2022 Quality Program Evaluation

Executive Summary

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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.

Introduction to UCare

UCare (www.ucare.org) is an independent 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 races, 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 innovative plans and benefits in a changing health care marketplace. UCare is currently the market leader in Minnesota's Medicare, Medicaid, and Individual and Family (IFP) health plan markets. In 2023, UCare added a new national provider network for all of its Medicare plans to make care more accessible for members who travel or spend winters as snowbirds. It also introduced new Preferred Provider Organization (PPO) UCare Your Choice Medicare plans featuring prescription coverage, yearly allowances for dental/hearing/vision benefits, affordable copays and low drug deductibles. UCare's Individual and Family health

plans were enhanced with a telehealth benefit in its Silver plan that removes cost sharing for primary care visits, including mental health. It continues to diversify its portfolio of $0 premium and low-cost Medicare Advantage plans, and adds new supplemental benefits to its Medicaid and IFP plans. Plans are underway to expand UCare plan offerings to new geographies.

UCare's total enrollment stands at over 650,000 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 vaccine and flu shot clinics, and opioid initiatives. Another first was UCare's health plans for people with disabilities.

In recent years UCare has increased its focus on supporting members' holistic mind/body health by providing more dedicated mental health and substance use disorder services. UCare also launched several initiatives to address members' social risk factors such as access to nutritious foods, education, housing, companionship and other environmental supports.

UCare also engages in innovative partnerships to improve member health outcomes and further health equity. UCare partners with Lifespark, a leader in whole-person senior services, to help UCare's most vulnerable members manage their care, avoid hospitalizations and improve their quality of life as they age.

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 Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction survey and CMS Medicare Star Ratings. The 2023 UCare Medicare plans achieved 4.5 out of 5 Medicare Stars, UCare's Connect + Medicare and EssentiaCare achieved 4 Stars, and UCare's Minnesota Senior Health Options (MSHO) achieved 3.5 Stars.

UCare has maintained NCQA accredited health plans since 2014. All UCare health plans have achieved this distinction of Health Plan Accreditation. NCQA sets the standard for health plan performance and UCare is proud to be one of the few organizations in Minnesota with Health Plan Accreditation for all lines of business. UCare is pursuing NCQA Health Equity Accreditation and expects to achieve accreditation in early 2023.

UCare is on a journey to be an anti-racist organization. As a people powered health plan, UCare celebrates workforce diversity and fosters a respectful, collaborative culture for employees. It has been recognized as a Star Tribune Top 200 Workplace since the rankings began in 2010. The plan also is in the top quartile nationally for employee engagement results on annual surveys. Recently, UCare launched an Equity and Inclusion Department to lead internal and external initiatives that improve equity within the workplace and leadership, and among members and the community.

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)

Medicare	UCare's Minnesota Senior Health Options (MSHO)
	UCare Connect + 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 2022, UCare had about 652,000 fully insured members. Between December 2021 and December 2022, UCare's enrollment increased by about 73,000 members. A breakdown of enrollment by product group is as follows:

December 2021 and December 2022 Enrollment by Product Group
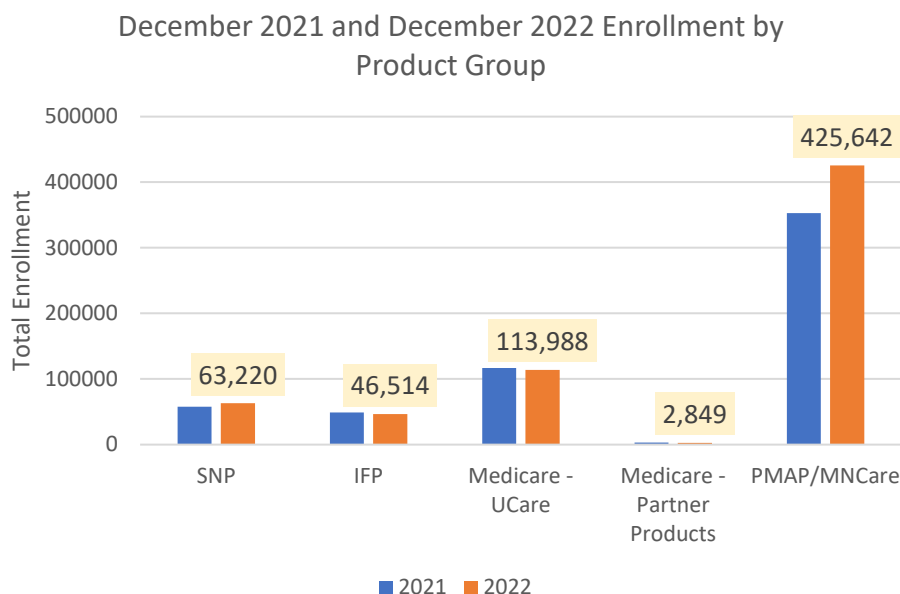
UCare's membership is dominated by the PMAP/MnCare programs which account for over 70% of UCare's population. The PMAP/MnCare population is diverse with about 60% of the population being not White/Caucasian/No Race Listed. The PMAP/MnCare population can be divided into kids (0-19 years) and adults (19+ years) which divides the population roughly 50/50. Overall, the population lives mostly in the 7-metro county (Table 1).

