

2012 QUALITY ASSURANCE ANNUAL REPORT

Executive Summary

Jai Medical Systems Managed Care Organization, Inc. (JMSMCO) and its providers have closed out their fifteenth *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 2012, we made improvements in the following areas: appeals timeliness and recertification. 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 2012, JMSMCO worked closely with 2 of these clinics to create a 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 in the following areas: Customer service, network expansion, and NCQA Accreditation. In CY 2013, JMSMCO will work to improve the performance of our Customer Services Department and our Provider Relations Department will increase their efforts of contracting with new providers. During the 4th 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 will be ensuring we are in compliance with NCQA Accreditation standards and that our compliance is well documented.

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 2011, we received 10 out of 10 incentives. While this went down to 9 out of 10 incentives in 2012, JMSMCO still maintains the highest scores in the State of Maryland. 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 2014 Maryland Executive Budget, 2013” it was noted that “Although Jai saw its overall percentage of scores above the statewide average fall slightly to 74% from 80%, it remains the MCO with the best overall relative performance.”

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

Annual EQRO Quality Assurance Review 2011

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 fifteenth 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 2011 review in May 2012 and the Final Report in August 2012. 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 2011 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	MCO Aggregate CY '11
1.0	Systematic Process	45%	73%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Exempt	Exempt	100%	100%
2.0	Governing Body	17%	100%	100%	100%	50%*	100%	100%	100%	100%	100%	100%	100%	Exempt	Exempt	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%
4.0	Credentialing	100%	100%	*99%	100%	99%*	100%	100%	100%	99%*	90%*	100%	87%*	100%	100%	100%	100%
5.0	Enrollee Rights	84%	*96%	*99%	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%
7.0	Utilization Review	61%	*92%	*96%	100%	96%*	100%	100%	94%*	97%*	100%	98%*	95%*	98%*	98%*	100%	98%*
8.0	Continuity of Care	83%	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. Since a score of 100% was achieved, no CAPs were required by Delmarva Foundation. All of the scores for the categories reviewed in the 2011 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 2011 review. Additionally, JMSMCO was the *only* MCO in the HealthChoice Program to consistently score 100% from 1998-2011.

Please see the results in Table 2 below:

Table 2: Health Education Plan – 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	MCO Aggregate CY '11
Compliance Rate	33%*	100%	100%	100%	100%	100%	100%	100%	100%	Exempt	Exempt	100%	100%	100%	100%	100%

***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 2011 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 2011 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	MCO Aggregate CY '11
Compliance Rate	100%	100%	100%	100%	100%	Exempt	Exempt	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. Delmarva evaluated JMSMCO's 2011 Fraud and Abuse Medicaid Managed Care Compliance Program processes as part of their Systems Performance Review. JMSMCO achieved a rating of 100% for 2011. 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 2011 Quality Assurance Review

	CY '05 (Implementa-tion)	CY '06	CY '07	CY '08	CY '09	CY '10	CY '11	MCO Aggregate CY '11	Minimum Compliance Rate
Compliance Rate	79%	100%	100%	100%	100%	100%	100%	100%	100%

***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 EPSDT 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 EPSDT 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 EPSDT 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. In addition, Delmarva reviewers were trained with input from the Department’s nurse consultants.

