2014 Quality Assurance Annual Report

Executive Summary

2014 QUALITY ASSURANCE ANNUAL REPORT

Jai Medical Systems Managed Care Organization, Inc. (JMSMCO) and its providers have closed out their seventeenth *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 identified opportunities for improvement for CY 2014 in the following areas: 1.) Quality Assurance Program Goals, 2.) Compliance with Changes in the Industry due to Health Care Reform, 3.) Successful Implementation of the Healthy Rewards Program, 4.) Reach Neutral/Incentive Ranges for HEDIS 2015, and 5.) Achieve NCQA Accreditation Status. In early 2015, we did an assessment to see how well we had achieved our goals and to assist us in determining new goals for 2015.

1. The Quality Assurance Program Goals included four separate goals. These were a.) increase member compliance with hypertension and asthma medications, b.) improve member satisfaction, c.) provide cultural compliance training, and d.) expand the network to accommodate our growth in enrollment. Jai Medical Systems made significant strides toward reaching these goals.
   1. Our score for the HEDIS measure of Medication Management for People with Asthma (MMA) increased from 24.5% in CY 2013 to 34.8% in CY 2014. This was a significant improvement. Jai Medical Systems does not have a final score of the HEDIS measure Controlling High Blood Pressure since we are currently performing a chart review of this measure. Our score for CY 2013 was 56%, we expect that the new score for CY 2014 will be significantly over 60%.
   2. To measure our members’ satisfaction we used both the CAHPS survey results and the results from our own internal satisfaction survey. For the Adult CAHPS Survey, our overall scores in four areas increased from 2013 to 2014: Getting Care Quickly, How Well Doctor Communicates, Customer Service, and Coordination of Care.  For the General Population of Children CAHPS survey, our overall scores increased from 2013 for Getting Needed Care, and our overall score for Health Promotion and Education remained consistent at 81% satisfaction.  The remaining 5 categories for the Children CAHPS Survey only decreased by a few percent, with Customer Service decreasing the most by 5%, but still remaining at an 87% satisfaction level.

The internal member satisfaction surveys were sent to members along with the HealthBeat Member Newsletter at the end of 2014.  The 2014 survey included two new questions pertaining to our members’ usage of technology, and one question regarding waiting time was revised to better understand our members’ satisfaction levels with this question.  The returned responses were collected and entered into a tracking system.  The overall number of HealthChoice responses increased significantly from 2013, but this can be attributed to the fact that all of our members who were eligible for the Primary Adult Care program in 2013 may have been eligible for the 2014 HealthChoice program.  Although the HealthChoice responses increased from 449 in 2013 to 1,771 in 2014, the overall rating of Jai Medical Systems remained at 86%.  There were seven questions on the 2014 survey that did not meet our minimum standards and will be discussed in 2015 as areas to create possible Corrective Action Plans.

* 1. In 2014 we developed a Cultural Competency Training Program for Jai Medical Systems Managed Care Organization, Inc. staff members. The first training was held during our March 2014 Quality Assurance Committee meeting. This training will be conducted at least annually; it has also been incorporated into our new employee orientation. We also attended the April 2014 Consumer Advisory Board (CAB) meeting to discuss any issues our members may have experienced related to cultural diversity while accessing care. The CAB has added cultural diversity to their working agenda to help us gain member perspective on cultural diversity in healthcare.
  2. Jai Medical Systems Managed Care Organization (Jai Medical Systems) currently has approximately 6000 participating providers in their provider network. In 2014, Jai Medical Systems focused on expanding their Urgent Care network to decrease the amount of Emergency Room Visits. Jai Medical Systems contracted with Patient First in June 2014, who has 14 locations throughout the state of Maryland. Additionally, Jai Medical Systems contracted with various specialists, including Otolaryngology and Urology, in Anne Arundel County. Jai Medical Systems continues to evaluate the adequacy of their provider network, and will contract with providers as necessary.