UCare's Medicare population (UCare Medicare, EssentiaCare, M Health Fairview North Memorial) is the next biggest consisting of 18% of UCare members. This population is mostly white (95%) and mostly lives in the seven-county metro. Medicare has a 55/45 female/male split, and half of members are between 65 and 74 years old (Table 1).

Unlike prior year, Individual and Family Plans saw a slight reduction by the end of 2022, decreasing by almost 2,500 members. Its membership is predominantly white (88%) with 56% coming from the generally healthier 46–64-year-old age group.

Lastly, UCare's Special Needs Programs (SNP) plans (Connect, Connect + Medicare, MSHO, MCS+) make up about 10% of UCare's membership. This population is diverse (37% non-white) and is more evenly distributed between the seven-county metro (56%) and greater Minnesota than the other UCare plans.

Table 1: UCare Enrollment Demographics by Product Group

	SNP*	IFP	Medicare**	PMAP/MNCare
Age (years)				
0-1	-	443	-	18,036
2-5	-	1,098	-	43,623
6-12	-	2,296	-	73,446
13-19	602	2,798	-	66,144
20-26	3,447	2,738	16	49,080
27-45	13,170	10,979	211	112,831
46-64	20,214	25,857	2,659	59,368
65-74	16,165	280	58,864	2,188
75-84	6,319	22	42,013	762
85+	3,303	3	13,032	164
Sex				
Female	35,116	24,122	64,809	226,663
Male	28,104	22,392	51,986	198,979
Race				
Asian	6,803	2,021	1,638	50,995
Black or African/American	14,577	1,187	1,292	142,145
Native American (American Indian/ Alaskan Native)	2,121	291	1,488	11,923
No Race Listed	106	1,990	445	11,673
Pacific Islander	81	49	101	1,252
White/Caucasian	37,548	40,708	111,284	163,365
Ethnicity Hispanic				
No	61,175	46,514	116,795	382,600
Yes	2,045	-	-	43,042
Seven County Metro				
No	27,448	19,134	44,567	108,309
Yes	35,772	27,380	72,228	317,333

Includes Connect, Connect + Medicare, MSHO, MSC+.
*** 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 members, families, and the communities in which they live through a comprehensive population health approach. The PHM strategy is an action plan that describes our population health activities, designed to directly impact member health and well-being across the continuum of care, in the community and across all product lines. The PHM strategy defines a roadmap to ensure the PHM program aligns with UCare's organizational strategic priorities and to communicate program goals and activities.

The foundation of the PHM strategy is a continuous improvement framework that guides the refinement of program activities. The framework supports collaboration and synchronization of PHM efforts across the organization, allowing for flexibility to respond to member needs, thus creating a culture of health and wellness for member populations. Elements of the framework include data collection, population identification and assessment, member segmentation and stratification, member-centered initiatives, and quality measurement of effectiveness, within an environment of health and racial equity.

PHM program activities are coordinated by a PHM team who is responsible for facilitating the oversight and direction for designing, implementing, and supporting PHM activities across the organization. Data and information flow between areas to achieve program objectives, with dedicated support from teams across the enterprise.

