

2015 QUALITY ASSURANCE ANNUAL REPORT

Jai Medical Systems Managed Care Organization, Inc. (JMSMCO) and its providers have closed out their eighteenth *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 2014, we identified opportunities for improvement for CY 2015 in the following areas: 1.) Quality Assurance Program Goals, 2.) Implement the NCQA Member Connections (MEM) Standard by July 1, 2015, 3.) Compliance with Changes in the Industry due to Health Care Reform, 4.) Successful Enhancement of the Healthy Rewards Program, and 5.) Reach Neutral/Incentive Ranges for HEDIS 2016. In early 2016, we did an assessment to see how well we had achieved our goals and to assist us in determining new goals for 2016.

- 1.) The Quality Assurance Program Goals included two separate goals. These were a.) increase member compliance with asthma and hypertension medications and b.) improve member satisfaction. Jai Medical Systems made significant strides toward reaching these goals.
 - a. 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 and again to 51.41% in 2015. 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% and increased to 69% in 2014; we hope that the new score for CY 2015 will be above the 90th percentile.
 - b. 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 *Customer Service* increased from 2014 to 2015. Our score in *Getting Care Quickly* remained consistent between 2014 and 2015 and due to a change in the questions scores were not comparable for *Shared Decision-Making*. Scores went down slightly in 2015 for *Getting Needed Care*, *How Well Doctor Communicates*, *Health Promotion and Education*, and *Coordination of Care*. For the General Population of Children CAHPS survey, our overall scores increased from 2014 for *Getting Needed Care*, *How Well Doctor Communicates*, *Customer Service*, *Shared Decision-Making*, *Health Promotion and Education*, and *Coordination of Care*. The remaining category

Getting Care Quickly only decreased by two percent, but still remaining at a 91% satisfaction level.

The internal member satisfaction surveys were sent to members along with the HealthBeat Member Newsletter at the end of 2015. The 2015 survey included several revisions to questions regarding satisfaction with PCP waiting time, satisfaction with the PCP's medical staff, satisfaction with the referral and appointment process for specialty care, and satisfaction with Case Management to better understand our members' satisfaction levels with these questions. The returned responses were collected and entered into a tracking system. For CY 2015, we received 1,478 responses for the HealthChoice survey. The 2015 response rate decreased from 2014, but is still significantly higher than the 2013 response rate. Jai Medical Systems received an overall satisfaction rate of 85 percent for CY 2015, which is only one percentage point less than CY 2014 ratings. There were seven questions on the 2014 survey that did not meet our minimum standards and will be discussed in 2016 as areas to create possible Corrective Action Plans.

- 2.) Implement the NCQA Member Connections (MEM) Standard by July 1, 2015 - The NCQA Member Connections standard was an important goal that involved a lot of computer-based updates and implementations. We have implemented the necessary policies, the online Health Assessments, and the Nurse Advice Line in order to meet these standards. These program additions were implemented by July 1, 2015, so we have met this goal.
- 3.) Compliance with changes in the industry was comprised of 3 separate goals. These included:
 - a.) Implement HIPAA Compliance Rules – Phases 1, 2, and 3, b.) Become ICD-10 Compliant – Due October 1, 2015, and c.) Roll-out of a new interactive HIPAA Privacy and Security training program.
 - a. While we worked aggressively with DST to implement all three stages of CORE compliance before the end of 2015, there were application level problems within DST's AMISYS platform that prevented us from implementing Stages I and II. Stage III was successfully implemented in 2015, and we have made significant progress on stages I and II and expect their completion before the end of April 2016.
 - b. Become ICD-10 Compliant – The due date was moved to October 1, 2015. We worked with DST to ensure this transition went smoothly. We remediated all of our systems and the initial transition went well. We also performed auditing over the months after implementation in order to ensure that implementation was completely successful. This goal has been met.
 - c. Roll-out of a new interactive HIPAA Privacy and Security training program - This program was rolled out in the first quarter of 2015 and involved a new online training feature. The annual training for 2016 is currently underway. This goal was met.
- 4.) Successful enhancement of the Healthy Rewards Program using a new database to improve the collection of Redemption Certificates and distribution of gift cards. We are continuing to use the new database and distribution methods. We did have some setbacks but things seem to be back on track. Gift cards have continued to be up-to-date. This goal was completed

successfully and we reviewed HEDIS Access to Care measure data to assess if member compliance with preventive care increased.

