2008 UCare Quality Summary

UCare exists to improve the health of our members through innovative services and partnerships across communities. The UCare quality program supports our mission by accomplishing the following goals:

- Establish effective partnerships with providers, primary care clinics and provider networks committed to quality care.
- Establish and monitor performance in key aspects of care and service.
- Improve clinical and functional outcomes for our members.
- Improve key business processes that result in better service and operational efficiencies.
- Meet or exceed quality standards set by government agencies.

An important component of our quality program is a written annual review and evaluation of the quality structure, processes and outcomes. This annual evaluation then serves as the foundation for the following year's Quality Work Plan. This document constitutes an executive summary of UCare's 2008 Quality Program Evaluation which includes Monitoring Elements (Surveys, Standards, and Utilization Reports), Clinical Improvement Activities, and Operational Changes and Improvement Activities.

In 2008, quality monitoring and program initiatives demonstrated many significant improvements, as well as opportunities for improvement which are highlighted in this report.

Monitoring Activities

2008 Top Diagnoses Reports for Medicare, MnDHO, MSHO, MHCP

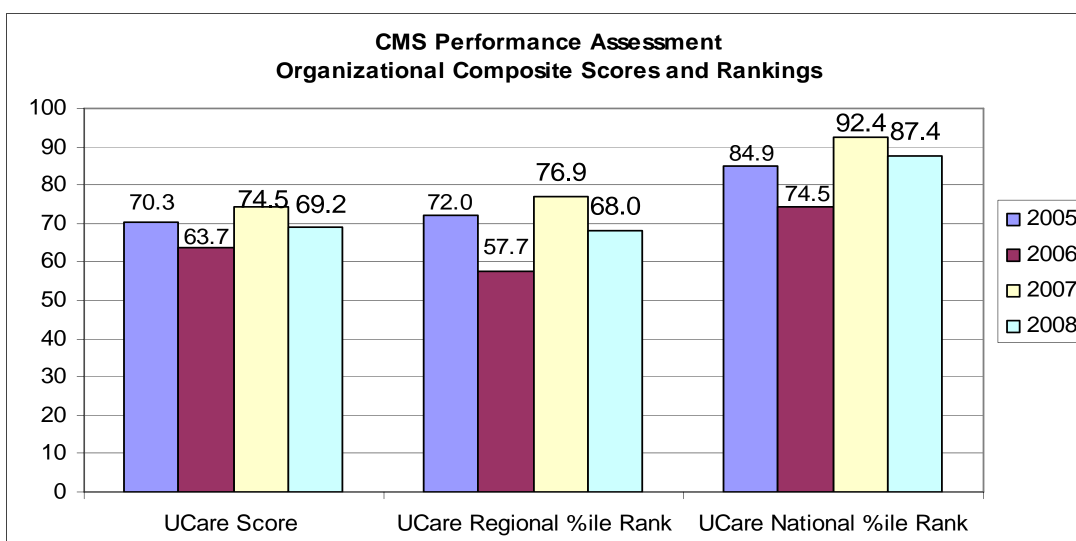
UCare monitors the top diagnoses for all members by the number of claims submitted. This information is reported annually to the Quality Improvement Advisory and Credentialing Committee (QIACC). The top diagnoses report reflects the health care needs of UCare members and provides a focus for quality improvement efforts.

In the most recent report, respiratory and cardiac conditions were prevalent diagnoses for our Medicare and MSHO populations. For the MnDHO population, complications of specified procedures and septicemia were the highest occurring diagnoses while live birth was the highest claim for the MA/GA/MN populations. UCare uses the top diagnoses report to find opportunities to improve the health of our members.

CMS PERFORMANCE ASSESSMENT

The Centers for Medicare and Medicaid Services (CMS) uses a tool called the Performance Assessment Report to review the performance of Medicare managed care plans by incorporating outcomes-oriented performance measures into its overall efforts. Health plans receive an aggregate score in this report from the following data sources: Healthcare Effectiveness Data and Information Set (HEDIS®), Health Outcomes Surveys (HOS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), voluntary disenrollment rates, and the Financial Data Information Report. Data are consolidated and presented as a performance indicator composite score. This facilitates comparative analyses between Medicare Managed Care organizations.

