

## **2013 Quality Assurance Annual Report Executive Summary**

### **2013 QUALITY ASSURANCE ANNUAL REPORT**

Jai Medical Systems Managed Care Organization, Inc. (JMSMCO) and its providers have closed out their sixteenth *full* year in the Maryland Medicaid HealthChoice Program. JMSMCO is committed to improving the quality of care that its members receive.

JMSMCO's Quality Assurance Program is designed to promote and facilitate the maintenance of good health and a sense of well-being to its members by rendering superior quality health care to the sick and those in need of diagnostic services and/or other treatment modalities.

The purpose of this program is to provide a formal process for continuously and systematically monitoring and evaluating the adequacy and appropriateness of health care services, as well as administrative services rendered to members of JMSMCO. This pro-active process provides the mechanisms to study and review multifaceted components of managed health care, to recommend changes when opportunities to improve are identified, to incorporate recommended enhancements, and to re-examine the components to assure improvements as a result of the process. In 2013, we continued making improvements in the following areas: appeals timeliness and recredentialing. JMSMCO also worked diligently to improve patient satisfaction with wait time. We are contracted with a number of very popular walk-in clinics. The majority of our members choose a PCP who practices at these clinics. In CY 2013, JMSMCO worked closely with 3 of these clinics to improve the hybrid walk-in/appointment system that allows our members to still have the convenience of a walk-in clinic, but greatly reduces their waiting times. This change appears to have been well received based on the initial feedback we received from our members.

In 2012, we identified opportunities for improvement, for CY 2013, in the following areas: 1.) Satisfaction with customer service, 2.) network expansion, and 3.) preparations for NCQA Accreditation.

- 1.) In CY 2013, JMSMCO worked to improve member satisfaction with our Customer Services Department. These efforts appeared to have made a difference in both our adult and child CAHPS scores. For the question, "Received the help you needed when you called Customer Service," our child CAHPS score went from 73% up to 88% for Always/Sometimes. That is an increase of 15 percentage points. Our response rate for the Adult CAHPS also increased. It went up by 4 percentage points. While Jai Medical Systems believes we met our goal of improving satisfaction with Customer Service, we will continue to work on improving member satisfaction in this category.
- 2.) Over the duration of CY 2013, the Provider Relations Department increased their efforts to contract with new providers. They successfully added Calvert Physician Associates, which provides both primary and specialty care, along with Chase Braxton, a large FQHC, which provides both primary and OB/GYN care. Overall, 87 new providers were added in 2013. In addition, two ancillary vendors were contracted with to provide dental and vision care through their extensive provider networks.
- 3.) During the 4<sup>th</sup> Quarter of 2012, three senior staff attended a two day NCQA Accreditation training seminar. A consultant was hired to assist JMSMCO in achieving Accreditation.

JMSMCO has developed a timeline of actions that must be taken in order to prepare for Accreditation. A major focus of 2013 was ensuring we are in compliance with NCQA Accreditation standards and that our compliance is well documented. We also made major upgrades to our website, including the addition of a searchable provider directory.

In 2013, in preparation for a huge growth in enrollment in January 2014, we made improvements in the following areas: we created a new department that helps with improving workflow for all Departments; we increased the number of staff in the Systems Management, Provider Relations, Customer Service, Utilization Review, Case Management, and Quality Assurance Departments. We added new comprehensive Case Management software to help us implement complex case management and disease management, and it is able to interface with our utilization review software. In addition, we upgraded our phone system. The new phone system can handle more calls and has a state of the art tracking system, which allows managers to assess work flow.

JMSMCO has continued to concentrate on the way the quality of medical care was measured. Throughout the past few years, the Department of Health and Mental Hygiene increased its focus on the Value-Based Purchasing Initiative (VBPI). The Initiative uses encounter data and HEDIS scores to establish whether HealthChoice plans meet certain quality thresholds. In 2003, the Department of Health and Mental Hygiene applied disincentives based on the reported results. This Initiative required additional outreach to and education of providers in the appropriate use of coding, as well as increased monitoring of system configuration and claim processing. ViPS' MedMeasures, the program used to compile data for HEDIS reporting, was especially critical in improving JMSMCO's ability to report HEDIS scores.

