



# 2021 Quality Program Evaluation

## Executive Summary



03/08/2022: Approved by the Quality Improvement Committee

03/17/2022: Approved by the Quality Improvement Advisory and Credentialing Committee

04/13/2022: Approved by the Board of Directors

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## Executive Summary

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

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

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

**Quality Program Evaluation:** The annual Quality Program Evaluation 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. This document is an Executive Summary of UCare's full 2021 Quality Program Evaluation.

## Introduction to UCare

UCare ([www.ucare.org](http://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 expanded its new Institutional Special Needs Plans (I-SNPs) to four new senior living community partners and expanded the service area for its UCare Connect + Medicare dual plan for people with disabilities. It also diversified its portfolio of \$0 premium and low-cost Medicare Advantage plans. Plans are underway to expand Medicaid plans to a new geography.

UCare’s total enrollment stands at over 570,000 members and its provider network includes 96% of providers across Minnesota. All UCare plans are accredited by the National Committee for Quality Assurance (NCQA).

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 preventive care, a mobile dental clinic and Healthmobile, food insecurity programs, free community screenings, free COVID-19 and flu shot clinics, and opioid initiatives. Another first was UCare’s health plans for people with disabilities.

In the second year of the pandemic, UCare and its Community Response Team ramped up support for members. Copays were waived for members hospitalized as a result of COVID-19, and the costs of COVID-19 testing, and vaccines were fully covered. UCare was the first Minnesota health plan to offer a COVID-19 vaccine incentive (\$25 reward card) to Medicaid members. The health plan also supported 80 COVID-19 vaccine clinics and administered 8,300 vaccines, at drive-through clinics and aboard the UCare Healthmobile in underserved communities.

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, senior care, health and racial equity, and combatting 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. The 2022 UCare Medicare plans achieved 5 out of 5 Medicare Stars, UCare’s Minnesota Senior Health Options (MSHO) achieved 4.5 Medicare Stars, UCare’s Connect + Medicare achieved 4 Stars, and EssentiaCare earned its first Star rating at a 4 Star.

UCare has maintained NCQA Accredited health plans since 2014. 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.

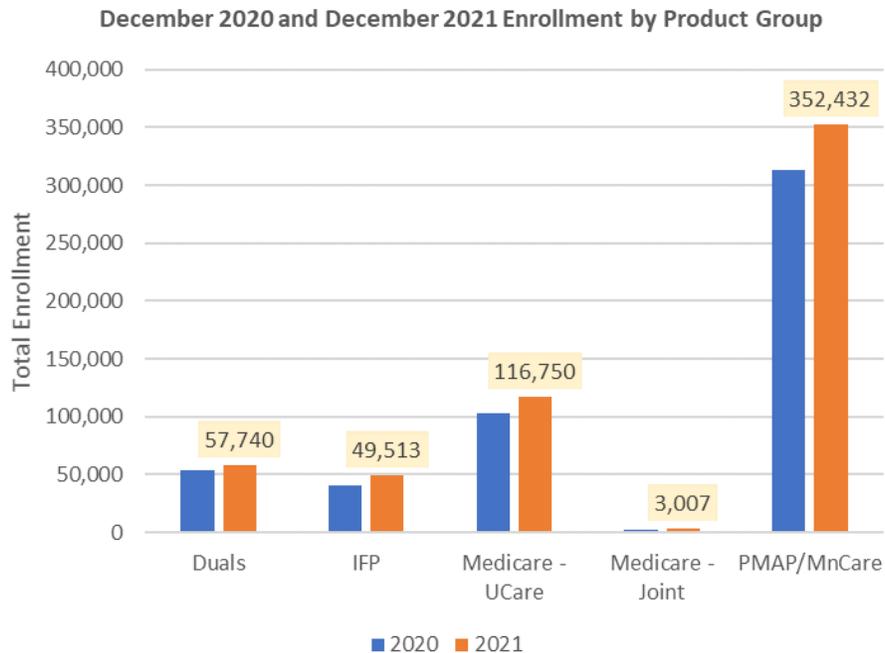
As a people powered health plan, UCare fosters a respectful, collaborative culture for employees. It has been recognized as a Star Tribune Top 175 Workplace since the rankings began in 2010. Recently, it launched a Diversity, Equity, and Inclusion (DEI) initiative to strengthen its workplace on the journey to being an anti-racist organization.