An organizational "National Composite Average" and a "National Composite Percentile Rank" are calculated. High percentiles indicate high overall plan performance. UCare's 2008 composite score of 69.2 decreased from the 2007 score of 74.5 but still performed in the "High Average" category. Both UCare's corresponding regional and national percentile rankings also decreased, but UCare's national percentile rank of 87.4 still qualifies for a possible "exempt" status from CMS auditing. These rankings are displayed on the following graph:



MEMBER SATISFACTION

Medicare CAHPS Survey Results

CMS collects information about Medicare beneficiaries' experiences with – and ratings of – Medicare Advantage (MA) plans through its annual CAHPS survey of currently enrolled beneficiaries. The CAHPS surveys provide Medicare beneficiaries with information to help them make informed choices about health plans, to help MA plans identify problems and improve quality and services, and to enhance CMS' ability to monitor the quality and performance of MA plans.

Summary of Health Plan Composite Measures

Health Plan Name (Contract Number)	Getting Needed Care	Getting Care Quickly	Doctors Who Communicate Well
Ucare Minnesota (H2459)	★★★★	★★★★★	★★★
Other MA plans in Minnesota			
Plan 282	★★★	★★★★	★★★★
Plan 95	★★★★	★★★★	★★★★
Plan 93	★★★	★★★	★★★

"**Getting Needed Care**:" UCare's plan average is either significantly above the national mean, or above the 75th percentile. UCare is also one of the top two plans in Minnesota in this category.
"**Getting Care Quickly**:" UCare's average is significantly higher than the national mean and above the national 90th percentile. It is also the top plan in Minnesota.
"**Doctors Who Communicate Well**:" UCare's average is not significantly different than the national average.

Summary of Overall Health Plan Ratings

Health Plan Name (Contract Number)	Health Plan Overall	Care Received Overall	Personal Doctors	Specialists
Ucare Minnesota (H2459)	★★★★★	★★★★	★★★	★★★
Other MA plans in Minnesota				
Plan 282	★★★★	★★★★★	★★★	★★★
Plan 95	★★★★★	★★★★	★★★	★★★
Plan 93	★★★	★★★	★★★	★★★

"**Health Plan Overall**:" UCare's average is significantly higher than the national mean and above the 90th percentile on the national distribution. It is one of the top two plans in Minnesota.
"**Care Received Overall**:" UCare's average is either significantly above the national mean or above the 75th percentile.
"**Personal Doctors**" **and "Specialists:**" UCare's average is not significantly different than the national average.

Medicaid CAHPS Survey Results

The 2007 Managed Care Public Programs Satisfaction Survey is conducted annually by the Minnesota Department of Human Services (DHS) using the CAHPS instrument. The purpose of these surveys is to assess and compare the satisfaction of enrollees in programs administered by DHS. The programs represented in this year's surveys include three managed care programs: Prepaid Medical Assistance Program (PMAP), MinnesotaCare, and Minnesota Senior Health Options (MSHO).

Key Findings:

PMAP: In 2007, UCare improved the ratings for "How People Rated Their Health Care" and "How People Rated Their Doctor or Nurse" over 2006.
PMAP: In 2007, UCare generally improved all ratings over 2006 and improved the score for "Courtesy and Helpfulness of Office Staff" over 2006.
MinnesotaCare: No one plan rated significantly higher than the MinnesotaCare average.
MSHO: UCare did not score significantly better or worse than the MSHO average.

HEDIS Rates and National Ranking

HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. HEDIS is sponsored, supported and maintained by National Committee for Quality Assurance (NCQA).