As in previous years, JMSMCO is quite proud of our accomplishments in the VBPI. In 2010, we received 10 out of 10 incentives. While this went down to 9 out of 10 incentives in 2011, JMSMCO still maintained the highest scores in the State of Maryland. In 2012, we once again attained 10 out of 10 incentives. Our HEDIS scores have also increased and/or been maintained at a very high level. In fact, the Department of Legislative Services acknowledged our high scores on the State required HEDIS measures in their *"Analysis of the FY 2015 Maryland Executive Budget, 2014"* it was noted that "Jai, with its overall percentage of scores above the statewide average up from 74 to 76%, remains the MCO with the best overall relative performance." More details regarding our HEDIS and VBPI scores are found throughout this report.

Since JMSMCO met its goals for the year, we did not identify the need for additional resources. A large number of contracted providers were very active in their participation on our committees. JMSMCO leadership was an active participant in all required quality activities during calendar year 2013. A new Delegation Committee was added to oversee new ancillary vendors Block Vision and DentaQuest contracted in 2013, but no committee structure changes were identified as being needed. Overall, JMSMCO is satisfied with its quality activities and evaluations and does not consider them in need of any changes, though if any deficiencies or required resources or changes are identified during calendar year 2014, they will be addressed.

What follows are highlights of JMSMCO's quality assurance program based on external organizations reviewing JMSMCO's quality.

## **Annual EQRO Quality Assurance Review 2012**

The Department of Health and Mental Hygiene contracted with Delmarva Foundation, an External Quality Review Organization (EQRO), to perform annual quality reviews of our systems performance. This was the sixteenth Delmarva audit since the implementation of JMSMCO. There were two components to this review:

- ❖ Systems Performance Review
- ❖ The outcome of the Healthy Kids Program Quality Monitoring Review of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

JMSMCO received the Preliminary Report for the 2012 review in May 2013 and the Final Report in July 2013. The Final Report noted proficiencies and deficiencies that were found by Delmarva Foundation. The Systems Performance review evaluated the structure, process, and outcome of the systems that were reviewed. Please see the results of the Systems Performance review in Table 1 below:

**Table 1: Systems Performance – Annual EQRO 2012 Quality Assurance Review**

Std #	Description	Implementation	CY '98	CY '99	CY '00	CY '01	CY '02	CY '03	CY '04	CY '05	CY '06	CY '07	CY '08	CY '09	CY '10	CY '11	CY '12	MCO Aggregate CY '12
1.0	Systematic Process	45%	73%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Exempt	Exempt	100%	100%	100%
2.0	Governing Body	17%	100%	100%	100%	<b>50%*</b>	100%	100%	100%	100%	100%	100%	100%	Exempt	Exempt	100%	100%	100%
3.0	Oversight of Delegated Entities	N/A	N/A	N/A	N/A	Exempt	Exempt	56%+	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
4.0	Credentialing	100%	100%	<b>*99%</b>	100%	<b>99%*</b>	100%	100%	100%	<b>99%*</b>	<b>90%*</b>	100%	<b>87%*</b>	100%	100%	100%	<b>99%*</b>	<b>99%*</b>
5.0	Enrollee Rights	84%	<b>*96%</b>	<b>*99%</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
6.0	Availability & Access	79%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
7.0	Utilization Review	61%	<b>*92%</b>	<b>*96%</b>	100%	<b>96%*</b>	100%	100%	<b>94%*</b>	<b>97%*</b>	100%	<b>98%*</b>	<b>95%*</b>	<b>98%*</b>	<b>98%*</b>	100%	100%	<b>96%*</b>
8.0	Continuity of Care	83%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

\***BOLD** denotes that the minimum compliance rate was unmet for the measurement year.

+ Denotes a baseline assessment for this standard.

JMSMCO received 100% in all applicable standards, except Credentialing and Recredentialing, which received a 99%. A Corrective Action Plan (CAP) was submitted to and approved by Delmarva Foundation. The Corrective Action Plan involved creating a new credentialing database, initiating more frequent monitoring of timelines, hiring additional Provider Relations staff, and improving communication with providers in order to improve the speed of the credentialing process. All of the scores for the categories reviewed in the 2012 EQRO SPR met or exceeded the Maryland aggregate scores.

