

## **Executive Summary of CY 2020 Annual Report**

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

*Impact of COVID-19:* In the beginning of 2020, due to the COVID-19 pandemic, Governor Larry Hogan's declared a state of emergency in the State of Maryland. JMSMCO temporarily suspended all outreach activities in compliance with government directives and for the safety of our members and staff. However, JMSMCO continued ongoing quality activities, while monitoring and adapting safety measures recommended by the Center of Disease Control and Prevention (CDC), throughout 2020.

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 and administrative services rendered to members of JMSMCO. This pro-active process provides the mechanisms in which we study and review multifaceted components of managed health care, to recommend changes when opportunities to improve are identified, incorporate recommended enhancements, and re-examine the components to assure improvements as a result of the process.

## **Annual EQRO Quality Assurance Review 2019**

The Maryland Department of Health contracts with Qlarant, formerly the Delmarva Foundation. Qlarant is an External Quality Review Organization (EQRO), who performs annual quality reviews of our systems performance. In addition to the Systems Performance Review (SPR), Qlarant also performs the Healthy Kids Program Quality Monitoring Review of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

### **❖ Systems Performance Review (SPR)**

JMSMCO received the CY 2019 SPR final report in May 2020. The final report noted proficiencies and deficiencies that were identified by Qlarant. The SPR evaluated the structure, process, and outcome of the systems that were reviewed. Please see the results of the SPR in the table below:

**Table: Systems Performance – Annual EORO Quality Assurance Review Results – 2007-2018**

Std #	Description	CY '08	CY '09	CY '10	CY '11	CY '12	CY '13	CY '14	CY '15	CY '16	CY '17	CY '18	CY '19
1	Quality Assessment and Improvement	100%	Exempt	Exempt	100%	100%	Exempt	Exempt	100%	Met	NA	100%	NA
2	Accountability to the Governing Body	100%	Exempt	Exempt	100%	100%	100%	100%	100%	NA	NA	Exempt	NA
3	Oversight of Delegated Entities	100%	100%	100%	100%	100%	100%	100%	100%	Met	NA	100%	Met
4	Credentialing and Recredentialing	87%*	100%	100%	100%	99%*	100%	100%	100%	Met	NA	Exempt	Met
5	Enrollee Rights	100%	100%	100%	100%	100%	100%	100%	100%	Met	Met	100%	Met
6	Availability & Accessibility	100%	100%	100%	100%	100%	100%	100%	100%	NA	Met	100%	Met
7	Utilization Review	98%*	98%*	98%*	100%	100%	100%	100%	100%	Met	Met	100%	Met
8	Continuity of Care	100%	100%	100%	100%	100%	100%	100%	100%	Met	Met	100%	Met
9	Health Education Plan	100%	100%	100%	100%	100%	Exempt	Exempt	100%	Met	NA	Exempt	NA
10	Outreach	100%	100%	100%	100%	100%	Exempt	Exempt	100%	100%	NA	100%	NA
11	Fraud and Abuse	100%	100%	100%	100%	100%	100%	100%	100%	Met	Met	100%	Met

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

It should be noted that in CY 2016, Qlarant switched to a 3 year cycle for the full audit. In the alternate years, only certain elements and standards were evaluated. These elements were chosen by Qlarant and evidence of compliance was submitted electronically; there was no onsite Qlarant review. Therefore, there are “NA” items for each interim year. Qlarant also scored the items they reviewed as either met or unmet, rather than providing a percentage of compliance during these years.

In CY 2018, Qlarant completed a full onsite review of all 8 applicable standards. JMSMCO received 100% compliance for each element, scoring at or above the Maryland MCO aggregate compliance rate and maintaining its results since the last full, onsite SPR in 2015. Since

JMSMCO received 100% for all standards, no corrective action plans were required for CY 2019.

In CY 2019, Qlarant continued to perform an interim desktop type review, where only certain elements and standards were evaluated. These elements were chosen by Qlarant and evidence of compliance was submitted electronically; there was no onsite Qlarant review. Qlarant scored the items they reviewed as either met or unmet, rather than providing a percentage of compliance during these years.

Although there were no corrective actions required, Qlarant provided feedback and recommendations regarding the evidence submitted. Qlarant noted that JMSMCO can improve in a few areas. All recommendations have been reviewed and implemented, as appropriate.