UCare's HEDIS results for 2008 were mixed. Our Medicare plan demonstrated significant improvement over 2007, however, state products demonstrated fewer statistically significant areas of improvement from last year. PMAP and Medicaid Combined had more measures that improved compared to those that declined. MHSO experienced more declining measures than improving measures. The majority of UCare's Medicare rates were above the state average. Medicaid Combined rates were equally above and below the Minnesota plan averages and almost two-thirds of the MSHO rates were below the Minnesota plan average. In response to this report, UCare created an MSHO work group to create additional initiatives that can impact our member outcomes. A Medicaid work group will also be formed in 2009. The following table summarizes improvements and declines:

HEDIS measures showing significant Improvement in 2008 over 2007

Medicare	2006	2007	2008
Antidepressant Mgmt: Acute Med Trial	54.27%	55.16%	69.82%
Antidepressant Mgmt: Effective Drug Therapy	46.95%	42.15%	54.39%
Anti-Rheumatic Drug Therapy in Rheum Arthritis	61.57%	79.75%	86.31%
Breast Cancer Screening Total	75.40%	76.78%	79.43%
Follow-Up After Hosp for Mental Illness (30 days)	67.44%	55.10%	73.97%
Follow-Up After Hosp for Mental Illness (7 days)	20.93%	24.49%	64.38%
Initiation of Alcohol/Drug Treatment	35.96%	41.69%	65.29%
Persistence of Beta Blocker Treatment	58.14%	72.94%	86.83%

HEDIS measures showing significant decline in 2008 over 2007

Medicare	2006	2007	2008
High-Risk Meds in the Elderly: >= 2 Drugs	2.23%	2.92%	2.61%
Comprehensive Diabetes: Eye Exam	79.08%	79.56%	73.72%
Glaucoma Screening in Older Adults	79.72%	80.08%	78.95%
Osteoporosis Management in Women with Fracture	26.32%	23.91%	18.90%

HEDIS measures showing significant Improvement in 2008 over 2007

MSHO	2006	2007	2008
Comprehensive Diabetes: Eye Exam	67.62%	67.40%	73.97%
Glaucoma Screening in Older Adults	68.28%	70.56%	72.39%

HEDIS measures showing significant decline in 2008 over 2007

MSHO	2006	2007	2008
Comprehensive Diabetes: Monitor Nephropathy	74.21%	89.78%	85.16%

HEDIS measures showing significant Improvement in 2008 over 2007

PMAP	2006	2007	2008
Appropriate Testing - Children with Pharyngitis	71.72%	73.42%	78.28%
Appropriate Treatment - Children with URI	85.56%	84.79%	87.57%
Initiation of Alcohol/Drug Treatment	na	36.07%	42.29%
MH: Follow-Up After Hosp for Mental Illness: 30 day	50.61%	56.42%	68.57%
MH: Follow-Up After Hosp for Mental Illness: 7 days	28.74%	30.35%	57.96%

HEDIS measures showing significant decline in 2008 over 2007

PMAP	2006	2007	2008
Adult Access to Practitioners: Age 20-44	88.30%	90.16%	88.44%

HEDIS measures showing significant Improvement in 2008 over 2007

Medicaid Combined	2006	2007	2008
Appropriate Treatment - Children with URI	na	84.04%	86.80%
Breast Cancer Screening Total	56.90%	53.01%	56.11%
Initiation of Alcohol/Drug Treatment	22.58%	34.99%	40.29%

HEDIS measures showing significant decline in 2008 over 2007

Medicaid Combined	2006	2007	2008
Prenatal Care	79.08%	72.99%	66.42%
Well-Child Visits in the 1st 15 Months (6+)	47.93%	60.34%	53.28%

HEALTH OUTCOMES SURVEY

CMS also sponsors the Medicare Health Outcomes Survey (HOS), which assesses a health plan's ability to maintain or improve the physical and mental health functioning of its Medicare beneficiaries over a two-year period of time. The functional status of the elderly is known to decline during this time period. The differences between the baseline and the two-year follow-up physical and mental health scores are presented in terms of the percentages of beneficiaries who were better than, the same as, or worse than expected.