1. Starting April 1st 2014, Jai Medical Systems started accepting the new HCFA CMS 1500 form from our providers; this form allows for the tracking of new indicators that relate to ICD-10. The Centers for Medicare & Medicaid services announced a delay of the ICD-10 project in May of 2014. Jai Medical Systems has continued our development towards full ICD-10 compliance and we are continuing our testing of our already ICD-10 compliant products. Additionally, Jai Medical Systems has been working diligently toward CORE compliance, and we have made significant strides toward supporting Phase 1, 2 and 3. Our current expectation is that we will finalize our CORE compliance in late 2015.
2. Below is the comparison of HEDIS Access to Care measures using predictive data in November of 2012, 2013, and 2014.

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure** | **11.12.12** | **11.08.13** | **11.11.14** |
| Access to Care (12-24mo) | 88.56% | 93.08% | 95.05% |
| Access to Care (25mo-6yrs) | 84.20% | 83.78% | 85.81% |
| Access to Care (7-11yrs) | 91.77% | 92.66% | 91.70% |
| Access to Care (12-19yrs) | 90.26% | 89.30% | 91.15% |
| Access to Care (20-44) | 67.84% | 67.22% | 65.70% |
| Access to Care (45-64) | 83.06% | 82.84% | 82.80% |

For the children, while one age group is a bit lower in 2014, overall there appears to be some substantial increases. The Access to Care measure for 12-24 months is significantly higher in 2014. This is significant as this measure historically is lower than the other MCOs in Maryland.

The two adult Access to Care measures are showing a decrease over the last two years. The following table shows the changes in denominator for these measures over the same time period:

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure** | **11.12.12** | **11.08.13** | **11.11.14** |
| Access to Care (20-44) | 2746 | 2755 | 5362 |
| Access to Care (45-64) | 2703 | 2756 | 6675 |

The increase in denominator is significant for 2014, as the denominators increased around 100%. Due to this significant change, Jai Medical Systems does not believe comparing these scores is an accurate measure of the effectiveness of this new program.

The following table shows the percentage and number of current members for whom we received a claim for their annual visit in a specific month.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | | **Passes** | | | | **Fails** | | | |
| **Children** | | **Adults** | | **Children** | | **Adults** | |
| # | % | # | % | # | % | # | % |
| January | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| February | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| March | 3/31/14 | 1,243 | 16.6% | 1,385 | 6.8% | 6,235 | 83.4% | 19,063 | 93.2% |
| April | 4/22/14 | 533 | 10.5% | 5,238 | 28.5% | 4,566 | 89.5% | 13,162 | 71.5% |
| May | 5/9/14 | 603 | 13.1% | 1,377 | 10.0% | 4,001 | 86.9% | 12,459 | 90.0% |
| June | 6/25/14 | 712 | 17.4% | 1,507 | 11.1% | 3,385 | 82.6% | 12,086 | 88.9% |
| July | 7/28/14 | 261 | 8.0% | 922 | 7.7% | 3,001 | 92.0% | 11,130 | 92.3% |
| August | 8/14/14 | 348 | 11.7% | 882 | 8.3% | 2,617 | 88.3% | 9,739 | 91.7% |
| September | 9/18/14 | 472 | 17.4% | 619 | 6.7% | 2,234 | 82.6% | 8,615 | 93.3% |
| October | 10/9/14 | 290 | 14.1% | 481 | 5.9% | 1,762 | 85.9% | 7,611 | 94.1% |
| November | 11/10/14 | 262 | 14.0% | 648 | 8.5% | 1,611 | 86.0% | 6,986 | 91.5% |
| December | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| ***TOTAL*** | | ***4,724*** | | ***13,059*** | |  | |  | |

So far, 17,783 Jai Medical Systems members have come in for their annual visit. Out of these, over 8000 have requested and been mailed their Healthy Rewards gift card.

Overall, it appears the Healthy Rewards Program has increased the HEDIS Access to Care measure scores. It also appears to be encouraging many members to seek out necessary preventive care.

1. Due to the need to perform a chart review on certain VBPI measures, our final assessment cannot be completed at this time. However, the following chart shows our positive progress to date on reaching this goal. The QAC will review this chart once the scores are final to ensure we are reaching our goals.

