

## 2016 QUALITY ASSURANCE ANNUAL REPORT

Jai Medical Systems Managed Care Organization, Inc. (JMSMCO) and its providers have closed out their nineteenth *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 2015, we identified opportunities for improvement for CY 2016 in the following areas: 1.) Quality Assurance, 2.) Systems Management, 3.) Pharmacy Management, 4.) Utilization Management, and 5.) Provider Relations. Throughout 2016, we assessed how well we had achieved our goals.

### ❖ Quality Assurance

- ❖ Implement the Corrective Managed Care Program – This program was implemented in February 2016. We have been identifying 1 to 4 new members every month through this program.
- ❖ Reach Incentive ranges in HEDIS 2017 – VBPI Measures
  - *Adolescent Well Care, Adult BMI Assessment, Breast Cancer Screening, Controlling High Blood Pressure, Postpartum Care, Well Child 3-6, Medication Management for People with Asthma, Adolescent Immunizations, Lead Screening, SSI Adult, CDC – HbA1c Testing, SSI Children, Childhood Immunizations (Combo 3)*
  - The results will not be ready until 2<sup>nd</sup> Quarter 2017 so it is too early in the year to have final results, but we believe that we met this goal for 2016.
- ❖ Improve member satisfaction and CAHPS scores, overall score increase by 2 percentage points – The raw CAHPS results went up compared to last year, we met the goal of increasing our overall score by more than two percentage points for both the child and adult CAHPS survey.

### ❖ Systems Management

- ❖ Ensure the provider data is up-to-date and accurate in all systems. We have made a lot of progress in terms of update and accuracy of the provider data. There is still improvement in storing the NPIs in the right places and maintaining information on hospital privileges for all of our providers. We recommend this goal should be continued into 2017.
- ❖ Consolidating and improving our outreach databases and call tracking information. A lot of progress has been made with outreach in terms of creating a demographic database in

tracking data like address and phone number changes. There is still room for improvement; however, the database is being used to log addresses and phone numbers and is used for mailers to make sure we have accurate data.

❖ **Pharmacy Management**

- ❖ Ensure a smooth transition to ProCare for PBM and relevant PA services. The transition went quite smoothly. Any issues we encountered were quickly resolved. We have met this goal.

❖ **Utilization Management**

- ❖ Establish better communication between the Utilization Review department and the hospitals to reduce the number of members who visit the ER within 30 days after an inpatient stay. The UM department have visited 8 local hospitals to discuss the importance of informing us of member admissions and including us as part of the discharge planning process. The hospitals that we have visited so far have expressed a willingness to include us in the discharge planning process, particularly for members who have repeat admissions. We recommend this goal should be continued into 2017.
- ❖ Increase compliance with pharmaceutical follow up for members with COPD – Every member who has is admitted to the hospital for COPD or asthma is reported to Ashley McCready, CRNP for follow-up to make sure they stay compliant with their medications. The UM department also calls members while they are inpatient to touch base with them. We will evaluate the effectiveness of this goal using our HEDIS scores for the pharmaceutical follow up for members with COPD. Our current score for bronchodilator is 86.19%, which is down from last year's score of 88.6%; our current score for systemic corticosteroids is 65.03%, which is a large decrease from last year's score of 73.25%. We are looking for other methods to better address this measure in 2017.

❖ **Provider Relations**

- ❖ Turn on membership in Anne Arundel County – We opened in Anne Arundel County on May 1<sup>st</sup>. We have approximately 383 members there and everything is going well so far. This goal has been met.
- ❖ Increase Provider Satisfaction by at least 2 percentage points on the CAHPS Provider Satisfaction survey. We did not meet our goal; the score was reduced by 1.7 percentage points from last year. However, it is important to note that the percentage of providers who would recommend our MCO to patients and physicians increased significantly from last year and is higher than the Maryland average.

Once our HEDIS scores are final, JMSMCO will revisit our goals to ensure we met the HEDIS related goals, as well.

Jai Medical Systems has determined the following goals for CY 2017:

❖ **Quality Assurance**

- ❖ Reach Incentive ranges in HEDIS 2018 – VBPI Measures
  - *Adolescent Well Care, Adult BMI Assessment, Breast Cancer Screening, Controlling High Blood Pressure, Postpartum Care, Well Child 3-6, Asthma Medication Ratio,*

*Adolescent Immunizations, Lead Screening, SSI Adult, CDC – HbA1c Testing, SSI Children, Immunization (Combo 3)*

- ❖ Continue to improve member satisfaction and CAHPS scores, overall score increase by at least 1 percentage point
  - ❖ Continue to improve percentage of new members receiving their initial visit in the correct time period by at least 3 percentage points
  - ❖ Successfully complete NCQA’s Health Plan Accreditation process as a Renewal Survey
- ❖ **Human Resources**
- ❖ Implement streamline HR management system and improve employee training
- ❖ **Customer Services**
- ❖ Improve Customer Service offerings and service levels
- ❖ **Production**
- ❖ Reduce costs of member mailers by 10% without negatively impacting quality
- ❖ **Systems Management**
- ❖ Successful implementation of new NCCI Compliant Claim Check product
  - ❖ Successful implementation to enhanced Data Loss Prevention solution
  - ❖ Improve Provider Affiliation matching process
  - ❖ Consolidating and improving our outreach databases and call tracking information.
- ❖ **Utilization Management**
- ❖ Establish better communication with hospitals to reduce the number of members who visit the ER within 30 days after an inpatient stay.
  - ❖ Decrease the readmission rate after discharge from a SNF by 5 percentage points from the 2016 Long Term Care readmission rate.
  - ❖ Reduce days per thousand for inpatient admissions (excluding SNFs)
- ❖ **Provider Relations**
- ❖ Increase provider network in Anne Arundel County
  - ❖ Increase provider accuracy of information in the provider directory and awareness of participation status for all providers, especially delegated entities, through provider reconciliations and provider orientations
  - ❖ Increase Provider Satisfaction by at least 2 percentage points on the CAHPS Provider Satisfaction survey

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 2015, JMSMCO once again received 13 out of 13 incentives. In addition, the Department of Legislative Services once again acknowledged our high scores on the State required HEDIS measures in their *“Analysis of the FY 2018 Maryland Executive Budget, 2017.”* It was noted that “Jai Medical Systems’ performance again represents the high percentage in each calendar year”

when determining if lead testing was occurring appropriately. They also stated that while other plans may have had a greater amount of improvement in their number of scores above the Maryland Medicaid average, Jai Medical Systems saw no change, “again having the best overall relative performance.”

Jai Medical Systems Managed Care Organization Inc. (Jai Medical Systems) is the Highest Rated Medicaid MCO in Maryland and one of the Top-Rated Medicaid Health Plans in the United States, having earned a rating of 5 out of 5 in the National Committee of Quality Assurance (NCQA) Medicaid Health Insurance Plan Ratings 2016-2017. Jai Medical Systems is one of only two Medicaid Plans in the United States with a 5 out of 5 rating from NCQA. This is the second year in a row that Jai Medical Systems was the highest rated Medicaid MCO in Maryland in this rating based on clinical quality, member satisfaction, and NCQA Accreditation survey results.