The most recent report showed that for both physical and mental health, no plan in Minnesota scored significantly different than the HOS national average. No statistical analysis was done comparing Minnesota plans to each other.

UCare also participates in the HOS-M survey which is a modified version of the Medicare Health Outcomes Survey that is conducted annually on a sample of both the MSHO and MnDHO members. The purpose of the survey is to calculate the frailty adjustment factor. The survey instrument uses six Activity of Daily Living (ADL) items to calculate this factor. The scores are used by CMS to assist in determining frailty payments. It should be noted that CMS is phasing out these frailty payments over a four-year period which began in 2008.

UCare 2008 Medical Records Standards Audit Results (of 2007 charts)

In 2008, UCare conducted several audits to assess compliance across our network with the UCare standards regarding medical record documentation. Audits of new providers were conducted by the Provider Network Management department, while a sample of all providers was conducted by UCare's HEDIS vendor.

Audit results found the largest number of deficiencies occurred with the following standards: Advance directive and/or discussion documented in chart, documentation of inquiry and counseling regarding alcohol/substances, and the maintenance of current immunization records. In response to these deficiencies, education was conducted to inform providers of our findings and the importance of complying with these standards. The audits will continue annually.

Practice Guidelines

UCare uses clinical practice guidelines to enhance patient and professional decision-making, improve health care, and reduce unnecessary variation in the health care delivery system. Clinical practice guidelines are designed to assist clinicians by providing a framework for the evaluation and treatment of patients. UCare has adopted preventive and chronic disease guidelines that are appropriate for all populations served by our products. The guidelines are reviewed for appropriateness annually by the Quality Improvement and Credentialing Advisory Committee.

Clinical Performance Improvement and Disease Management Summary of Projects and Programs

Throughout 2008, UCare conducted numerous clinical improvement projects in product-specific Performance Improvement Projects (PIPs), focusing on our Minnesota Health Care Programs (MHCP), MnDHO, MSHO, SNBC, and Medicare. Health plans are required by CMS and DHS to have one project beginning each year for each population. Projects include a planning year followed by implementation which typically runs for three years, and are expected to sustain improvement over time regarding health outcomes, member satisfaction and implement evidence-based best practices. A summary of the current projects is outlined below; most of these initiatives are collaboratives, meaning that all or most MN health plans jointly participate.

#	PROJECT AND PURPOSE	PROJECT CYCLE	INTERVENTIONS	CURRENT RATES
	PNEUMOCOCCAL (PPV) PIP: MSHO Increase the rate of pneumococcal vaccinations in the MSHO community population.	2006-2009	Ensure Care Coordinators refer members for vaccination. Provide member and provider education. Promote PPV in tandem with flu shots.	Measurement results showed improvement over goal.
	COLON CANCER PIP: PMAP, MNCARE, GAMC Increase the rate of colon cancer screening in members 50-65 yrs of age	2006-2009	Provide member and provider reminders. Create customer service wait time messages.	Measurement results showed improvement over goal.
	CALCIUM PLUS VITAMIN D PIP: MSHO, MSC, MSC+ Increase the rate of Calcium and Vitamin D supplementation in the MSHO/MSC populations	2007-2010	Conduct care coordinator training. Ensure Pharmacy, Primary Care, and Care Coordinator resources for prescribing dose supplementation of Ca/VitD. Provide member resources via direct mail.	Measurement results showed improvement over goal.
	CHLAMYDIA SCREENING PIP: PMAP, MNCARE, GAMC Increase the rate of Chlamydia screening in sexually active women 16-25	2007-2009	Conduct education for both providers and members.	Measurement results showed improvement over goal.
	HUMAN PAPILLOMAVIRUS (HPV) PIP: PMAP, MNCARE, GAMC Promote Human Papillomavirus (HPV) vaccination to prevent cervical cancer for MHCP females 11-12 years of age	2008-2011	Promote the benefits of HPV vaccination to parents. Forge partnerships with providers to complete vaccinations. Ensure awareness of HPV for the prevention of cervical cancer.	Measurement results showed improvement over goal.
	ASPIRIN THERAPY PIP: MSHO, MSC+ Increase the rate of aspirin therapy in patients with a diagnosis of ischemic heart disease and/or diabetes mellitus, ages 65 through 84	2008-2011	Ensure awareness of aspirin therapy. Ensure communication between health care team and member. Provide member and provider education re: OTC pharmacy benefits. Provide member resources.	Measurement results showed improvement over goal.
	DIABETIC EYE EXAM PIP: MnDHO Increase the rate of diabetic eye exams in diabetic	2008-2011	Medical record alert was created which notifies care coordinators when members are due for their eye exams.	Measurement results showed improvement over goal.