### ❖ **Healthy Kids Quality Monitoring Program**

The Healthy Kids Program is a Maryland initiative intended to ensure that all private physicians, licensed health practitioners, hospital clinics, and managed care organizations (MCOs) are complying with the federally mandated Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. This EPSDT benefit is extensive and includes a variety of preventative tests and screenings to improve and detect health concerns in children, from birth to age 20. While the benefit is federally mandated, the schedule for these services is designed by each state. To ensure that each MCO is encouraging their members to receive these covered services, the Maryland Department of Health (MDH) uses a third-party auditing company to assess the quality of care each Maryland Medicaid recipient receives.

#### **Results**

Qlarant, formerly the Delmarva Foundation, is the External Quality Review Organization (EQRO) that has been contracted to perform this annual medical record review of preventative services for our pediatric members. The Qlarant auditors are nurse consultants who perform medical record reviews to determine our compliance rating.

Please note that prior to CY 2007 the onsite annual medical record audits were performed by Healthy Kids nurse consultants with MDH. The same review criteria that were used by MDH are now being used by the Qlarant nurses. The MDH nurse consultants also provided input on the training of the Qlarant nurse reviewers.

These results are from the 2020 audit which was based on calendar year (CY) 2019 data. The sample is generated by Qlarant who uses a random sampling method of both EPSDT-certified PCPs and non-certified PCPs. Qlarant reviewed a total of 308 medical records for the CY 2019 JMS Healthy Kids audit. The Maryland Medicaid program, also known as HealthChoice, requires that all MCOs have a minimum compliance of 80%.

**Table: EPSDT/Healthy Kids Component Scores – Annual EQRO CY 2019 Quality Assurance Review Results 2006-2019**

	CY '06	CY '07	CY '08	CY '09	CY '10	CY '11	CY '12	CY '13	CY '14	CY '15	CY '16	CY '17	CY '18	CY '19	MCO Aggregate CY '18
Composite Child Health Scores	96%	98%	96%	94%	93%	96%	96%	93%	93%	96%	97%	98%	98%	97%	94%
Health & Developmental History	94%	98%	93%	97%	97%	97%	98%	97%	97%	99%	99%	99%	99%	99%	94%
Comprehensive Physical Exam	98%	99%	96%	94%	93%	98%	98%	95%	94%	97%	99%	99%	100%	99%	97%
Laboratory Tests/At Risk Screenings	94%	95%	91%	96%	95%	97%	96%	94%	95%	98%	99%	99%	99%	91%	87%
Immunizations	94%	97%	96%	87%	87%	90%	88%	84%	83%	88%	88%	95%	94%	94%	93%
Health Education / Anticipatory Guidance	96%	99%	96%	97%	95%	96%	97%	94%	96%	98%	100%	99%	99%	99%	94%

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

For the CY 2019 Healthy Kids review, JMSMCO received a composite score of 97%. This score is well above the minimum compliance rate of 80%, and therefore there were no corrective action plans required. Please note that JMSMCO exceeded the MCO aggregate in every category (see figure below). However, the audit identified areas of improvement including laboratory tests/at-risk screenings component, JMS showed substantial decline in the Newborn Metabolic Screen score with a 33-percentage point decrease, dropping from CY 2018 (100%) to CY 2019 (67%). Negative trends were also identified in the following elements:

- Conducted Lead Risk Assessment of Laboratory Tests/At-Risk Screenings
- Assessed Immunizations Up-to-Date of Immunization.

It is also important to note that JMSMCO grades were factored into the aggregate scores, therefore JMSMCO brought up the aggregate scores for all the measures while surpassing the Maryland minimum. Throughout the history of the program, JMSMCO consistently scores above the Maryland average score. It should also be noted that 2020 review was done virtually due to the COVID-19 pandemic.

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

During CY 2003, the Maryland Department of Health (MDH) increased its focus on the Value-Based Purchasing Initiative (VBPI). The VBPI uses encounter data and HEDIS scores to establish baseline scores. In 2004, MDH began to use 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. For CY 2013, the Adolescent Immunization measure was added, and the Use of Appropriate Medications for Asthma measure was retired. For CY 2014, the Cervical Cancer Screening and Diabetic Eye Exam measures were retired, and five new measures were added: Adult BMI, Breast Cancer Screening, Diabetic HbA1c Testing, Controlling High Blood pressure, and Medication Management for People with Asthma – 75% Compliance. In CY 2017, the Medication Management for People with Asthma measure was removed, and the Asthma Medication Ratio measure was added. In CY 2018, the 13 measures from CY 2017 remained the same. In CY 2019, CDC HbA1c <8 and Well Child 0-15 Months were added. Adult BMI, Childhood Immunization, Adolescent Immunization, Postpartum Care, Well Child 3-6 Years, and CDC HbA1c Testing were removed. This brought the program to 9 measures for CY 2019.