## 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 Advantage
	Medicare Supplement Plans
	Institutional Special Needs Plans (I-SNPs)
Partner Products	EssentiaCare
	UCare Medicare with M Health Fairview & North Memorial Health
Marketplace	UCare Individual and Family Plans (IFP)
	UCare Individual and Family Plans with M Health Fairview

## Membership

As of December 2021, UCare had 579,440 fully insured members. Between December 2020 and December 2021, UCare’s enrollment increased by approximately 66,957 members. A breakdown of enrollment by product group is as follows:



UCare’s membership is dominated by the PMAP/MnCare programs which account for over 60% of UCare’s entire population. The PMAP/MnCare population is diverse with 58% of the population being not White/Caucasian. The PMAP/MnCare population can be divided into kids (0-19 years) and adults (19+ years) which divides the population roughly 50/50. Overall, the population lives mostly in the 7-metro county area with the largest share of members living in Hennepin county (Table 1).

UCare’s Medicare population (UCare Medicare, EssentiaCare, M Health Fairview North Memorial) is the next biggest consisting of 20% of UCare members. This population is mostly white (94%) and mostly lives in the seven-county metro. Medicare has a 55/45 female/male split, and a majority of members are between 65 and 74 years old (Table 1).

UCare’s fastest growing segment was its individual family plans with had 20% growth over 2020. Its membership is predominantly white (80%) with 48% coming from the generally healthier 46–64-year-old age group.

Lastly, UCare’s dual programs (Connect, Connect + Medicare, MSHO, MCS+) make up about 10% of UCare’s membership. This population is more diverse (39% non-white) and is more evenly distributed between the seven-county metro (55%) and greater Minnesota (45%) than the other UCare plans.

Table 1: UCare enrollment demographics by product group

	Duals*	IFP	Medicare**	PMAP/MnCare
<b>Age (years)</b>				
0-1	-	217	-	6,577
2-5	-	1,118	-	38,164
6-12	-	2,468	-	63,499
13-19	226	2,930	-	56,873
20-26	3,002	2,790	8	39,953
27-45	12,110	12,504	169	92,037
46-64	18,563	23,873	2,422	50,268
65-74	13,853	3,587	57,169	4,176
75-84	6,358	22	44,906	719
85+	3,628	4	15,081	166
<b>Sex</b>				
Female	32,424	25,816	66,346	188,487
Male	25,316	23,697	53,409	163,945
<b>Race</b>				
Asian	6,457	2,133	1,574	33,809
Black or African/American	13,537	1,414	1,296	115,795
Native American (American Indian/ Alaskan Native)	1,933	423	1,424	10,457
No Race Listed	467	5,568	2,696	43,413
Pacific Islander	79	41	82	1,230
White/Caucasian	35,267	39,934	112,683	147,728
<b>Ethnicity Hispanic</b>				
No	55,990	49,513	119,755	322,346
Yes	1,750	-	-	30,086
<b>Seven County Metro</b>				
No	25,879	18,418	44,925	101,100
Yes	31,861	31,095	74,830	251,332

\*Includes Connect, Connect + Medicare, MSHO, MCS+.

\*\* Includes UCare Medicare, EssentiaCare, and UCare Medicare with M Health Fairview and North Memorial Health.