UCare's 2022 Quality Program Evaluation is organized within this framework, with quality improvement initiatives organized in the following categories: Structural Interventions, Community Resources, and Tailored Initiatives.
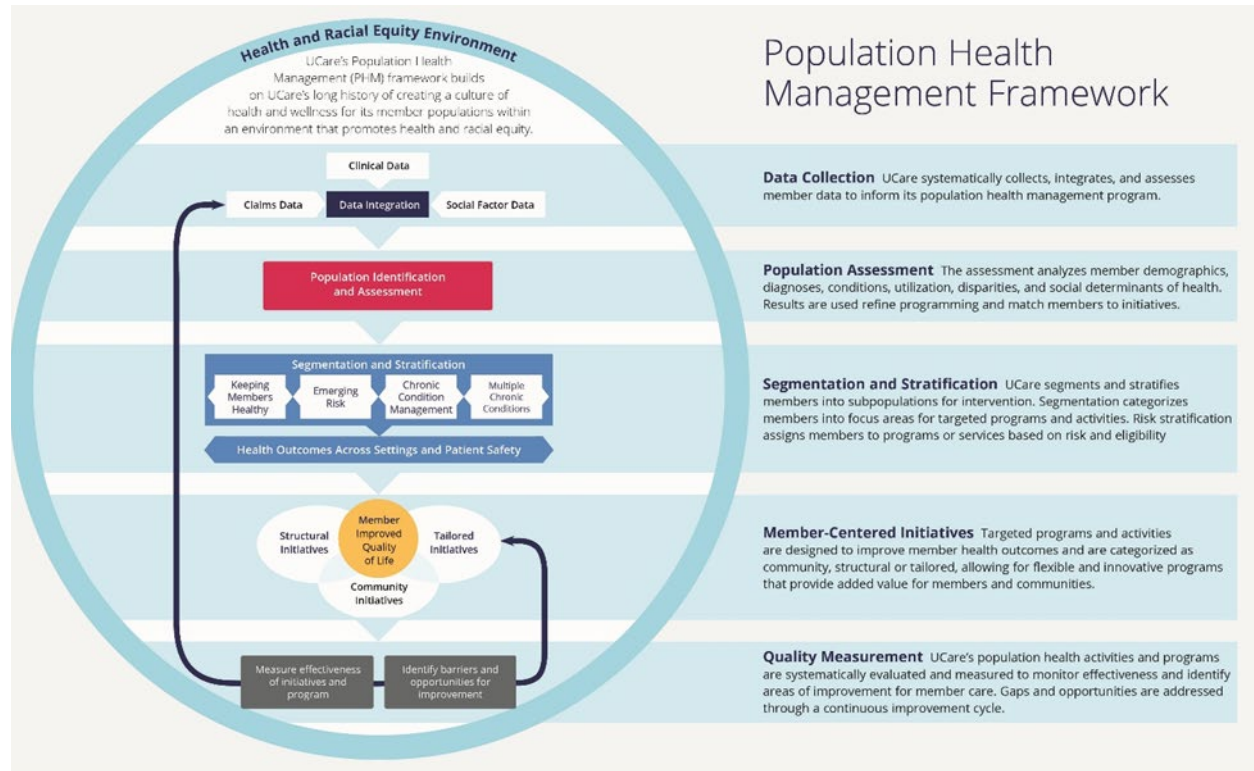
Health and Racial Equity

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

Quadruple Aim
- Improving member experience
- Improving member health
- Reducing cost of care
- Improving the joy of practice for providers

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 in preventive screenings to improve their overall health.

NCQA Health Equity Accreditation
UCare submitted its first survey for NCQA's Health Equity Accreditation in late 2022. UCare expects to achieve NCQA Health Equity Accreditation in early 2023.

NCQA Health Equity Accreditation provides a framework to help health care organizations advance health equity. Health Equity Accreditation focuses on building an internal culture that supports internal and external health equity work; collecting and analyzing data to help inform language services offerings and ensuring provider networks are mindful of cultural and linguistic needs of patients; and identifying and acting on opportunities to reduce health inequities and improve care for all populations.

Pursuing NCQA Health Equity Accreditation demonstrates that UCare is committed to health and racial equity and is taking action to integrate health equity work across the organization. UCare is committed to achieving and maintaining accreditation and enhancing the work in 2023.