VALUE-BASED PURCHASING INITIATIVE

FOR CY 2014

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEASURES AND TARGETS CY 2014** | | | | |
| **MEASURE** | **MINIMUM STANDARD** | **INCENTIVE STANDARD** | **CURRENT CY 2014 SCORE** | **RESULT BASED ON CURRENT SCORE** |
| ***ADOLESCENT WELL CARE*** | 68% | 75% | 80.22% | ***Incentive*** |
| ***\*\*\*ADULT BMI ASSESSMENT\*\*\**** | 76% | 81% | 97.01% | ***Incentive*** |
| ***\*\*\*BREAST CANCER SCREENING\*\*\**** | 50% | 62% | 71.87% | ***Incentive*** |
| ***\*\*\*CONTROLLING HIGH BLOOD PRESSURE\*\*\**** | 55% | 66% | 28.22% | **In Process\*** |
| ***POSTPARTUM CARE*** | 74% | 80% | 76.35% | **In Process\*** |
| ***WELL-CHILD 3-6*** | 84% | 87% | 90.62% | ***Incentive*** |
| ***\*\*\*MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA\*\*\**** | 17% | 38% | 34.84% | **Neutral** |
| ***ADOLESCENT IMMMUNIZATIONS*** | 63% | 72% | 76.73% | ***Incentive*** |
| ***LEAD SCREEN 12-23 MOS.*** | 63% | 72% | 76.25% | ***Incentive*** |
| ***SSI ADULTS*** | 82% | 86% | 87.39% | Incentive |
| ***\*\*\*CDC – HbA1c TESTING\*\*\**** | 84% | 88% | 90.33% | ***Incentive*** |
| ***SSI CHILDREN*** | 80% | 85% | 84.88% | Incentive |
| ***IMMUNIZATION (COMBO 3)*** | 79% | 84% | 87.60% | ***Incentive*** |

**In Process\*: Chart review has begun but is not yet finished, so the “In Process” measures will change significantly.**

These scores are based on claims paid through the first half of March 2015.

1. The final updates to make sure Jai Medical Systems was in compliance with NCQA standards were completed at the end of 2013.  The six month look back period for compliance with NCQA standards began in late December 2013, and during the first two quarters of 2014, we organized our responses and prepared the Interactive Survey System (ISS) tool for submission.  On June 24, 2014, the ISS tool was submitted and the NCQA on site audit was held on August 11-12, 2014.  Effective as of September 15, 2014, we received a Health Plan Accreditation Status of Commendable from NCQA.

Overall, the goals for 2014 were met. JMSMCO will continue to work on improving customer satisfaction since our satisfaction scores have not increased as significantly as we would have liked. Once our HEDIS scores are final, JMSMCO will revisit our goals to ensure we met the HEDIS related goals, as well.

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. All of these interventions made for a smooth transition of our PAC membership to our HealthChoice product line.

Jai Medical Systems has determined the following goals for CY 2015:

* Increase member compliance with hypertension medications and asthma medications to increase our scores for new VBPI measures
* Improve member satisfaction and CAHPS scores
* Implement the NCQA Member Connections (MEM) Standard by July 1, 2015
* Compliance Goals
  + Implement HIPAA Compliance Rules – Phases 1, 2, and 3
  + Become ICD 10 Compliant – Due October 1, 2015
  + Roll-out of a new interactive HIPAA Privacy and Security training program
* Successful Enhancement of the Healthy Rewards Program
  + Use the new database to improve the collection of Redemption Certificates and distribution of gift cards
* Reach Neutral/Incentive ranges in HEDIS 2016 – 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 Adults
  + CDC – HbA1c Testing
  + SSI Children
  + Immunization (Combo 3)

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. V*i*PS’ 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 2013, our number of incentives dropped down to 9 out of 10, but it was still the highest number of incentives of any Medicaid plan in Maryland. In fact, the next highest scoring MCO had 3 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 2016 Maryland Executive Budget, 2015”*** it was noted that “Jai, even though its overall percentage of scores above the statewide average fell from 76% to 71%, still remains the MCO with the best overall relative performance.” More details regarding our HEDIS and VBPI scores are found throughout this report.