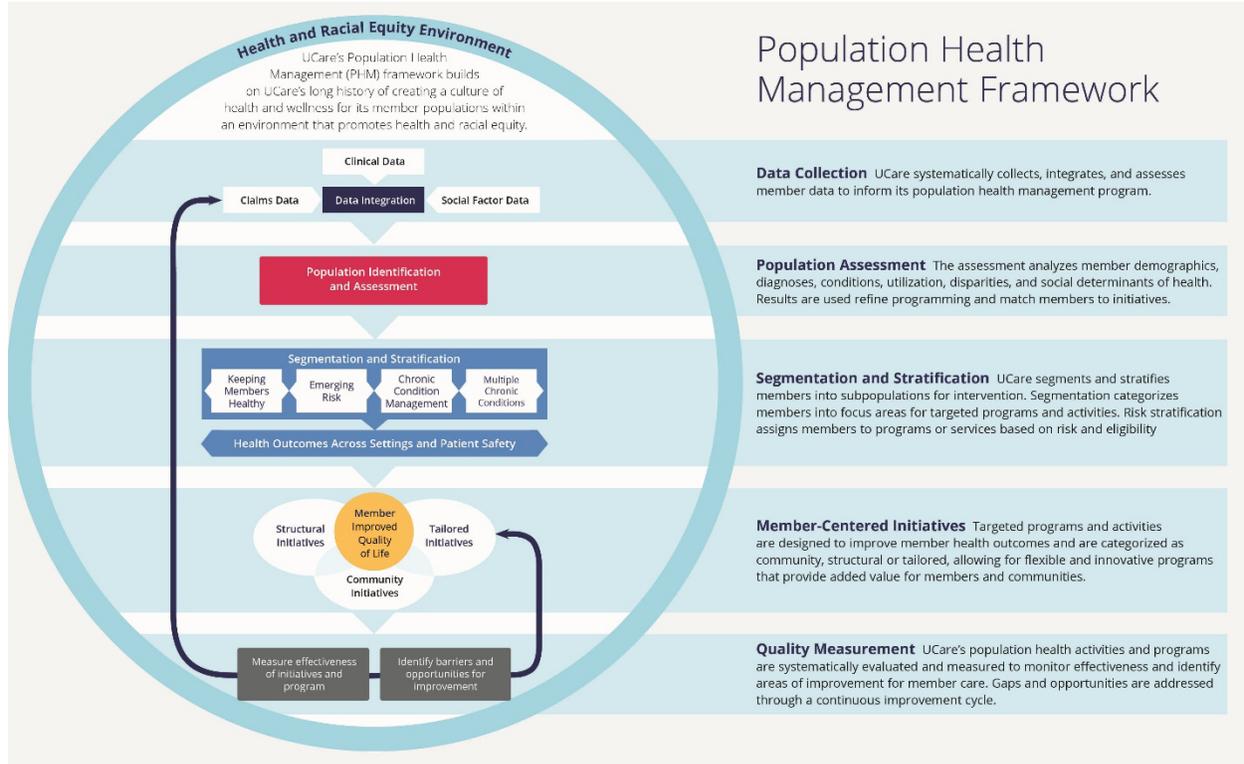
## Population Health Strategy and Structure

UCare’s Population Health Management (PHM) strategy seeks to improve the health and well-being of our members, families, and the communities in which they live through our comprehensive population health approach. 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. This framework highlights a continuous cycle of advanced data collection and integration, enhanced population identification and assessment, innovative member segmentation and stratification, targeted member-centered initiatives, and systematic evaluation and measurement of effectiveness, within an environment of health and racial equity.

The foundation of UCare’s PHM strategy is a continuous improvement process that guides the refinement of programs and population health activities. The framework also supports collaboration and synchronization of PHM

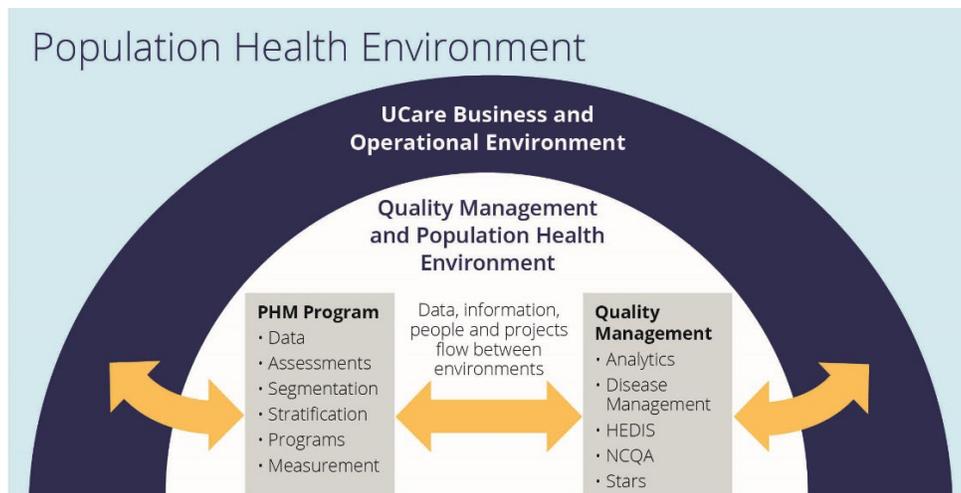
efforts across the organization, allowing for flexibility to respond to member needs—building on UCare’s long history of creating a culture of health and wellness for our members.

UCare’s 2021 Quality Program Evaluation is organized within this framework, with quality improvement initiatives organized in the following categories: Structural Interventions, Community Resources, and Tailored Initiatives.