Culturally and Linguistically Appropriate Services (CLAS) Program Evaluation
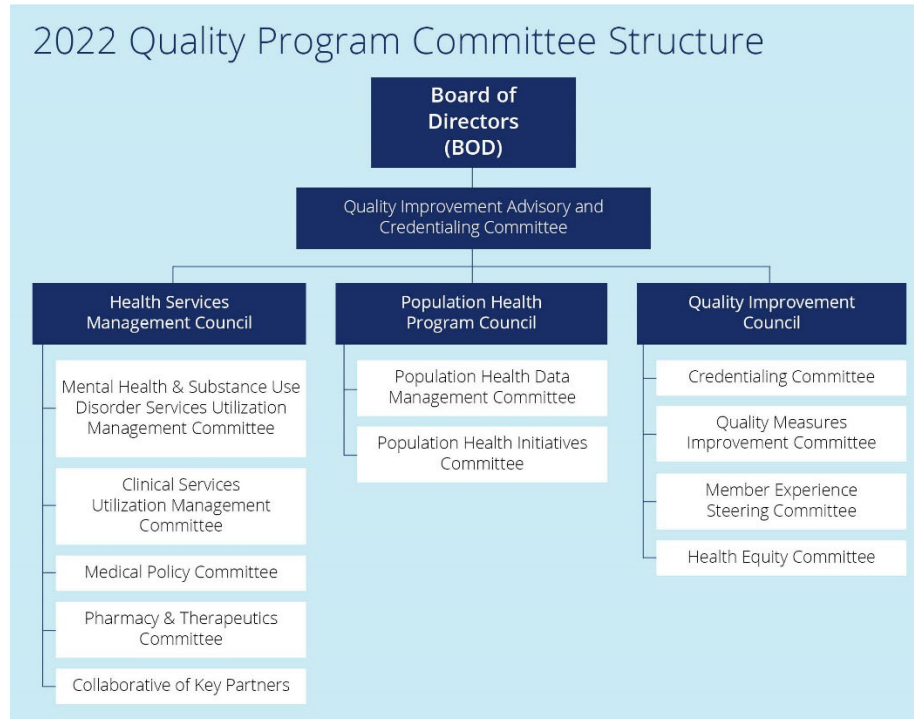In 2022, UCare completed the second annual CLAS program evaluation. The goals were to:
- Identify, implement, and measure strategies and metrics to address social drivers that influence health and racial disparities and inequities to improve overall health outcomes of our members.
- Ensure UCare's organizational initiatives are data-driven, equity-centered, community-informed, and culturally congruent 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.

The 2022 CLAS Program Workplan was developed across 28 departments and served as the basis for the 2022 CLAS Program Evaluation. UCare evaluated key activities including identifying and reducing health disparities among UCare members; building a diversity, equity, inclusion and anti-racism learning framework for UCare leaders; enhancing network responsiveness; assessing language services provided to members; and developing an implementation plan for collecting and storing sexual orientation and gender identity data. All the evaluation activities and findings are included in the 2022 CLAS Program Evaluation. In 2023, the CLAS Documents will be combined with the Quality Documents to reduce duplication, streamline activities, and ensure health equity and CLAS are integrated into UCare's quality initiatives.

Program Structure and Resources

The 2022 UCare Quality Program Committee structure is outlined below. These committees were responsible for the oversight of activities conducted in 2022 and described in this evaluation. Details of the Quality Program are included in the 2022 Quality Program Description.

2022 Quality Program Committee Structure

- **Board of Directors (BOD)**
  - **Quality Improvement Advisory and Credentialing Committee**
    - **Health Services Management Council**
      - Mental Health & Substance Use Disorder Services Utilization Management Committee
      - Clinical Services Utilization Management Committee
      - Medical Policy Committee
      - Pharmacy & Therapeutics Committee
      - Collaborative of Key Partners
    - **Population Health Program Council**
      - Population Health Data Management Committee
      - Population Health Initiatives Committee
    - **Quality Improvement Council**
      - Credentialing Committee
      - Quality Measures Improvement Committee
      - Member Experience Steering Committee
      - Health Equity Committee

2022 Goals

The goals that guided the 2022 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 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 black, Indigenous and people of color (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.

Overall Effectiveness

Overall, most activities planned in the 2022 Work Plan were achieved. The COVID-19 pandemic continued to impact UCare's planned quality improvement activities for 2022. UCare was able to shift focus, priorities, and resources to address the COVID-19 pandemic and evolving 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 2023.

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 2022, improvements and achievements are noted in the below areas:

COVID-19 Response
UCare has remained a leader in responding to the COVID-19 pandemic. UCare has continuously evolved its approach to meet member needs as they arose in response to the ever-changing public health crisis. In 2022, UCare's response to the COVID-19 pandemic was to continue to provide outreach and services to our members, engage communities, and build and strengthen partnerships. Activities focused on data analytics, member engagement and outreach, supporting community events to promote vaccinations and answer questions, and provider engagement and support. UCare tracked and analyzed vaccine rates across UCare membership and UCare has seen progress in reaching its goal of 70% vaccination rates across plans. UCare received a 2022 Community Impact Award in the Civic Engagement category for its commitment to health equity for marginalized and underrepresented communities. In 2023, UCare will continue to support members by answering questions and facilitating vaccine access, supporting the social impacts the pandemic has had on communities and timeliness of wellness care, as well as supporting members on remaining on their health care after the end of the public health emergency.

