



UCare's Pay-for-Performance (P4P) Program
Frequently Asked Questions
Updated 12/08/10

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 Blood Lead Screening in Children measure. With this measure, there is no continuous enrollment requirement. Therefore, anytime a new member enrolls and is due for a blood lead screen, 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.

When a member enrolls in UCare, they are prompted to select a primary care clinic. If they do not select a clinic, UCare assigns one based on proximity to the member's home. The member's assigned clinic is specified on the member's UCare card. If a member would like to change their primary care clinic designation, the member may call UCare member services at the number listed on their card to have it updated. Clinics are encouraged to assist patients with keeping their clinic assignments current. Although clinics may treat patients assigned to another clinic, this happens to most clinics in the network. UCare does not currently have a method for adjusting for this; however, UCare hopes this evens out in the end for P4P purposes. Furthermore, it is possible a member may not be presenting to a primary care clinic at all. UCare encourages the assigned clinic to reach out to members even if they have not been seen at the clinic in the past and make sure the member is receiving health care services. If the member is receiving health care services elsewhere, UCare encourages the clinic to assist the member with changing their clinic designation through UCare member services. If the member is not receiving health care services, UCare encourages the assigned clinic to assist the member with scheduling an appointment for appropriate services.

4. When are lab submission data due?

Lab submissions for the measurement year are due by March 31 of the following year. However, UCare encourages P4P participants to submit lab data much more frequently, every 60 days if possible. The UCare Disease Management department uses these data for targeted outreach and enrollment in disease management programs, and current data is significantly more useful.

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. I have members on my action list shown as noncompliant, but I found evidence in their medical record of having the service within the look-back period.

UCare uses administrative claims data for P4P, and it's possible a member could have had a service within the look-back period but when they were not enrolled in UCare. Currently there is not a way to reconcile these discrepancies. Because the P4P program is based on network percentile, this should happen somewhat consistently across the network, keeping the playing field fairly level. Additionally, it would not be fair to let health systems with the capacity to send in chart abstraction data do so while other systems may not have the ability or the capacity. While UCare continues to search for a solution to this problem, we encourage P4P participants to make a note that the member is in fact compliant and focus time and resources on those patients who are truly noncompliant.



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7. What do clinics or health systems do with the action lists?

Action lists are intended to be tools for the clinic to use to identify UCare members who are due for services and eligible for P4P payment. Some clinics contact members on the action list and assist them with schedule appointments. Other clinics use the lists to put flags in health records. For example, if a child is coming in for a sick visit, and there is a flag in their chart showing they are due for lead screening, the provider will know to perform the lead screen. The action lists are merely a tool for the P4P participant. Please do not email, fax, or mail them back to UCare.

8. Why doesn't UCare use Minnesota Community Measurement (MN CM) data for lab submissions? Why does UCare ask P4P participants to submit lab data directly to UCare?

UCare and Minnesota Community Measurement continue to work together to find ways to partner and share information. However, there are two main reasons the UCare P4P program requires participants to submit lab data directly. First, MN CM collects data annually and would not be able to share the lab data with UCare until the year after the P4P measurement year. Although it is not required, UCare asks participants to submit lab data every 60 days. The UCare Disease Management department uses these data for member outreach and enrollment in disease management programs, and current data are much more useful. Second, for some measures and clinics, MN CM requires clinics to submit only a sample of data. UCare requests data for all members identified as having cardiovascular disease and/or diabetes. These members are identified on the cardiovascular disease and diabetes tabs on the action lists.

9. For which measures do clinics need to submit lab data and which measures does UCare measure through administrative claims?

UCare asks clinics to submit data for the members identified on the cardiovascular disease, diabetes, and controlling high blood pressure tabs on the action lists. Please submit these data by filling out the form titled *2010 P4P Lab Submission Template* and uploading it to the secure website. Directions for how to do this are located on the P4P website here: [http://www.ucare.org/providers/Pages/PayforPerformance\(P4P\).aspx](http://www.ucare.org/providers/Pages/PayforPerformance(P4P).aspx).

UCare asks providers to submit LDL-C, HbA1c, blood pressure, smoking cessation, and aspirin therapy data for diabetics, LDL-C, blood pressure, smoking cessation, and aspirin therapy for members with cardiovascular disease, and blood pressure for members identified on the controlling high blood pressure list. UCare measures all other P4P measures through administrative claims data, and there is no other data the clinic must submit.