The Department of Health and Mental Hygiene requires JMSMCO to develop an annual health education plan to address the provision of educational programs and health care services to its members. Corrective action plans (CAPs) would have been required for any areas of deficiency that did not meet the minimum compliance rate of 100%. JMSMCO received a score of 100% for the Health Education Plan, and therefore was not required to submit any corrective action plans for the CY 2012 review. Additionally, JMSMCO was the *only* MCO in the HealthChoice Program to consistently score 100% from 1998-2012.

Please see the results in Table 2 below:

**Table 2: Health Education Plan – Annual EQRO 2012 Quality Assurance Review**

	Implementation	CY '98	CY '99	CY '00	CY '01	CY '02	CY '03	CY '04	CY '05	CY '06	CY '07	CY '08	CY '09	CY '10	CY '11	CY '12	MCO Aggregate CY '12
Compliance Rate	<b>33%*</b>	100%	100%	100%	100%	100%	100%	100%	100%	Exempt	Exempt	100%	100%	100%	100%	100%	<b>99%*</b>

\***BOLD** denotes that the minimum compliance rate was unmet for the measurement year.

COMAR 10.09.65.25 requires JMSMCO to develop an annual written Outreach Plan to address the provision of outreach requirements for its members. Corrective action plans (CAPs) would have been required for any areas of deficiency that did not meet the minimum compliance rate of 100%. JMSMCO received a score of 100% for the Outreach Plan, and therefore was not required to submit any corrective action plans for the CY 2012 review. Additionally, JMSMCO

has consistently received 100% since the implementation of this element. Please see the results in Table 3 below:

**Table 3: Outreach Plan – Annual EQRO 2012 Quality Assurance Review**

	CY '00	CY '01	CY '02	CY '03	CY '04	CY '05	CY '06	CY '07	CY '08	CY '09	CY '10	CY '11	CY '12	MCO Aggregate CY '12
Compliance Rate	100%	100%	100%	100%	100%	Exempt	Exempt	100%	100%	100%	100%	100%	100%	100%

\***BOLD** denotes that the minimum compliance rate was unmet for the measurement year.

COMAR 10.09.65.02, COMAR 10.09.65.03, COMAR 31.04.15, and CMS 438.608 require JMSMCO to maintain a Fraud and Abuse Medicaid Managed Care Compliance Program that outlines its internal processes for adherence to all applicable Federal and State laws and regulations, with an emphasis on preventing fraud and abuse. The program is also required to include guidelines for corrective actions that would be applied if the MCO fails to comply with these standards. Corrective action plans (CAPs) would have been required for any areas of deficiency that did not meet the minimum compliance rate of 100%. Delmarva evaluated JMSMCO’s 2012 Fraud and Abuse Medicaid Managed Care Compliance Program processes as part of their Systems Performance Review. JMSMCO achieved a rating of 100% for 2012. Because JMSMCO achieved a compliance rate of 100%, no corrective action plan was required. Please see the results in Table 4 below:

**Table 4: Fraud and Abuse Compliance Rate – Annual EQRO 2012 Quality Assurance Review**

	CY '05 (Implementation)	CY '06	CY '07	CY '08	CY '09	CY '10	CY '11	CY '12	MCO Aggregate CY '12
Compliance Rate	79%	100%	100%	100%	100%	100%	100%	100%	99%*

\***BOLD** denotes that the minimum compliance rate was unmet for the measurement year.

### Healthy Kids Quality Monitoring Program Results

Healthy Kids/EPSTD services are federally mandated benefits that are delivered by a network of private physicians, licensed health practitioners, hospital clinics, and managed care organizations (MCO). The Maryland Healthy Kids Program annually evaluates provider compliance with Healthy Kids and EPSTD standards. The overall score for the MCOs was based on HealthChoice regulations that required a minimum compliance rate of 80%. Starting with the CY 2007 Healthy Kids review, the EPSTD review was performed by an independent review organization (Delmarva); previous to 2007, the Department of Health and Mental Hygiene’s Healthy Kids nurse consultants conducted onsite medical record reviews of EPSTD services. The review criteria used by the Delmarva nurses remained the same as those used in previous years, and DHMH’s nurse consultants gave input on the training of the Delmarva nurse reviewers.