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 by assessing access to appointments and care. In 2022, UCare met all goals for primary care appointment availability, except for UCare's Partner Products. UCare met most goals for specialty care availability except general surgery, oncology, cardiology, and neurology (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 providers to meet contractual agreements. The standards were reinforced with the providers and an understanding and/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 with limited 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 Qualified Health Plan (QHP) Enrollee Survey , 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 members' 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 its 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. Primary care providers met all accuracy goals. Specialty and mental health and substance use disorder providers met all accuracy goals except office location and hospital affiliations. UCare is updating its' tools, database, and workflows to improve provider directory accuracy in 2023.

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 Exchange 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 2022, 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 2022, 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 2022 requirements for medical records, despite the continued 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, WW vouchers, healthy savings, food access outreach, Management of Maternity Services (MOMS) program, preventive incentives, wellness kits, prescription eyewear allowance, Member Assistance Program, community and wellness programs, and Seats, Education, and Travel Safety (SEATS) Program. UCare monitors 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 identifies opportunities to build out the tool to better track member engagement. The platform includes over 17,000 services and 5,000 organizations across the state of Minnesota. Currently, UCare has 95 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. UCare is pursuing NCQA Health Equity Accreditation and expects to achieve accreditation in early 2023.

Quality Metrics and Initiatives - HEDIS: HEDIS measures and trends are monitored on a monthly and annual basis to identify low performing areas and to develop interventions to improve rates for all products. Key interventions to support our members included member outreach, member education, community partnerships, and provider support. The COVID-19 pandemic in 2020-2022 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 75th percentile for each product:
- 69.4% of EssentiaCare
- 69.8% of UCare Medicare
- 38.5% of MnCare

- 58.8% of Connect + Medicare
- 56.9% of M Health Fairview North Memorial
- 52.2% of MSHO
- 65.2% of Individual and Family Plans
- 55.4% of Connect
- 27.1% of PMAP

Overall UCare's HEDIS MY 2021 measure rates showed improvement; however, UCare continuously strives to improve the health of members. UCare has identified key focus areas in 2023 that will support quality measure performance across all products.

Quality Metrics and Initiatives - Medicare Star Ratings Program: The majority of 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 4.5 out of 5.0 Stars, positioning this plan in the top quarter of high performing plans in 2023. There were significant changes in the Medicare Star Ratings Program, including an increased weight placed on patient experience, complaints, and access measures. Despite significant changes with this program, two UCare plans, EssentiaCare and Connect + Medicare, maintained their above average rating of 4.0 out of 5.0 Stars for 2023. MSHO did experience a significant loss for 2023, moving to a 3.5 out of 5.0 Star Rating from a 4.5 out of 5.0 Star Rating in 2022. 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 and Family Plan products maintained their above average rating of 4.0 out of 5.0 Stars for the 2023 plan year. Areas of improvement have been identified and improvement efforts have begun.

Quality Metrics and Initiatives - Health Outcomes Survey (HOS): The Health Outcomes Survey (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 2022, 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. UCare Medicare saw a Star rating improvement for 2 out of 3 measures in Star Rating Year 2023. EssentiaCare maintained the same rates as the prior year, measuring below average with 1-2 Stars. MSHO performed the best, especially in Reducing the Risk of Falling, which went from a 4 to a 5 Star; Improving Bladder Control maintained a strong 4 Star rating; and Monitoring Physical Activity maintained a 3 Star. Opportunities for improvement and interventions for 2023 have been identified.

Quality Metrics and Initiatives - Prescription Medications - Medicare Medication Therapy Management Program: The Medicare Medication Therapy Management Program (MTMP) is a drug therapy management program to support complex members with multiple medications. A core component of the program determines if eligible members have received a Comprehensive Medication Review (CMR) from a pharmacist during the measurement year. The CMR completion rate declined significantly for all lines of business from the previous year. This was due to unforeseen delays during implementation of a new hybrid MTM program, resulting in delayed identification of eligible members and ultimately less time during the calendar year to boost rates. Despite these barriers, UCare was able to successfully transition from utilizing a fully delegated vendor program to implementation of a hybrid program, consisting of services provided by contracted Minnesota based pharmacists and internal UCare pharmacists. Long-term, UCare anticipates this will improve member experience and satisfaction with the service and allow for better collaboration with local practitioners. Since 2021, UCare has made large strides in expanding the internal team and growing external partnerships to meet goals.

