	Population Health Management Impact Analysis	VP, Quality and PHM			May			Jun
QCC	Prior Authorization (PA) Grids	All Products	Ensure UCare's prior authorization processes meet the needs of members and providers.*	Review PA requirements and update as needed.	DHS Contract	CLS/BH Authorization and Notification Grid	VP, CLS and AVP, MSS		Sep				Sept

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Quality and Accuracy of Personalized Health Plan Information and Services	All Products	Provide members information to understand and use the health plan benefits.* Ensure the quality and accuracy of health plan information.*	Collect and analyze the quality and accuracy of health plan services information provided via the website, phone and email response and identify and act on opportunities for improvement.	NCQA ME 6	Quality and Accuracy on Personalized Information on Health Plan Services	AVP, CS					May	
QCC	Quality and Accuracy of Pharmacy Benefit Information	All Products	Provide members information to understand and use the pharmacy benefit.* Ensure pharmacy benefit information is accurate.*	Collect and analyze the quality and accuracy of pharmacy benefit information provided via the website and telephone and identify and act on opportunities for improvement.	NCQA ME 5	Quality and Accuracy of Pharmacy Benefit Information	AVP, CS and AVP, Pharm					May	
QCC	Quality Improvement Strategy (QIS) Cervical Cancer Screening	IFP	Focused studies conducted to improve cervical cancer screening rates. Goal is to increase the screening rate by 10 percentage points to 61.56%.*	Implement Ucare specific interventions including: - Monitor provider prescribing trends - Provide education to members.	ACA, section 1311(g) (1) (45 CFR 156.200 (b))	QIS Report	VP, Quality and PHM					Sep	
QCC	Quality of Care Reviews	All Products	Complete quality reviews/investigations in a timely manner to ensure a safe and quality provider network.* Close 90% of Quality Care cases within 90 days of receipt.*	Monitor percent of cases closed that meet resolution timeline. Analyze quarterly trend reports by volume, issues, severity, and outcome. Provide education and monitor providers included unsubstantiated cases. Refer to peer review as required. Provide cross-departmental education regarding Quality of Care concerns.	DHS Contract	QOC Trend Report	VP, CLS		Mar June Sep Dec				

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
Admin	Regulatory Oversight	All Products	Ensure results from the CMS Medicare program audit, MDH Quality Assurance Examination and the TCA audit reports are reviewed and acted upon.	Identify number of deficiencies and mandatory improvements in audit reports. Discuss mandatory improvements with appropriate VP/Directors and receive written confirmation from VP's of next steps. CAPs relating to the audit deficiencies are complete or in process. Respond to EQRO requests.	DHS Contract	ATR report CMS Audit, MDH QA and TCA	VP, GR and VP, Compliance					Sep	
SCC	Special Health Needs (SHCN) <i>Regulatory</i>	PMAP, MnCare, Connect, MSC+, MSHO, Connect + Medicare	Ensure the effective mechanisms are in place to: -Identify adult and pediatric members with SHCN.* - Assess members identified, offer care management and monitor the member's plan of care.*	Maintain monthly tracking of select utilization indicators per contract. Monitor clinical/utilization triggers. Continue ER avoidance program. Continue to offer case management for high risk OB cases. Develop written description of SHCN Plan. Complete annual and quarterly reports.	DHS Contract	Screenings Referrals for Services Claims Data Guiding Care Data	VP, CLS		Mar				

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
Admin	Stars Report	UCare Medicare, MSHO, Connect + Medicare, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health	Complete quality improvement activities based on Stars ratings. Achieve a 2023 rating of 5 Stars for at least one Medicare product. Achieve a 2023 rating of 4.5 Stars for all remaining Medicare products. Focus Areas (achieving significant improvement % goal; goals TBD; targets may not be available for EC): <u>UCare Medicare*</u> - Osteoporosis Management in Women with Recent Fracture - All CAHPS Survey measures - Foreign Language Interpreter and TTY/TTD Availability - MTM Program Completion Rate for CMRs - Reducing the Risk of Falling - Transitions of Care - Controlling High Blood Pressure <u>MSHO*</u> - Med Adherence for Cholesterol - Med Adherence for Hypertension - Med Adherence for Oral Diabetes - MTM Program Completion Rate for CMRs - Breast Cancer Screening - All CAHPS Survey measures - Osteoporosis Management in Women with Recent Fracture <u>Connect + Medicare*</u> - Med Adherence for Cholesterol - Med Adherence for Hypertension - Med Adherence for Oral Diabetes - SNP Care Management	Develop and implement interventions based on overall Stars ratings to achieve statistically significant improvement. Provide activity reports to QMIC, QIC, and QIACC. Complete PDSA cycle on all interventions. Develop focus areas and interventions in Stars workgroups. Work on areas below the threshold and as identified in the annual evaluation.	42 CFR §§ 422.152 and 422.516	Strategic Plan Stars Update	VP, Quality and PHM					Mar Nov	Dec

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
			<ul style="list-style-type: none"> - MTM Program Completion Rate for CMRs - All CAHPS Survey measures <u>EssentiaCare</u> - All CAHPS Survey measures - Transitions of Care - Members Choosing to Leave the Plan - Foreign Language Interpreter and TTY/TTD Availability 										

**Monitoring of previously identified issues in 2020.*

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Utilization Management (UM) Criteria Review	All Products	Annual review of UM written criteria based on sound clinical evidence to make utilization decisions and specify procedures for appropriately applying the criteria.	Review and apply objective and evidence-based criteria and take individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services.	NCQA UM 2 DHS Contract	UM Criteria	VP, CLS		Nov				Dec
QCC	Utilization Management (UM) Evaluation	All Products	Complete an annual evaluation of the UM program to determine if the program remains current and appropriate.*	Evaluate the UM program structure, scope, processes, and information sources used to determine benefit coverage and medical necessity. Evaluate the level of involvement of the senior-level physician and designated behavioral health care practitioner in the UM program. Identify relevant measures and analyze results to identify opportunities for improvement.	NCQA UM 1B	Annual Utilization Management Evaluation	VP, CLS		Feb				Mar

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Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	CR	HSMC	PHPC	QMIC	QIC	QIACC
QCC	Utilization Management (UM) Program Description	All Products	Ensure UM program is well structured and makes utilization decisions affecting the health of members in a fair, impartial, and consistent manner. Ensure the UM program has clearly defined structures and processes and assigns responsibility to appropriate individuals.	Annually review UM plan and ensure it includes the following: -A written description of the program structure. -The behavioral health care aspects of the program. -Involvement of a designated senior-level physician in UM program monitoring. -Involvement of a designated behavioral health care practitioner in the behavioral health care aspects of the UM program. -The program scope and process used to determine benefit coverage and medical necessity. -Information sources used to determine benefit coverage and medical necessity.	NCQA UM 1A DHS Contract	Utilization Management Plan	VP, CLS and AVP, MSS		Feb				Mar
QS	Utilization Management (UM) Satisfaction Report	All Products	Evaluate practitioner experience with the UM process.*	Collect and analyze practitioner experience data to identify improvement opportunities. Take action on opportunities for improvement.	DHS Contract	UM Satisfaction Report	VP, CLS and AVP, MSS		Sep				Sep
QS	Web-based Physician and Hospital Directory Usability Testing	All Products	Evaluate member and prospective member understanding and usefulness of the web-based physician and hospital directories.	Conduct web-based physician and hospital directories testing of the following: -Reading Level. -Intuitive content organization. -Ease of Navigation. -Ensure directories are available in additional languages as appropriate to membership.	NCQA NET 5 I	Provider Search Testing Report	VP, Marketing and PM					Sep	

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