

**UCare Pay for Performance Program**  
**Frequently Asked Questions**  
Updated 5/7/09

**1. What is the impact of new enrollees on the P4P Action Lists?**

If a new enrollee is part of UCare in January or February of the measurement year, the member's name may be on an action list within the same measurement year if they need a particular screening. If a new member who needs services enrolls after February, they will not be on the action lists until the next measurement year. The one exception occurs with the "Lead Screening" measure. With this measure, there is no continuous enrollment requirement; therefore, anytime a new member enrolls and needs a lead test, they will show up on subsequent action lists within the measurement year.

**2. How long does it take for a newly enrolled UCare member to appear on a P4P Action List (if the patient meets the criteria to be on the action list)?**

Measure eligibility specifications regarding enrollment determine the length of time between becoming a UCare member and when that member shows up on the Action Lists.

**3. How does UCare assign members to clinics? There is a concern that patients appear on a clinic's action list when the patient does not go to that clinic. The clinic is then held accountable for the P4P services that member receives.**

UCare realizes that this significantly impacts many clinics, and there is an executive leadership team actively working to address this issue as quickly as possible.

**4. Is the December 31 deadline extended for lab submissions and BP submissions to allow for a claims lag?**

The December 31 deadline is extended for submission of lab and blood pressure data. Please see the UCare P4P website for updates and additional information:

[http://www.ucare.org/providers/Pages/PayforPerformance\(P4P\).aspx](http://www.ucare.org/providers/Pages/PayforPerformance(P4P).aspx)

On page five of the submission guide, UCare encourages providers to upload lab results for members within 60 days of the member's name initially appearing on the action lists. Please upload any subsequent results throughout the measurement year for members as results become available. UCare greatly appreciates your assistance in keeping these results submitted in a current, timely manner.

Information pulled for payments occurs after the first quarter following the measurement year for all P4P measures to prevent missing any information due to claims lag.

**5. How does UCare select measures and targets for P4P?**

UCare aligns P4P measures with those developed by the MN Medical Association, MN Council of Health Plans, and MN Community Measures. UCare uses the P4P program to identify disparities in health care and selects measures and targets that will likely improve the health outcomes of UCare's diverse member populations.

**6. Minnesota Community Measurement announced that they are revising the HbA1C measure from < 7 to < 8. How will this affect the P4P program at UCare?**

For the 2009 Pay for Performance (P4P) Program, one of the composite measures for In Control Diabetes is HbA1c level < 7. On February 27, 2009, Minnesota Community Measurement changed their HbA1c target to < 8 and updated their guidelines accordingly. UCare, along with other Minnesota health plans, aligns Pay for Performance measures with Minnesota Community Measures. Therefore, UCare has updated this P4P measure to < 8. This change impacts the 2009 program and is effective immediately. The 2009 Pay for Performance (P4P) Payment Rates and the 2009 Pay for Performance (P4P) Specifications posted on the UCare Website have been updated to reflect this change.