Since JMSMCO is satisfied with the improvement made to meet our 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 2014. The Delegation Committee, which was added in 2013 to oversee new ancillary vendors Block Vision and DentaQuest, was integrated more fully in our corporate structure, 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 2015, 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 2013

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 seventeenth 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 Final Report in May 2014. 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 2013 Quality Assurance Review Results – 2001-2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Std #** | **Description** | **CY**  **'01** | **CY**  **'02** | **CY**  **'03** | CY‘04 | CY‘05 | CY‘06 | CY‘07 | **CY**  **‘08** | | **CY**  **‘10** | **CY**  **‘11** | **CY**  **‘12** | **CY**  **‘13** | **MCO Aggregate**  **CY ‘13** |
| 1.0 | Systematic Process of Quality Assessment and Improvement | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | Exempt | 100% | 100% | Exempt | Exempt |
| 2.0 | Accountability to the Governing Body | **50%\*** | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | Exempt | 100% | 100% | 100% | 100% |
| 3.0 | Oversight of Delegated Entities | Exempt | Exempt | 56%**+** | 100% | 100% | 100% | 100% | 100% | | 100% | 100% | 100% | 100% | **83%\*** |
| 4.0 | Credentialing and Recredentialing | **99%\*** | 100% | 100% | 100% | **99%\*** | **90%\*** | 100% | **87%\*** | | 100% | 100% | **99%\*** | 100% | **99%\*** |
| 5.0 | Enrollee Rights | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 100% | 100% | 100% | **96%\*** |
| 6.0 | Availability & Accessibility | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 100% | 100% | 100% | **96%\*** |
| 7.0 | Utilization Review | 100% | 100% | **94%\*** | **97%\*** | 100% | **98%\*** | **95%\*** | **98%\*** | | **98%\*** | 100% | 100% | 100% | **90%\*** |
| 8.0 | Continuity of Care | 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 2013 EQRO SPR met or exceeded the Maryland aggregate scores. Compared to CY 2012, JMSMCO increased its performance in the Credentialing and Recredentialing standard, and maintained its performance in the remaining standards.

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%. The standard was exempt from review in the 2013 Systems Performance Review. Please see the previous years’ results in Table 2 below:

**Table 2: Health Education Plan – Annual EQRO 2013 Quality Assurance Review Results – 2001-2013**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CY '01** | **CY**  **'02** | **CY**  **'03** | **CY**  **‘04** | **CY**  **‘05** | **CY**  **‘06** | **CY**  **‘07** | **CY**  **‘08** | **CY**  **‘09** | **CY**  **‘10** | **CY**  **‘11** | **CY**  **‘12** | **CY**  **‘13** | **MCO Aggregate CY ‘13** |
| Compliance Rate | 100% | 100% | 100% | 100% | 100% | Exempt | Exempt | 100% | 100% | 100% | 100% | 100% | Exempt | Exempt |
| **\*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%. The standard was exempt from review in the 2013 Systems Performance Review. Additionally, JMSMCO has consistently received 100% since the implementation of this element. Please see the previous years’ results in Table 3 below:

**Table 3: Outreach Plan – Annual EQRO 2013 Quality Assurance Review Results – 2001-2013**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CY '01** | **CY '02** | **CY '03** | **CY ‘04** | **CY ‘05** | **CY ‘06** | **CY ‘07** | **CY ‘08** | **CY ‘09** | **CY ‘10** | | **CY ‘11** | **CY ‘12** | **CY**  **‘13** | **MCO Aggregate**  **CY '13** |
| Compliance Rate | 100% | 100% | 100% | 100% | Exempt | Exempt | 100% | 100% | 100% | 100% | | 100% | 100% | Exempt | Exempt |
| **\*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 2013 Fraud and Abuse Medicaid Managed Care Compliance Program processes as part of their Systems Performance Review. JMSMCO achieved a rating of 100% for 2013. 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 2013 Quality Assurance Review – 2005-2013**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CY ‘05**  **(Implemen-tation)** | **CY ‘06** | **CY ‘07** | **CY ‘08** | **CY ‘09** | **CY ‘10** | **CY ‘11** | **CY ‘12** | **CY ‘13** | **MCO Aggregate**  **CY '13** |
| Compliance Rate | 79% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | **98%\*** |

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

**Healthy Kids Quality Monitoring Program Results**

Healthy Kids/EPSDT 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.