**PHM Business and Operational Environment**

The PHM program is a subset of UCare’s overall business, operational and quality management environments. People, teams, data, and information flow between environments to achieve organizational program goals and objectives. Quality and PHM activities intersect as well with similar objectives. UCare’s exceptional business environment and supporting operational processes are foundational for PHM program delivery and sustainability, and the organization is delivering a unique value to members and the community.



## 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, rural compared to urban access to care, etc. Evaluating population health assessments to identify and segment our data to tailor intervention strategies.
- **UniteUs Insights:** 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-Based Contracting:** Using a value-based approach with our providers to close gaps in care. Partnering with providers who serve a diverse UCare membership across the state of 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

The purpose of the Health Equity Committee is to assist in developing, implementing, and evaluating organizational initiatives and unique partnerships aimed at reducing health and racial disparities and achieving health and racial equity for the members and communities we serve. They do this by:

- Developing, implementing, and evaluating annual CLAS (Culturally and Linguistically Appropriate Services) Work Plan.
- Maintaining, disseminating, and annually reviewing the Limited English Proficiency (LEP) plan for the MN Department of Human Services.
- Exploring opportunities to connect with and solicit feedback from UCare’s diverse communities on organizational initiatives.
- Supporting departmental and organizational initiatives that reduce health inequities and improve health and racial equity for the members and communities we serve.
- Promoting diversity and culturally responsive initiatives for our members, employees, and providers.

The Health Equity Committee (HEC) is chaired by the Health Equity Officer with participation from staff and leaders from across the organization. Through stakeholder interviews conducted by the Health Equity Officer 2021, the purpose of the HEC was refined with activities more closely aligned with organizational priorities to advance health and racial equity.

**Health and Racial Equity Assessment**

UCare developed a Health and Racial Equity Assessment (HREA) in 2020, under the leadership of the Health Equity Officer, to assess the health and racial equity implications of business decisions. In 2021, the process was used in the planning, development, implementation and review of business decisions, initiatives, products, proposals, programs, policies, communications, and budgets. The HREA process guides participants in adhering to the core components of equity-centered decision-making, including:

- Identifying a desired outcome.
- Leveraging disaggregated quantitative and qualitative data in determining how key groups currently meet the goal.
- Engaging those who are disproportionately impacted by disparities in relationship to the goal in the design of interventions.
- Measuring and reporting progress, particularly with impacted communities.

The HREA also 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:

- Identify and address institutional and societal barriers 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, the community, and providers.
- Measure progress towards health and racial equity efforts at UCare.

**Program Structure and Resources**

The 2021 UCare Quality Program Committee structure is outlined below. Details of the Quality Program are included in the 2021 Quality Program Description.



## 2021 Goals

The goals that guided the 2021 Quality Program were to:

### 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 Health Equity.
- Exceed compliance with local, state, and federal regulatory requirements, and accreditation standards.

- Provide oversight of delegated entities to ensure compliance with UCare standards as well as state and federal regulatory requirements and accreditation standards.

## Overall Effectiveness

Overall, most activities planned in the 2021 Work Plan were achieved. The COVID-19 pandemic continued to impact UCare’s planned quality improvement activities for 2021. 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 2022.

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 2021, 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. UCare has continuously evolved its approach to meet member needs as they arose in response to the ever-changing public health crisis. In 2021, UCare’s response to the COVID-19 pandemic was to provide outreach and services to our members, engage communities, and build and strengthen partnerships. Activities focused on data analytics, member engagement and outreach, community partnerships to promote vaccinations, provider engagement and support, and benefit structure. UCare tracked and analyzed vaccine rates across UCare membership, with particular focus on at-risk populations. UCare has seen progress in reaching its goals of 70% vaccination rates across plans, with all plans over 50% of 12+ year old members having at least 1 dose of the vaccine. In 2022, UCare will continue efforts to increase awareness, increase trust and confidence in COVID-19 vaccines, and facilitate access to COVID-19 vaccines.

### **Structural Interventions**

**Accessibility of Primary Care, Mental Health and Substance Use Disorder, and Specialty Care Providers:** The accessibility report is the annual analysis of primary, specialty and mental health and substance use disorder providers to ensure there is adequate coverage for UCare’s membership enrolled in all products by assessing access to appointments and care. In 2021, UCare met all goals for primary care appointment availability. UCare met all goals for specialty care availability except general surgery, neurology, and cardiology (Partner Products). UCare did not meet the majority of UCare’s appointment availability standards for mental health and substance use disorder providers. Many providers, particularly mental health and substance use disorder providers are experiencing full caseloads due to increased demand. Providers found to be outside of the established standard were addressed by UCare’s Provider Relations and Contracting teams. The teams connected with the providers to understand systemic issues that may have hindered the ability of our providers to not meet our contractual agreements. The standards were reenforced with the providers and an understanding or solution was developed. The comprehensive network is sufficient to meet the needs of enrolled members and the standards set by UCare’s regulators.