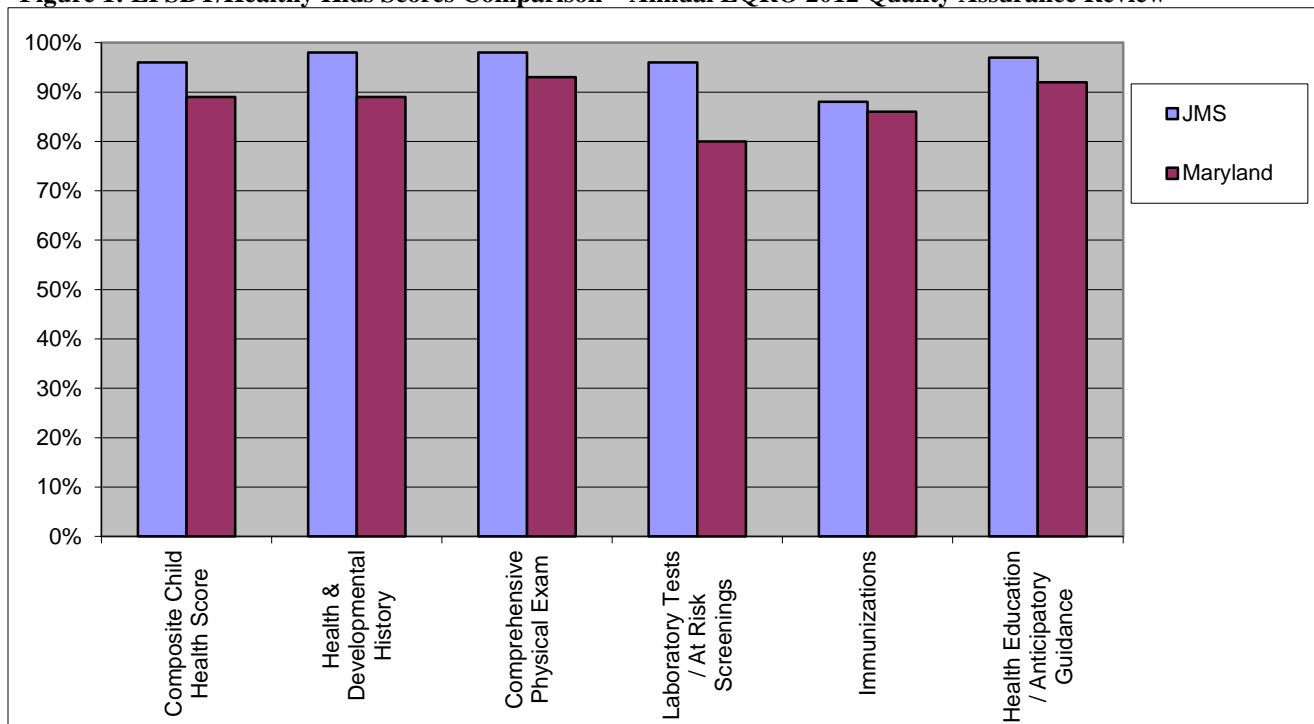
For the CY 2012 Healthy Kids review, JMSMCO received an overall score of 96%. Since this score is well above the minimum compliance rate of 80%, no corrective action plans were required. Please note that JMSMCO exceeded the MCO aggregate in every category. Please see the results in Table 5 and Figure 1 below:

**Table 5: EPSDT/Healthy Kids Component Scores – Annual EQRO 2011 Quality Assurance Review**

	Implementa-tion	CY '98	CY '99	CY '00	CY '01	CY '02	CY '03	CY '04	CY '05	CY '06	CY '07	CY '08	CY '09	CY '10	CY '11	CY '12	MCO Aggregate CY '12
Composite Child Health Score	N/A	<b>79%*</b>	86%	94%	96%	96%	96%	98%	96%	96%	98%	96%	94%	93%	96%	96%	89%
Health & Developmental History	N/A	<b>70%*</b>	85%	94%	96%	92%	95%	98%	93%	94%	98%	93%	97%	97%	97%	98%	89%
Comprehensive Physical Exam	N/A	95%	92%	99%	98%	99%	98%	99%	99%	98%	99%	96%	94%	93%	98%	98%	93%
Laboratory Tests/At Risk Screenings	N/A	<b>72%*</b>	83%	84%	85%	93%	95%	96%	93%	94%	95%	91%	96%	95%	97%	96%	80%
Immunizations	N/A	90%	<b>75%*</b>	88%	93%	96%	92%	96%	94%	94%	97%	96%	87%	87%	90%	88%	86%
Health Education / Anticipatory Guidance	N/A	86%	90%	97%	97%	98%	97%	99%	96%	96%	99%	96%	97%	95%	96%	97%	92%

\*BOLD denotes that the minimum compliance rate was unmet for the measurement year.