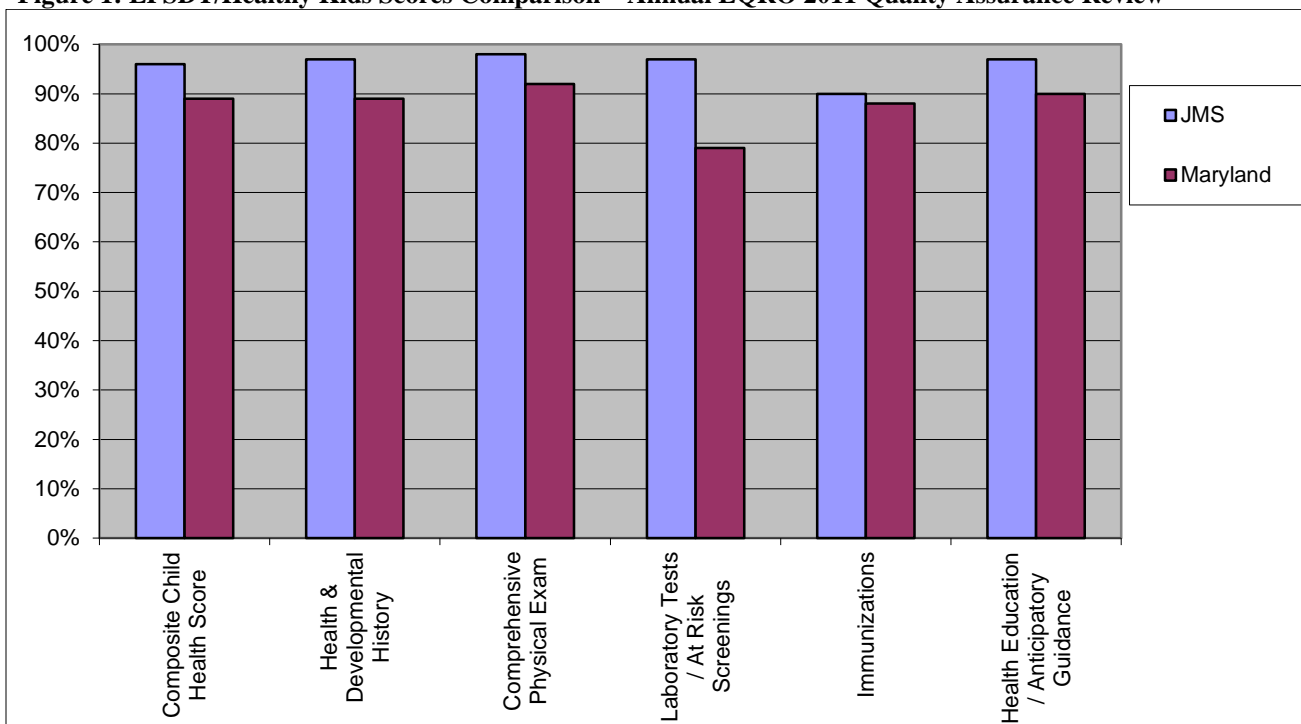
For the CY 2011 Healthy Kids review, JMSMCO received an overall score of 96%. Since this score is well above the minimum compliance rate of 80%, no corrective action plans were required. Please note that JMSMCO exceeded the MCO aggregate in every category. Please see the results in Table 5 and Figure 1 below:

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

	Imple- men- ta- 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	MCO Aggregate CY '11
Composite Child Health Score	N/A	79%*	86%	94%	96%	96%	96%	98%	96%	96%	98%	96%	94%	93%	96%	89%
Health & Developmental History	N/A	70%*	85%	94%	96%	92%	95%	98%	93%	94%	98%	93%	97%	97%	97%	89%
Comprehensive Physical Exam	N/A	95%	92%	99%	98%	99%	98%	99%	99%	98%	99%	96%	94%	93%	98%	92%
Laboratory Tests/At Risk Screenings	N/A	72%*	83%	84%	85%	93%	95%	96%	93%	94%	95%	91%	96%	95%	97%	79%
Immunizations	N/A	90%	75%*	88%	93%	96%	92%	96%	94%	94%	97%	96%	87%	87%	90%	88%
Health Education / Anticipatory Guidance	N/A	86%	90%	97%	97%	98%	97%	99%	96%	96%	99%	96%	97%	95%	96%	89%

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

Figure 1: EPSDT/Healthy Kids Scores Comparison – Annual EQRO 2011 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 seven 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 2013.