**Availability of Primary Care, Mental Health and Substance Use Disorder, and Specialty Care and Providers:** The availability report is the annual analysis of primary, specialty and mental health and substance use disorder providers to ensure there is sufficient numbers and types of providers in the network to meet member needs. UCare is meeting its’ goals in most of the county regions for primary care providers, high-volume and high-impact specialty care providers and mental health and substance use disorder providers. There are certain rural areas throughout the state that do not have access to the scarcer provider types. UCare has contracted with all major provider groups, yet areas without availability remain. The comprehensive network is sufficient to meet the needs of enrolled members and the standards set by UCare’s regulators.

**Assessment of Network Adequacy:** UCare annually assesses the provider network to ensure adequate access to needed health care services by analyzing the access-related metrics including appeals and grievances, accessibility

and availability data, out-of-network requests and utilization, the Quality Health Plan Experience (QHP), the Consumer Assessment and Healthcare Providers Systems (CAHPS), and the Experience of Care and Health Outcomes (ECHO) surveys. While most thresholds were met, the biggest area of opportunity is access to mental health and substance use disorder providers. UCare will explore additional contracting opportunities and provide additional member education to increase member access to needed health care services. The comprehensive network is sufficient to meet the needs of enrolled members and the standards set by UCare's regulators.

**Assessment of Provider Directory Accuracy:** UCare annually assesses our provider directories to determine the accuracy of the listings. The review focuses on a process to collect and evaluate data on the provider's directory information such as their phone number, location address, status of accepting new patients, status of accepting UCare insurance and hospital affiliations. UCare has made improvements in the accuracy of provider directory data in 2021. Primary care providers met accuracy goals except hospital affiliations. Specialty and mental health and substance use disorder providers met all accuracy goals except office location and accepting new patients. UCare is updating its' tools, database, and workflows to improve provider directory accuracy in 2022.

**Value-Based Contracting:** Through the Path to Best Health Incentive Program, UCare continues to actively engage network providers in alternative payment arrangements across Medicare, State Public Programs, Integrated Plans, and Commercial products. This program provides a range of provider incentives designed to reduce costs and improve outcomes for UCare members. In total, UCare has over 150 non-traditional agreements in place with providers.

**Delegated Business:** In 2021, UCare ensured 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:** In 2021, UCare conducted the Medical Records Standards Audit (MRSA) and the Advance Directive Audit (ADA). The purpose of completing accurate patient record documentation is to foster quality and continuity of care. UCare maintained high performance in most 2021 requirements for medical records, despite the major impact COVID-19 had on UCare's ability access medical records from providers' offices.

### **Community Resources**

**Member Wellness and Safety Initiatives:** UCare maintains various member wellness and safety initiatives including the Mobile Dental Clinic, tobacco and nicotine cessation, fitness programs, fall prevention, community education discounts, 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 for each of these programs.

**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 17,300 services and 5,649 organizations across the state of Minnesota. Currently, UCare has 97 platform users, spread across 9 departments.

### **Tailored Interventions**

**National Committee for Quality Assurance (NCQA):** Maintained NCQA's Health Plan Accreditation for UCare's full line of Medicare, Partner Products, Medicaid and Marketplace products.

**Quality Metrics and Initiatives - HEDIS:** Interventions were developed and implemented for all products. Interventions included member outreach, member education, community partnerships, and provider support. The COVID-19 pandemic in 2020 and 2021 caused significant barriers, both to how health plans calculate accurate HEDIS rates and access to care for our members. The following percentages of measure elements were above the national 75<sup>th</sup> percentile for each product:

- 72.5% of EssentiaCare
- 68.6% of UCare Medicare
- 45.8% of MnCare
- 64.2% of Connect + Medicare
- 54.2% of M Health Fairview North Memorial
- 47.2% of MSHO
- 37.5% of Individual and Family Plans
- 51.4% of Connect
- 31% of PMAP

Overall UCare's HEDIS MY 2020 data showed improvement; however, UCare continuously strives to improve the health of members. UCare has identified key focus areas in 2022 that will support quality measure performance across all products.