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 Quality of Care, Access, Attitude/Service and Billing/Financial. UCare also continues to perform well in CAHPS, QHP and ECHO surveys, with opportunities identified related to Rating of Health Plan, Getting Needed Care, Rating of Drug Plan, Rating of Health Care Quality and Getting Needed Prescription Drugs. In 2022, UCare implemented various quality improvement activities to improve member experience including provider outreach, improved data integration and analysis, internal trainings, shared decision-making resources, and member outreach and engagement. UCare has identified interventions to continue in 2023 and additional interventions to be piloted and evaluated.

New Member Understanding of Materials: UCare surveyed new members to assess how well they understood various aspects of their UCare plan, including knowledge of covered services, member rights, filing a complaint, protected health information (PHI), finding providers, and prescription medications. All survey measures met goal except UCare Medicare members reported less understanding of how to find a provider. Additionally, both UCare Medicare and IFP members reported less understanding on what drugs are covered and where to receive them. Opportunities to improve member understanding of their plans include updating and clarifying current communications, adding content to summarize pharmacy benefits, and enhancing the web experience.

Web-based Physician and Hospital Directory Usability Testing: UCare's provider search tool helps members identify which physicians, hospitals, and pharmacies are within UCare's network. Usability testing was conducted with UCare members to determine if the search tool was easy to navigate and if content was easy to find. Overall, participants in the usability study liked the overall aesthetic of the website, were able to easily obtain directions to a location, and appreciated the option to apply filters to the search results. Participants also struggled completing some tasks due to the inflexibility of search options and reported confusion on where to find certain content. UCare will explore updating designs and users flows to make members feel more guided through the search process and make the tool more intuitive and easier to use.

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 2022, UCare performed well in most measures and identified three areas for improvement where goals were not met. Areas for improvement include timeliness, quality and accuracy of portal responses. UCare has identified interventions for 2023 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 2022, UCare performed well in most measures and identified areas for improvement related to telephone calls to initiate the exceptions process, finding an in-network pharmacy, and determining financial responsibility. UCare has identified interventions for 2023 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 2022, there were thirteen 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). For 2023, UCare medication adherence rate performance varied in comparison to the previous year with some improved, some maintained, and others falling slightly. Overall, UCare medication adherence rates sit equal to or above Medicare Advantage Part D averages with

the exception of two MSHO measures. UCare made strides to improve internal and external networks targeting these rates in 2022 and will continue to explore new avenues of improvement in 2023.

Member Safety - Statin Use in Diabetes and Cardiovascular Disease Star Measures: UCare evaluates the statin use in persons with diabetes (SUPD) and statin therapy for patients with cardiovascular disease (SPC) measures. These measures analyze the percentage of beneficiaries with these diagnoses who also receive a statin medication fill during the calendar year. SUPD plan performance improved for all lines of business compared to prior year. SPC had improvement for EssentiaCare and MSHO, stable rate for UCare Medicare, and a decline for Connect + Medicare. UCare will continue to use and enhance 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. All UCare plans had an improvement in the TRC measure compared to the previous year. Approximately half of UCare plans met goal for CDC Eye Exam compared to prior year. Approximately half of UCare plans had an improvement in Follow-up After ED visit, however no plans are meeting the established goal. 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 requires issuers to implement a strategy to reward quality through market-based incentives. Starting in 2023, issuers will need to address both a health care disparity goal and one other topic area. UCare's current goal 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 12.41 percentage points since baseline HEDIS 2016 rates (51.58% HEDIS 2016 to 63.99% MY2021), meeting our improvement goal. In 2023, UCare will continue direct member outreach efforts, provide additional member education, and build community partnerships to continue to improve in cervical cancer screening rates as well as focus on closing the disparity gap between the Native American and Caucasian populations.

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 members, especially Medicaid members, from seeking and receiving dental care, which have been exacerbated by the COVID-19 pandemic and overall access to Medicaid dental providers. UCare is currently trending below the targeted goal set by Department of Human Services (DHS) for annual dental visits. Two key interventions in 2022 were member outreach and a community dental provider partnership. UCare will continue these interventions in 2023 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 members 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 and 2022 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 2023 that include telephonic outreach, dental partnerships, interactive voice response calls, educational mailings, benefit review, community engagement, and expansion on dental and primary care partnerships.