Please see the table on the next page for results of the 9 measures and their targets for services provided in CY 2019:

**Table: Value-Based Purchasing Performance Measures – CY 2019**

Performance Measure	Data Source	2019 Target	MC0 Aggregate CY 2019	JMS CY 2019 Rates
<b>Adolescent Well Care:</b> % of adolescents ages 12-21 (enrolled 320 or more days) receiving at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year	HEDIS®	Incentive: ≥ 73% Neutral: 68%–72% Disincentive: ≤ 67%	65%	76% (Incentive)
<b>Ambulatory Care Services for Supplemental Security Income (SSI) Adults Ages 21–64 Years:</b> % of SSI adults (enrolled 320 or more days) receiving at least one ambulatory care service during the measurement year	Encounter Data	Incentive: ≥ 87% Neutral: 84%–86% Disincentive: ≤ 83%	81%	91% (Incentive)
<b>Ambulatory Care Services for SSI Children Ages 0–20 Years:</b> % of SSI children (enrolled 320 or more days) receiving at least one ambulatory care service during the measurement year	Encounter Data	Incentive: ≥ 87% Neutral: 84%–86% Disincentive: ≤ 83%	79%	91% (Incentive)

<b>Asthma Medication Ratio:</b> % of enrollees 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	HEDIS®	Incentive: ≥ 72% Neutral: 66%–71% Disincentive: ≤ 65%	65%	77% (Incentive)
<b>Breast Cancer Screening:</b> % of women 50–74 years of age who had a mammogram to screen for breast cancer	HEDIS®	Incentive: ≥ 75% Neutral: 70%–74% Disincentive: ≤ 69%	71%	76% (Incentive)
<b>Comprehensive Diabetes Care – HbA1 Control &lt;8:</b> % of enrollees 18–75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test result under 8	HEDIS®	Incentive: ≥ 64% Neutral: 57%–63% Disincentive: ≤ 56%	55%	65% (Incentive)
<b>Controlling High Blood Pressure:</b> % of enrollees ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year	HEDIS®	Incentive: ≥ 69% Neutral: 63%–68% Disincentive: ≤ 62%	62%	70% (Incentive)
<b>Lead Screenings for Children Ages 12–23 Months:</b> % of children ages 12–23 months (enrolled 90 or more days) who receive a lead test during the current or prior calendar year	Lead Registry, Encounter & Fee for Service Data	Incentive: ≥ 71% Neutral: 66%–70% Disincentive: ≤ 65%	65%	76% (Incentive)
<b>Well-Child Visits for Children Ages 0-15 Months:</b> % of children who receive at least six well-child visits before turning 15 months old	HEDIS®	Incentive: ≥ 76% Neutral: 71%–75% Disincentive: ≤ 70%	71%	74% (Neutral)

JMSMCO reached the incentive range in 8 out of the 9 measures. A financial incentive was awarded for the excellent results in these 8 measures. The only measure that received a score within the neutral range was Well Child Visits 0-15 Months. Despite this, JMSMCO had the highest score or was tied for the highest score in 6 of the VBPI measures among the other 8 MCOs. JMSMCO also scored above the Maryland average in all 9 VBPI measures.














**HealthChoice Comparison Report Card** Every year MDH publishes a report card comparing the quality ratings of the Maryland Medicaid HealthChoice MCOs in several key areas based on the encounter data, HEDIS, and CAHPS 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 the figure on the next page to view the HealthChoice Comparison Report Card for 2020.

**Figure: 2020 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
AETNA BETTER HEALTH	☆	☆			☆	☆☆
AMERIGROUP	☆☆☆	☆☆	☆☆☆	☆☆	☆☆	☆
JAI MEDICAL SYSTEMS	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆
KAISER PERMANENTE	☆☆	☆☆	☆☆☆	☆☆	☆☆☆	☆☆☆
MARYLAND PHYSICIANS CARE	☆☆☆	☆☆	☆	☆☆	☆	☆
MEDSTAR FAMILY CHOICE	☆☆☆	☆☆☆	☆	☆☆	☆☆	☆☆
PRIORITY PARTNERS	☆☆☆	☆☆	☆☆	☆☆	☆☆	☆



<b>UNITED HEALTHCARE</b>						
<b>UNIVERSITY OF MARYLAND HEALTH PARTNERS</b>						

*Scores based on 2019 reporting of 2018 data and were reported by MDH February 2020*

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