**Quality Metrics and Initiatives - Medicare Star Ratings Program:** All Medicare plans that qualified for an individual Star Rating this year achieved at least 4.0 out of 5.0 Stars, which is considered above average in this program. UCare Medicare earned 5.0 out of 5.0 Stars, with only 16% of plans achieving this excellent rating for 2022. Additionally, MSHO's overall weighted average improved from last year, increasing by 0.5 Star level. Connect + Medicare dropped in overall Stars from a 4.5 to 4.0 Stars, missing the mark by only 0.03 points. EssentiaCare received its first individual Star Rating this year at 4.0 out of 5.0 Stars. Areas of improvement for all products have been identified and improvement efforts have begun.

**Quality Metrics and Initiatives - Quality Ratings System (QRS):** UCare's Individual & Family Plan products increased from 3.0 out of 5.0 Stars to 4.0 out of 5.0 Stars for the 2022 plan year. Areas of improvement have been identified and improvement efforts have begun.

**Quality Metrics and Initiatives - Health Outcomes Survey (HOS):** 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. In 2021, UCare conducted several quality improvement activities around HOS measures including member outreach, member education materials, provider education, and incentives. The targeted interventions for the HOS measures had a varying impact. Although UCare Medicare saw a Star rating improvement for every measure in Star Rating Year 2021, all measures declined in rating year 2022. EssentiaCare does not have comparable trending data, but they performed similar to UCare Medicare, measuring below average with 1-2 Stars. MSHO performed the best, especially in Improving Bladder Control, which went from a 3 to a 4 Star. Reducing the Risk of Falling and Monitoring Physical Activity declined slightly and dropped 1 Star rating from 2021 to 2022 rating year. Opportunities for improvement and interventions for 2022 have been identified.

**Quality Metrics and Initiatives - Prescription Medications:** The Medication Therapy Management (MTM) 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. The CMR completion rate increased significantly from the previous year for UCare Medicare, MSHO and Connect + Medicare, while the rate for EssentiaCare slightly declined. UCare is expanding the MTM program and is continuing partnerships with local health systems to improve CMR completion rates.

**Member Experience:** Member experience continues to be a key focus for health care at the national, state, and local level. UCare uses data from appeals and grievances, the Consumer Assessment of Healthcare Providers (CAHPS) survey, the Qualified Health Plan Enrollee Satisfaction Survey (QHP Enrollee Survey), and the Experience

of Care and Health Outcomes (ECHO) Survey to assess member satisfaction levels and develop interventions. UCare met the majority of thresholds for Appeals and Grievances, with some thresholds not met for non-mental health and substance use disorder services in the categories of Access and Billing/Financial. UCare also continues to perform well in CAHPS, QHP and ECHO surveys, with opportunities identified related to Rating of Health Plan, How Well Doctors Communicate, Customer Service, Rating of Drug Plan, and Getting Needed Prescription Drugs. In 2021, UCare implemented various quality improvement activities to improve member experience related to provider outreach, improved data integration and analysis, internal trainings, partnerships with Adult Day Care Centers, shared decision-making resources, and member outreach and engagement. UCare has identified interventions to continue in 2022 and additional interventions to be piloted and evaluated.

**Customer Service - Personalized Information:** To ensure UCare members 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, telephone, and email. In 2021, UCare performed well in most measures and identified three areas for improvement where goals were not met. First, the functionality of the UCare portal regarding benefit and authorization information available to members. Second, the quality and accuracy of authorization information provided to members by phone. Third, the timeliness of email responses to members. UCare has identified interventions for 2022 related to member portal redesign and hiring and training of customer service staff.

**Customer Service - Quality and Accuracy of Pharmacy Information:** UCare evaluates members' ability to access pharmacy benefit information through the portal and telephone and assesses the quality and accuracy of information provided. In 2021, UCare performed well in most measures and identified areas for improvement related to telephone calls to initiate the exceptions process and find an in-network pharmacy. UCare has identified interventions for 2022 related to hiring and training customer service staff.

**Member Safety - Quality of Care:** 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. In 2021, there were four QOC investigations that were substantiated, and appropriate actions were taken.

**Member Safety - Medication Adherence:** UCare evaluates medication adherence through Part D Star measures, including the percentage of plan members with a prescription for a statin, non-insulin 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). In 2021, UCare continues to perform well in Medicare Part D Star measures where Medicare plans showed improvement compared to prior years and continue to meet or exceed benchmark performance. UCare has identified interventions for 2022 focused on member outreach and education, partnerships with community pharmacies and providers, and benefit design.