**Figure 1: EPSDT/Healthy Kids Scores Comparison – Annual EQRO 2012 Quality Assurance Review**



During its quarterly meetings, the Quality Assurance Committee commended JMSMCO for its team effort and outstanding results as indicated above. It is important to note that JMSMCO’s grades were factored into the aggregate scores, meaning JMSMCO brought the aggregate scores up in all of the measures. Except for one exception one year, JMSMCO has consistently scored above other MCOs throughout the history of the program.

## **HealthChoice Comparison Report Card**

Every year DHMH publishes a report card comparing the quality ratings of the six Maryland Medicaid HealthChoice MCOs in several key areas based on the encounter data, HEDIS, CAHPS, and EQRO results. This report card is intended as a tool to aid Maryland Medicaid members in choosing which MCO they wish to join. One star indicates a below average rating, two stars is average, and three stars indicates an above average rating in comparison to the other MCOs.

See Figure 2 to view the HealthChoice Comparison Report Card for 2014.

**Figure 2: 2014 HealthChoice Comparison Report Card**

Name	<u>Access to Care</u>	Doctor Communication and Service	Care for Kids	Children with Chronic Conditions	Taking Care of Women	Care for Adults with Chronic Illness
AMERIGROUP	☆	☆	☆☆	☆☆	☆☆	☆☆
JAI MEDICAL SYSTEMS	☆☆☆	☆☆☆	☆☆☆	Not Reportable by Researchers	☆☆☆	☆☆☆
MARYLAND PHYSICIANS CARE	☆☆	☆	☆	☆☆	☆	☆
MEDSTAR FAMILY CHOICE	☆☆☆	☆☆☆	☆☆☆	☆☆	☆☆	☆☆☆
PRIORITY PARTNERS	☆☆☆	☆☆	☆☆	☆☆	☆☆☆	☆☆☆
UNITED HEALTHCARE	☆☆	☆☆	☆	☆☆	☆	☆

*Scores based on 2013 reporting of 2012 data and were reported by DHMH January 2014*



JMSMCO was rated above average in all of the five categories it was able to report. In comparison, only two other HealthChoice plan received three stars in any of the six categories and none of the other plans scored three stars in more than four categories.

### **Value-Based Purchasing Initiative**

During CY 2003, the Department of Health and Mental Hygiene increased its focus on the Value-Based Purchasing Initiative (VBPI). The VBPI uses encounter data and HEDIS scores to establish baseline scores. In 2004, the Department of Health and Mental Hygiene used these scores to evaluate the MCOs in the HealthChoice program. They applied disincentive and incentive offsets where necessary. JMSMCO began to educate MCO staff, providers, and clinic office staff regarding measures included in the VBPI. Eleven of these measures were implemented for CY 2004. Performance thresholds for the Practitioner Turnover and Claims Timeliness measures were eliminated from reporting in CY 2005. In CY 2009, the measures for Timeliness of Prenatal Care and Dental Services for Children Ages 4-20 were removed and replaced by Adolescent Well-Care, Postpartum Care, and the Use of Appropriate Medications for Asthma. Also in CY 2009, the Childhood Immunization measure was updated from Combo 2 to Combo 3, which adds the Pneumococcal Conjugate Vaccine to the requirement. Please see Table 6 on the next page for results of the 10 measures and their targets for CY 2012:

**Table 6: Value-Based Purchasing Performance Measures – CY 2012**

Performance Measure	2012 Target	Data Source	MC0 Aggregate CY 2012	CY 2012 Rates
<b>Well-Child Visits for Children Ages 3-6</b> - % of children ages 3-6 (enrolled 320 or more days) receiving at least one well-child visit during the year, consistent with American Academy of Pediatrics and EPSDT recommended number of visits	INCENTIVE: ≥87% NEUTRAL: 84% - 86% DISINCENTIVE: ≤83%	HEDIS	82%	88% (Incentive)
<b>Adolescent Well-Care</b> - % of children ages 12-21 (enrolled 320 or more days) receiving at least one well care visit during the year with a PCP or OBGYN.	INCENTIVE: ≥76% NEUTRAL: 68% - 75% DISINCENTIVE: ≤67%	HEDIS	65%	77% (Incentive)
<b>Ambulatory Care Services for SSI Adults Ages 21-64</b> - % of SSI adults (enrolled 320 or more days) receiving at least one ambulatory care service during the year	INCENTIVE: ≥86% NEUTRAL: 82% - 85% DISINCENTIVE: ≤81%	Encounter Data	81%	86% (Incentive)
<b>Ambulatory Care Services for SSI Children Ages 0-20</b> - % of SSI children (enrolled 320 or more days) receiving at least one ambulatory care service during the year	INCENTIVE: ≥83% NEUTRAL: 78% - 82% DISINCENTIVE: ≤77%	Encounter Data	80%	85% (Incentive)
<b>Postpartum Care</b> - % of deliveries that had a postpartum visit on or between 21 and 56 days after delivery	INCENTIVE: ≥78% NEUTRAL: 72% - 77% DISINCENTIVE: ≤71%	HEDIS	70%	84% (Incentive)
<b>Cervical Cancer Screening for Women Ages 21-64</b> - % of women ages 21 – 64 (continuously enrolled during reporting year) receiving at least one PAP test during the last 3 years, consistent with U.S. Preventive Services Task Force recommendations	INCENTIVE: ≥80% NEUTRAL: 74% - 79% DISINCENTIVE: ≤73%	HEDIS	74%	81% (Incentive)
<b>Lead Screenings for Children Ages 12-23 Months</b> - % of children ages 12-23 months (enrolled 90 or more days) who received a lead test during the year	INCENTIVE: ≥68% NEUTRAL: 58% - 67% DISINCENTIVE: ≤57%	Lead Registry/ Encounter Data	59%	75% (Incentive)
<b>Eye Exams for Diabetics</b> - % of diabetics ages 18-75 (continuously enrolled during reporting year) receiving a retinal or dilated eye exam during the measurement year, consistent with American Diabetes Association recommendations	INCENTIVE: ≥78% NEUTRAL: 71% - 77% DISINCENTIVE: ≤70%	HEDIS	70%	80% (Incentive)
<b>Use of Appropriate Meds for Asthma</b> - % of members 5–50 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year	INCENTIVE: ≥93% NEUTRAL: 92% DISINCENTIVE: ≤91%	HEDIS	90%	93% (Incentive)
<b>Childhood Immunization Status</b> - % of children who turned 2 years old during the measurement year who were continuously enrolled for 12 months immediately preceding their second birthday and who had 4 DTaP, 3 IPV, 1 MMR, 3 H Influenza type B, 3 Hepatitis B, 1 chicken pox vaccine (VZV), and pneumococcal conjugate by the time period specified and by the child’s second birthday. (aka: Combo 3)	INCENTIVE: ≥84% NEUTRAL: 79% - 83% DISINCENTIVE: ≤78%	HEDIS	78%	84% (Incentive)

JMSMCO reached the incentive range in all of the ten measures, exceeded the aggregate score, in all ten of the VBPI measures and had the high score or was tied for the high score in nine of the VBPI measures. JMSMCO was awarded a financial incentive for its outstanding results in all of these quality measures. In 2010, JMSMCO was the first MCO in the history of MD’s VBPI program to receive a perfect score by achieving the incentive range in all measures. In 2011, JMSMCO did almost as well, with 9 out of 10 incentives. While not as high as 2010, this score still surpassed all of the other MCOs. In 2012, JMSMCO once again received 10 out of 10. JMSMCO’s goal for 2013 is to again achieve the incentive range in all of the VBPI measures.

JMSMCO will continue its efforts in 2014 to improve the quality of care its members receive by analyzing the VBPI measures, including all of the new measures that will be implemented during calendar year 2014.