Figure 2: 2013 HealthChoice Comparison Report Card

Name	Access to Care	Doctor Communication	Keeping Kids Healthy	Kids with Chronic Conditions	Taking Care of Women	Diabetes Care
AMERIGROUP	★★★	★★★	★★★	★★★	★★★★	★
DIAMOND	★	★★★	★	★★★	★	★
JAI MEDICAL SYSTEMS	★	★★★	★★★★	Not Reportable by Researchers	★★★★	★★★★
MARYLAND PHYSICIANS CARE	★★★	★★★	★★★★	★★★	★	★
MEDSTAR FAMILY CHOICE	★★★★	★★★	★★★★	★★★	★★★★	★★★★
PRIORITY PARTNERS	★★★★	★★★	★	★★★	★★★	★★★
UNITED HEALTHCARE	★★★	★★★	★	★★★	★	★

Scores based on 2011 data and were reported by DHMH January 2013

JMSMCO was rated above average in three of the five categories it was able to report. In comparison, only one other HealthChoice plan received three stars in more than one of the six 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 2011:

Table 6: Value-Based Purchasing Performance Measures – CY 2011

Performance Measure	2011 Target	Data Source	MCO Aggregate CY 2011	CY 2011 Rates
Well-Child Visits for Children Ages 3-6 - % 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: ≥89% NEUTRAL: 82% - 88% DISINCENTIVE: ≤81%	HEDIS	85%	89% (Incentive)
Adolescent Well-Care - % 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: 61% - 75% DISINCENTIVE: ≤60%	HEDIS	67%	80% (Incentive)
Ambulatory Care Services for SSI Adults - % of SSI adults (enrolled 320 or more days) receiving at least one ambulatory care service during the year	INCENTIVE: ≥85% NEUTRAL: 81% - 84% DISINCENTIVE: ≤80%	Encounter Data	82%	85% (Incentive)
Ambulatory Care Services for SSI Children - % of SSI children (enrolled 320 or more days) receiving at least one ambulatory care service during the year	INCENTIVE: ≥81% NEUTRAL: 76% - 80% DISINCENTIVE: ≤75%	Encounter Data	79%	81% (Incentive)
Postpartum Care - % of deliveries that had a postpartum visit on or between 21 and 56 days after delivery	INCENTIVE: ≥78% NEUTRAL: 71%–77% DISINCENTIVE: ≤70%	HEDIS	71%	78% (Incentive)
Cervical Cancer Screening for Women Ages 21-64 - % 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. Preventative Services Task Force recommendations	INCENTIVE: ≥76% NEUTRAL: 69%–75% DISINCENTIVE: ≤68%	HEDIS	73%	79% (Incentive)
Lead Screenings for Children Ages 12-23 Months - % of children ages 12-23 months (enrolled 90 or more days) who received a lead test during the year	INCENTIVE: ≥72% NEUTRAL: 63% - 71% DISINCENTIVE: ≤62%	Lead Registry/ Encounter Data	60%	75% (Incentive)
Eye Exams for Diabetics - % 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: ≥76% NEUTRAL: 69% - 75% DISINCENTIVE: ≤68%	HEDIS	71%	81% (Incentive)
Use of Appropriate Meds for Asthma - % of members 5–56 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: ≥94% NEUTRAL: 92%–93% DISINCENTIVE: ≤91%	HEDIS	91%	94% (Incentive)
Childhood Immunization Status - % of children who turned two years old during the measurement year who were continuously enrolled for 12 months immediately preceding their second birthday and who had 4 DtaP/DT, 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: ≥83% NEUTRAL: 78% - 82% DISINCENTIVE: ≤77%	HEDIS	80%	79% (Neutral)

JMSMCO reached the incentive range in nine of the ten measures, exceeded the aggregate score, and had the high score in all ten 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 surpasses all of the other MCOs. It is JMSMCO's goal to receive 10 out of 10 again in 2012.

JMSMCO will continue its efforts in 2013 to improve the quality of care its members receive by analyzing the VBPI measures, including any new measures that will be implemented during calendar year 2013.