**Member Safety - Diabetes Statin Star Measure:** UCare evaluates 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. Plan performance varied, either maintaining performance compared to prior year or decreasing slightly. 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.

**Focused Study - Continuity and Coordination of Care:** 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 has focused interventions on Transitions of Care (TRC) – Patient Engagement, Comprehensive Diabetes Care (CDC) – Eye Exam, and Follow-up After ED Visit. Few plans are meeting benchmarks in these measures and most plans have decreased in rates compared to prior year. Interventions include direct telephone member outreach, interactive voice recording (IVR) reminders, and community partnerships. UCare will continue to evaluate the effectiveness of these interventions on measure performance and member health outcomes.

**Focused Study - Continuity and Coordination of Mental Health and Substance Use Disorder and Medical Care:**

Coordination of care between medical and mental health and substance use disorder providers 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, including provider satisfaction survey, HEDIS measures, and other clinical measures. UCare implemented interventions to improve Antidepressant Medication Management (AMM) and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD) focused on member education, community partnerships, and direct member outreach. UCare will continue to evaluate the effectiveness of these interventions on measure performance and member health outcomes.

**Focused Study - Cervical Cancer Screenings:** 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. UCare focuses on increasing cervical cancer screening rates due to the high rate of cervical cancer in women who did not receive necessary preventative care. UCare has improved 9.98 percentage points since baseline HEDIS 2016 rates (51.58% HEDIS 2016 to 66.91% MY2020), just missing the goal of 10 percentage point improvement. In 2022 UCare will continue direct member outreach efforts, provide additional member education, and build community partnerships.

**Focused Study - Improvement Activities for Addressing Dental Access:** Dental health is an important component of overall health and disease prevention and UCare has a strong track record for improving access to dental services. However, there are significant barriers that may prevent Medicaid members from seeking and receiving dental care, which have been exacerbated by the COVID-19 pandemic. UCare is currently trending below the Department of Human Services (DHS) withhold goal for annual dental visits. Two key interventions in 2021 were member outreach and a community dental provider partnership. UCare will continue these interventions in 2022 and explore additional strategies to increase access to services including expanding community partnerships, expanding dental provider network, and exploring other methods of member engagement.

**Focused Study - Healthy Start for Mothers and Their Children Performance Improvement Project:** UCare, along with other health plans, participate together in a three-year project that began in 2021 to promote a “Healthy Start” for Minnesota children in the PMAP and MnCare populations by focusing on and improving services provided to pregnant member and infants, particularly in populations exhibiting the most significant racial and ethnic disparities. UCare has established a goal aimed at improving prenatal care, postpartum care, well-child visits and/or COMBO-10 immunization rates with the focus on disparities relevant to UCare’s population. Interventions in 2021 focused on provider education, community partnerships, member outreach, member education, and case management. UCare will continue to measure the effectiveness of these interventions and continue interventions to increase touchpoints in 2022 that include telephonic outreach, dental partnerships, IVR calls, educational mailings, benefit review, community engagement, expansion on dental and primary care partnerships and mobile dental clinic locations.

**Focused Study - Diabetes Performance Improvement Project:** UCare, along with other health plans, participate together in a three-year project that began in 2021 focused on improving Connect, Connect + Medicare, MSHO and MSC+ Comprehensive Diabetes Care and services with the focus on disparities. Interventions in 2021 include provider education, member resources, and community partnerships. UCare also focused on member outreach, member engagement in disease management programs, and sending home testing kits for HbA1c. UCare will continue to measure the effectiveness of these interventions and continue interventions to increase member engagement in 2022.

**Focused Study - Opioid Performance Improvement Project:** UCare, along with other health plans, participated in a three-year project from 2018-2020 to decrease member’ use of opioids. Interventions focused on alignment of pharmacy practices, provider education, community outreach, member education, and providing members disposal pouches for the safe disposal of opioids and prescription medications. At the completion of the final year

3 of this project, UCare met the goal of reducing the number of enrollees that were new chronic users of opioid pain relievers for all products. While the project has ended, UCare will continue to sustain activities related to member education and providing disposal pouches for the safe disposal of prescription medications.

**Population Health Management Impact Analysis:** UCare analyzes key clinical (Comprehensive Diabetes Care), utilization (Diabetes Emergency Department Utilization), and member experience measures (Health Journey Diabetes Health Coaching Program and Complex Case Management) to evaluate the effectiveness of the population health management program. In 2021, UCare saw a decrease in diabetes emergency department utilization across all products. There was a decrease in most Comprehensive Diabetes Care (CDC) measures compared to prior year and most CDC measure goals were not met. UCare's Diabetes Health Coaching Program and Complex Case Management Program exceeded almost all member experience goals. In 2022, UCare is updating the risk stratification model which will allow members to be identified for and enrolled in the most appropriate program for them and allow for seamless transitions between UCare programs as members engage in health improvement programs.