For the CY 2013 Healthy Kids review, JMSMCO received an overall score of 93%. Since this score is well above the minimum compliance rate of 75%, no corrective action plans were required. Please note that JMSMCO met or 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 2013 Quality Assurance Review Results 2001-2013**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CY**  **'01** | **CY**  **'02** | **CY**  **'03** | **CY**  **‘04** | **CY**  **‘05** | **CY**  **‘06** | **CY**  **‘07** | **CY**  **‘08** | **CY**  **‘09** | **CY**  **‘10** | **CY**  **‘11** | | **CY**  **‘12** | **CY**  **‘13** | **MCO Aggregate**  **CY ‘13** |
| Composite Child Health Score | 96% | 96% | 96% | 98% | 96% | 96% | 98% | 96% | 94% | 93% | 96% | | 96% | 93% | 87% |
| Health & Developmental History | 96% | 92% | 95% | 98% | 93% | 94% | 98% | 93% | 97% | 97% | 97% | | 98% | 97% | 89% |
| Comprehensive Physical Exam | 98% | 99% | 98% | 99% | 99% | 98% | 99% | 96% | 94% | 93% | 98% | | 98% | 95% | 91% |
| Laboratory Tests/At Risk Screenings | 85% | 93% | 95% | 96% | 93% | 94% | 95% | 91% | 96% | 95% | 97% | | 96% | 94% | 77% |
| Immunizations | 93% | 96% | 92% | 96% | 94% | 94% | 97% | 96% | 87% | 87% | 90% | | 88% | 84% | 84% |
| Health Education / Anticipatory Guidance | 97% | 98% | 97% | 99% | 96% | 96% | 99% | 96% | 97% | 95% | 96% | | 97% | 94% | 89% |
| **\*BOLD denotes that the minimum compliance rate was unmet for the measurement year.** | | | | | | | | | | | |  | |  |

#### Figure 1: EPSDT/Healthy Kids Scores Comparison – Annual EQRO 2013 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 in two years, 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. Please see Figure 2 to view the HealthChoice Comparison Report Card for 2015.

# Figure 2: 2014 HealthChoice Comparison Report Card

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | Access to Care | **Doctor Communication and Service** | **Keeping Kids Healthy** | **Care for Kids with Chronic Illness** | **Taking Care of Women** | **Care for Adults with Chronic Illness** |
| **AMERIGROUP** |  |  |  |  |  |  |
| **JAI MEDICAL SYSTEMS** |  |  |  |  |  |  |
| **KAISER PERMANENTE** | *N/A\** | *N/A\** | *N/A\** | *N/A\** | *N/A\** | *N/A\** |
| **MARYLAND PHYSICIANS CARE** |  |  |  |  |  |  |
| **MEDSTAR FAMILY CHOICE** |  |  |  |  |  |  |
| **PRIORITY PARTNERS** |  |  |  |  |  |  |
| **RIVERSIDE HEALTH OF MARYLAND** | *N/A\** | *N/A\** | *N/A\** | *N/A\** | *N/A\** | *N/A\** |
| **UNITED HEALTHCARE** |  |  |  |  |  |  |
| *Scores based on 2014 reporting of 2013 data and were reported by DHMH March 2015* | | | | | | |

*\* Riverside Health of Maryland, Inc. and Kaiser Permanente became HealthChoice MCOs in 2013 and 2014 respectively, therefore ratings are not applicable.*

JMSMCO was able to be rated in all six categories. JMSMCO was rated above average in three of the six categories. In comparison, none of the other plans scored three stars in more than two 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 2013:

**Table 6: Value-Based Purchasing Performance Measures – CY 2013 –**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Performance Measure** | **2013 Target** | **Data Source** | **MC0 Aggregate CY 2013** | **CY 2013 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: 84% - 88%  DISINCENTIVE: ≤83% | HEDIS | 84% | 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: ≥77%  NEUTRAL: 68% - 76%  DISINCENTIVE: ≤67% | HEDIS | 67% | 77%  (Incentive) |
| **Ambulatory Care Services for SSI Adults Ages 21-64** - % 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 | 83% | 85%  (Neutral) |
| **Ambulatory Care Services for SSI Children Ages 0-20** - % 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 | 82% | 86%  (Incentive) |
| **Postpartum Care** - % of deliveries that had a postpartum visit on or between 21 and 56 days after delivery | INCENTIVE: ≥78%  NEUTRAL: 72%–77%  DISINCENTIVE: ≤71% | HEDIS | 68% | 79%  (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. Preventive Services Task Force recommendations | INCENTIVE: ≥80%  NEUTRAL: 74% - 79%  DISINCENTIVE: ≤73% | HEDIS | 75% | 80%  (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 | 62% | 79% (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: ≥80%  NEUTRAL: 71% - 79%  DISINCENTIVE: ≤70% | HEDIS | 69% | 80%  (Incentive) |
| **Immunization for Adolescents** - % of children who turned 13 during the measurement year who were continuously enrolled for 12 months immediately preceding their 13th birthday and who had 1 meningococcal vaccine and 1 Tdap or Td vaccine by their 13th birthday. | INCENTIVE: ≥71%  NEUTRAL: 61 - 70%  DISINCENTIVE: ≤60% | HEDIS | 69% | 76%  (Incentive) |
| **Childhood Immunization Status** - % 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: ≥86%  NEUTRAL: 82% - 85%  DISINCENTIVE: ≤81% | HEDIS | 79% | 86%  (Incentive) |

JMSMCO reached the incentive range in nine 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 all ten of the VBPI measures. JMSMCO was awarded a financial incentive for its outstanding results in nine 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. In 2013, JMSMCO received 9 out of 10 incentives, once again surpassing all the other MCOs. In fact, all the other MCOs, except for one, received at least one disincentive. JMSMCO’s goal for 2014 is to again achieve the incentive range in all of the VBPI measures.

JMSMCO will continue its efforts in 2015 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.

**National Committee for Quality Assurance (NCQA) – Accreditation**

In November 2012, three JMSMCO staff members attended an NCQA conference titled “*Introduction to NCQA Accreditation for Health Plans and MBHOs*” in order to better understand the requirements for applying for accreditation. Throughout 2013 and 2014, all JMSMCO staff worked to make sure that all departments were in compliance with the four main NCQA Health Plan Accreditation 2013 Standards: Quality Management and Improvement, Utilization Management, Credentialing, and Members’ Rights and Responsibilities. For all of the NCQA standards, staff reviewed policies and procedures and made updates, as needed. New quality studies were created and reviewed throughout the year to ensure that the changes in place were effective. Other updates specific to each standard are detailed below:

*Quality Management and Improvement*

JMSMCO was able to use many of current processes and make small updates in order to ensure that we were compliant with this NCQA standard. There were a few new programs created as a result of this standard, such as Disease Management, Complex Case Management, and more in depth reviews of the coordination between our members’ medical health care and their behavioral health care.

*Utilization Management*

This standard focuses mainly on the Utilization Management process for JMSMCO and our oversight of the Utilization Management elements for which our Pharmacy Benefit Manager is responsible. There were important updates made to our process of handling service denials and appeals in order to make sure we remain in compliance with NCQA standards.

*Credentialing*

JMSMCO added new reviews of providers to our standard credentialing process because of NCQA standards. Monthly reviews of OIG Exclusions and MBP Sanctions are reviewed, as well as primary source verification of certain requirements to the credentialing process. The Provider Relations Department continues to review office site quality of all providers in our plan, and conducts semi-annual reviews of our delegated providers.

*Members’ Rights and Responsibilities*

The majority of the requirements for this standard were already in place. The major updates to the JMSMCO website for members and providers was the biggest project within this standard. A provider and hospital directory was made electronic and is available on the website for all to access.

The NCQA Standards only make up for half of the total points to determine the Accreditation level. The final HEDIS 2014 scores and the CAHPS survey results from 2014 make up the remaining points. Every year, the total points from our most current HEDIS scores and CAHPS results are updated in our total score, and every three years, the Standards are re-evaluated and a new score is provided. Based on the results from the Final Report, JMSMCO received a Health Plan Accreditation Status of Commendable.