Focused Study - Diabetes Performance Improvement Project: UCare, along with other health plans, participated in a three-year project improving diabetes care and services for Connect, Connect + Medicare, MSHO and MSC+. The project began in 2021 following the Comprehensive Diabetes Care (CDC) rates with a focus on health disparities. UCare interventions continued in 2022 to include provider education, member resources, and community partnerships. UCare also focused on providing member outreach aligning with language/cultural background, member engagement in disease management programs, and sending in-home testing kits for kidney function and blood sugar levels. UCare continues to measure the effectiveness of these interventions and develop resources and tools for care systems to support the implementation of interventions in 2023 and to reach the performance goals of this project.

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 2022, UCare saw a decrease in diabetes related emergency department utilization in Medicaid products and an increase in diabetes related emergency department utilization across all products. There was an improvement in most Comprehensive Diabetes Care (CDC) measures compared to prior year and most CDC measure goals were met. UCare's Diabetes Health Coaching Program and Complex Case Management Program exceeded almost all member experience goals. In 2023, UCare is expanding current disease management programs and exploring new programs. In addition, UCare is continuing to update and refine its 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 members in all products through in-house staff or contracts with counties, care systems and care coordination entities. The PMAP and MnCare case management program demonstrated a reduction in key measures including per member per month (PMPM) costs, hospital admissions, and emergency department visits. Maternal and Child Health case management programs demonstrated a reduction in key measures including emergency department visits, average length of Neonatal Intensive Care Unit (NICU) length of stay, and NICU cost per admission. The Mental Health and Substance Use Disorder care management program demonstrated a decrease in the number of admissions, readmissions, and emergency department visits while also seeing a high adherence rate to specified medications. 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, Connect + Medicare, UCare M Health Fairview IFP

- At-risk diabetes program: Connect + Medicare, UCare Medicare, PMAP, MnCare, MSC+, UCare Medicare with M Health Fairview & North Memorial Health
- High-risk diabetes program: PMAP
- Chronic Care Improvement Program (CCIP): Connect + Medicare, EssentiaCare

Model of Care: I-SNP: UCare's Institutional Special Needs Plan (I-SNP) is a Medicare Advantage plan for members who for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), or an Assisted Living (AL). UCare's I-SNP Model of Care (MOC) is evaluated annually. UCare is meeting most Model of Care goals and is very close to target on those that were not met. Highlights include:
- UCare provided appropriate member access to primary and specialty care providers.
- UCare provided integrated care coordination through alignment of a health risk assessment, individualized care plan, and the interdisciplinary care team.
- UCare had a high degree of member satisfaction with care coordination.
- UCare provided appropriate care transition support for members.
- UCare met health outcome goals for Care of Older Adults for Advanced Care Planning, Medication Review, and Functional Status Assessment. UCare did not meet the goal for pain screening.
- There were no member grievances about care coordination in 2022.
- UCare presented multiple training opportunities for providers according to our written MOC.

UCare has identified opportunities for improvement for 2023, including focusing on Care for Older Adults metrics, pain screen assessments for nonverbal dementia members, member satisfaction and care transitions.

Model of Care: MSHO: UCare's Minnesota Senior Health Options (MSHO) Program is a Medicare Advantage Special Needs Plan (SNP) product and enrollees are dually eligible for Medicare and Medicaid and frequently have intensive medical and social service needs. UCare conducts an annual review and analysis of the MSHO Model of Care (MOC). UCare is meeting most of its Model of Care goals and highlights include:
- UCare provided appropriate member access to primary and specialty care providers.
- UCare integrated care coordination through alignment of a health risk assessment, individualized care plan, and integrated care team, and has a high rate of compliance with care plan audits.
- Members indicated they were moderately to highly satisfied with the care coordination services they are receiving.
- Member complaints about care coordination were extremely low in number.
- Met goals related to care transitions, developing a care plan within 30 days of assessment and key preventive care goals. UCare met the health outcome goals related to diabetes screening but did not meet the health outcome goals related to colon cancer screening.

Continuing to improve colon cancer screening rates will be a focus area in 2023, as well as other areas for opportunity including improved collaboration across care team members, improved communication with members and providers, and transitions of care.

Model of Care: Connect + Medicare: UCare's Connect + Medicare Program is a Medicare Advantage Special Needs Plan (SNP) product and enrollees are dually eligible for Medicare and Medicaid and frequently have intensive medical and social service needs. UCare conducts an annual review and analysis of our Connect + Medicare Model of Care (MOC). UCare is meeting most of its Model of Care goals and highlights include:
- UCare provided appropriate member access to primary and specialty care providers.
- UCare integrated care coordination through alignment of a health risk assessment, individualized care plan, and integrated care team, and has a high rate of compliance with care plan audits.
- Members indicated they were moderately satisfied with the care coordination services they are receiving.
- Member complaints about care coordination were extremely low in number.