**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. Approximately 1-2% of members are in active case management. 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. UCare continues to evaluate the effectiveness of care management services by analyzing process measures, member satisfaction, utilization metrics, and HEDIS metrics.

**Disease Management Program:** UCare's Disease Management (DM) programs exist to improve the health of members through innovative approaches for asthma, diabetes, heart failure and migraine. 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's Disease Management (DM) Program saw favorable results in the following programs:

- At-risk asthma program: PMAP, MnCare, Connect, Connect + Medicare
- High-risk asthma program: PMAP
- At-risk diabetes program: Connect, PMAP, MnCare, EssentiaCare, MSC+, MSHO, IFP, UCare Medicare with M Health Fairview & North Memorial Health
- At-risk heart failure program: Connect, UCare Medicare, MnCare, PMAP (combined analysis)
- Migraine management program: Connect, Connect+, MSC+, PMAP, MnCare (combined analysis)
- Chronic Care Improvement Program (CCIP): Connect + Medicare, UCare Medicare, MSHO
- Medtronic Chronic Condition At-Home Monitoring Program: PMAP, MnCare

The contents of this report are reviewed and approved 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 2022.

## 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 2021.

## Overall Evaluation

Overall, most activities planned in the 2021 Work Plan were achieved. Refer to the Overall Effectiveness section for a summary of activities in 2021.

## Effectiveness of Quality Program Structure

### Adequacy of Resources

In 2021, 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 and associated goals attained. In 2020, UCare's Quality Management Department and other UCare departments were restructured to better align resources and organizational priorities. 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. There were no significant changes to the Quality Management and Population Health Department in 2021.

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, CHES) leader and trained staff. Funding is dedicated for QI activities performed by the committees contained in the QI Program Structure.

### Data and Information Support

UCare evaluated our data and information staff, resources, and software to ensure our health information system that collects, analyzes, and integrates data that is necessary to implement the QI Program is adequate. UCare 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. Implementation and optimization activities continued into 2021 as all impacted departments transitioned to the new platform. 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 implemented a Unite Us module (previously Carrot Health) in 2020 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. Implementation activities continued into 2021. 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 2022 Quality Program Description. This revised structure continues to provide further alignment of QI activities and support effective governance. No significant changes were made to the committee structure in 2021. There is not a need to restructure the Quality Program for 2021 at this time.

### 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, UCare works directly with many provider groups through value-based contracting initiatives and encourages member outreach for key quality metrics. UCare also collaborated and engaged with community dental providers to improve annual dental utilization and access 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 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.

### **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.

### **2022 Goals Priorities**

Based on the 2021 Quality Program Evaluation, successes, challenges and changing health care landscape, UCare has refined existing goals and developed new goals for the Quality Program in 2022. The goals emphasize health equity and population health. UCare will also continue executing and measuring COVID-19 strategies in 2022, 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 evidence-based health promotion, disease management, care coordination and care management programs to support members in achieving their best health and well-being.

- Develop Population Health impact analyses that assess the effectiveness of the Population Health Program on cost, utilization, member satisfaction, health and racial equity, and Health Related Quality of Life (HRQoL).
- Increase the number and types of opportunities for community input into population health initiatives and interventions to address disparities in care and outcomes.

**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.
- Identify and decrease health care disparities between the Caucasian and the BIPOC population where disparities are present for key metrics for the organization.

**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.
- Expand use of virtual visits by identifying and addressing disparities, educating providers on consultative coding, and advocating both locally and nationally for continued virtual benefits.

**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.
- Continue to include quality metrics and integrate population health priorities into value-based provider agreements to move to outcome-based measures that demonstrate improved health.
- 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.
- Achieve NCQA Health Equity Accreditation for Medicaid products.
- Exceed compliance with local, state and federal regulatory requirements, and accreditation standards.
- Provide oversight of delegated entities to ensure compliance with UCare standards as well as state and federal regulatory requirements and accreditation standards.

## Appendix A - Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

**Minnesota Department of Human Services (DHS):** DHS is a regulatory agency that oversees Minnesota Health Care Programs (MHCP, or Minnesota's 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.