#	PROJECT AND PURPOSE	PROJECT CYCLE	INTERVENTIONS	CURRENT RATES
	MnDHO-PD members			
	BREAST CANCER SCREENING PIP: MEDICARE Improve the rate of women ages 50 to 74 who had a mammogram during the measurement year or the year prior.	2006-2009	Provider and member education Conduct automated phone outreach messages.	Measurement results showed improvement over goal.
	DIABETIC LDL-C CONTROL <100MG/DL PIP:MEDICARE Increase the rate of members 65 to 75 years of age with diabetes (type 1 and type 2) who had an LDL-C Control <100mg/dL	2007-2010	Provider and member education	Measurement results showed improvement over goal.
	DIABETIC LDL-C SCREENING PIP: Medicare Increase the rate of members 65 to 75 years of age with Type 1 and Type 2 Diabetes who had an LDL-C screening.	2008-2011	Provide member education. Participate in the Diabetes Expo. Promote healthy lifestyle and voucher programs.	Measurement data will be available in July 2009.
	NEW MEMBER UTILIZATION OF PREVENTIVE CARE PERFORMANCE IMPROVEMENT PROJECT (PIP) (ADMINISTRATIVE) The goal of this non-clinical project is to increase the utilization of clinical preventive care visits by new, community-based MSHO, MSC+, PMAP, MNCARE, GAMC, and SNBC members within the first six months of enrollment to their health plans.	2009-2012	Distribute new member preventive health fliers, conduct phone call, and provide checklist, action list, packet, training, letter, and articles.	Measurement data will be available in 2010.

Other Improvement Projects

In addition to the DHS and CMS designated performance improvement projects, UCare participated in several other critical initiatives, including:

Childhood Health Initiatives: MHCP Population

UCare has several initiatives aimed at improving the childhood health of the Minnesota Health Care Program (Medical Assistance, GA and MinnesotaCare) members. These include child & teen checkups (C&TC), childhood and adolescent immunizations, and blood lead screen testing. UCare has implemented provider and member interventions to support these initiatives including clinic and member education, participation in multiple community groups, and provider financial incentives.

Breast Cancer Screening Initiatives

Breast cancer screening continues to be a performance improvement priority for all member groups. In addition to a Medicare PIP on Mammography, interventions were expanded to Medicaid/MinnesotaCare members 40-69 years of age. This revised age group reflects the new HEDIS specifications included on younger women. Although mammography does not require pre-authorization or referral, it is an underutilized benefit. Interventions include member gift cards, newsletter messages, pay for performance (P4P) incentives, and birthday cards with preventive care reminders. During 2008, UCare focused on decreasing health disparities in breast cancer screening by providing grants to five clinics that primarily serve Hmong members. Based on claims data, four of the five grant recipients successfully increased their breast cancer screening rate.

Member Engagement

In 2007, improving the aggregate HEDIS score was identified as a 2009 clinical excellence goal. At that time, infrastructure grants and the P4P program were existing cornerstones of continuous improvement regarding HEDIS rates. To assist with achieving the clinical excellence goal, member engagement for Medicaid members was identified as a 2008 strategy. Member engagement activities included the creation of preventive care “wait time” reminder messages and the distribution of birthday cards with preventive care reminders.