In 2023, focus areas will include improving breast cancer screening rates, improving colon cancer screening rates, improving and maintaining coordination of care, care coordination satisfaction, and ensuring members are reached to complete health risk assessments timely and complete person-centered plans of care.

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 2023.

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 2022.

Overall Evaluation

Overall, most activities planned in the 20212 Work Plan were achieved. Refer to the Overall Effectiveness section for a summary of activities in 2022.

Effectiveness of Quality Program Structure

Adequacy of Resources

In 2022, 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 2022, the Community Response Team (previously in the Mental Health and Substance Use Disorder Services department) shifted to Quality Management and Population Health department and became the Health Improvement Team. As the Community Response Team, this team was responsible for key strategies that were part of UCare's COVID-19 response, including member outreach and education. In response to changing member needs, this new Health Improvement Team has shifted focus and conducts member outreach focused on well visits and other preventative services. This team includes approximately 12 Health Improvement Specialists that are culturally diverse and can support UCare's diverse member populations. The Health Improvement Specialists also support many of UCare's quality initiatives outlined in this evaluation. In addition, a Clinical Informaticist Manager position was added to the Quality Management and Population Health department to support UCare's data integration strategy and help teams utilize data to optimize and improve population health programs and quality improvement initiatives. In addition, new positions were added to the Quality Improvement Team to support UCare's quality and performance improvement work including a Quality Improvement Manager and Accreditation Program Specialist.

After evaluating the performance of the Quality Program and considering resources changes described above, UCare has determined there are adequate resources, including 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 2022. 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 members. 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 2022. 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 made a significant change to the committee and reporting structure. This change will be evaluated for effectiveness throughout 2023. Committee charters are available in UCare's 2023 Quality Program Description.

Member Engagement Governance

In 2022, UCare created a new Customer Experience Department that was developed by looking at organizational structures throughout the industry and was identified as best practice. The new definition of customer experience will include interactions across all touchpoints with people and technology, including those customers shopping for a health plan, member lifecycle management, and engagement at disenrollment. Meeting and exceeding key quality measures is an important subset of this work.

To ensure strategic focus, the Member Experience Steering Committee, which was previously part of the Quality Program committee structure, was revamped and renamed the Customer Experience Steering Committee. This committee will have a dual reporting relationship to the Executive Leadership Team (ELT) and QIC. The key responsibilities of the steering committee are to: approve and monitor the annual Customer Experience workplan, evaluate and prioritize new Customer Experience improvement initiatives based on data and to ensure the new Member Engagement Governance structure improves member engagement and reduces member abrasion.

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 continues to collaborate and engage with community dental providers to improve annual dental utilization and access and reduce dental-related emergency room visits. In addition, UCare continues to partner 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.

2023 Goals Priorities

Based on the 2022 Quality Program Evaluation, successes, challenges and changing health care landscape, UCare has refined existing goals and developed new goals for the Quality Program in 2023. The goals emphasize health equity and population health. UCare will also continue executing and measuring COVID-19 strategies in 2023, 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 member and 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.

- Reduce barriers to care by providing language services to members with limited English proficiency during encounters with UCare staff and during health care encounters. Achieve a goal of 85% of members reporting satisfaction with language services provided by UCare.
- Identify and decrease health care disparities between the Caucasian and Black, Indigenous, and people of color (BIPOC) populations where disparities are present for key metrics for the organization, including but not limited to Child and Adolescent Well Visits and Follow-up after Hospitalization for Mental Illness for PMAP and MnCare products. Focus areas and populations below were identified through data analysis*.
  - Child & Adolescent Well Visits (WCV): Eliminate WCV disparity gap between Non-Hispanic White population (40.46%) and Native American/Native Alaskan population (36.84%). For all other populations, maintain no disparity gap compared to Non-Hispanic White population.
  - Follow-up after Hospitalization for Mental Illness (FUH) – 30 days: Reduce FUH disparity gap between Non-Hispanic White population (66.36%) and Black/African American (53.87%), Native American/Native Alaskan (47.59%), and Asian American/Pacific Islander (55.21%) populations by a net value of 50%. For all other populations, maintain no disparity gap compared to Non-Hispanic White population.

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. The goal is that 80% of CAHPS survey respondents respond that they Always or Usually received health care services in a language they can understand and that they felt health care staff were sensitive to their cultural needs.
- 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, experience 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.
- Maintain 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.