Below is the comparison of HEDIS Access to Care measures using predictive data in November of 2012, 2013, 2014, and 2015.

Measure	11.12.12	11.08.13	11.11.14	11.09.15
Access to Care (12-24mo)	88.56%	93.08%	95.05%	86.21%
Access to Care (25mo-6yrs)	84.20%	83.78%	85.81%	89.98%
Access to Care (7-11yrs)	91.77%	92.66%	91.70%	92.75%
Access to Care (12-19yrs)	90.26%	89.30%	91.15%	92.98%
Access to Care (20-44)	67.84%	67.22%	65.70%	63.59%
Access to Care (45-64)	83.06%	82.84%	82.80%	83.76%

For the children, the Access to Care measure for 12-24 months is the lowest it has been at this time in the past three years. Although this measure was significantly higher in 2014, this continues to be a measure that we score lower than the other MCOs in Maryland. The remaining child measures have increased and are at their highest in 2015 compared to the November scores in the previous three years.

The Access to Care measure for 20-44 year olds shows a significant decrease over the last three years. The older adults, ages 45-64, have increased and show the highest score in November compared to the previous three 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	11.09.15
Access to Care (20-44)	2,746	2,755	5,362	5,040
Access to Care (45-64)	2,703	2,756	6,675	6,446

Although each denominator decreased by 200-300 members in 2015, this is still a significant increase in the size of the denominator since 2012 and 2013.

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	1/28/15	--	--	--	--	6,021	100%	19,146	100%
February	2/17/15	603	9.9%	2,658	13.3%	5,518	90.1%	17,336	86.7%
March	3/16/15	641	11.6%	2,580	15.0%	4,904	88.4%	14,665	85.0%
April	4/15/15	576	11.8%	1,785	13.5%	4,316	88.2%	11,394	86.5%
May	5/13/15	886	20.7%	1,502	13.2%	3,404	79.3%	9,899	86.8%
June	6/16/15	455	13.5%	906	9.0%	2,924	86.5%	9,112	91.0%
July	No Data	--	--	--	--	--	--	--	--

August	No Data	--	--	--	--	--	--	--	--
September	9/18/15	1,090	32.8%	2,126	24.9%	2,232	67.2%	6,405	75.1%
October	10/19/15	235	12.2%	469	6.8%	1,692	87.8%	6,452	93.2%
November	11/16/15	239	14.6%	507	7.6%	1,395	85.4%	6,139	92.4%
December	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
TOTAL		4,725		12,533					

In July and August, there were some technical difficulties with the database that was used to calculate the totals displayed in the table. The September data shows the number of claims received for adults and children for July, August, and September. While the technical issues were being resolved, the Healthy Rewards Program did not stop.

So far, 17,258 Jai Medical Systems members have come in for their annual visit. Out of these, over 7,500 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 and seems to be encouraging many members to seek out necessary preventive care earlier in the calendar year. Jai Medical Systems will need to continue tracking data this way to determine if there are any trends that are impacting the Healthy Rewards program. Due to significant variations in enrollment beginning in 2014, especially with the adult population, the trends in the access to care measures for the various age groups are still evolving. Although the measures looking at children 12-24 months and adults 20-44 years of age both decreased significantly, we are actively outreaching to and offering special health fair days at participating medical centers to increase compliance with care. It should also be noted that while the database that collects the number of members passing the Healthy Rewards Program was not available, we were unable to send the Reminder letters to members who had not yet had an office visit in July and August. Although these members were still receiving various other methods of outreach, including phone calls, other outreach mailers, and home visits, this may have had an impact on our scores. Jai Medical Systems will continue to closely monitor all of the access to care measures, but specifically these age groups with the declining scores, to show improvement. It is recommended that the Healthy Rewards Program be continued and that this study be continued to track the future impact of the Program.

- 5.) 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 again once the scores are final to ensure we are reaching our goals.

VALUE-BASED PURCHASING INITIATIVE - FOR CY 2015

MEASURES AND TARGETS CY 2015				
MEASURE	MINIMUM STANDARD	INCENTIVE STANDARD	CURRENT CY 2015 SCORE	RESULT BASED ON CURRENT SCORE
ADOLESCENT WELL CARE	68%	73%	82.22%	<u>Incentive</u>
ADULT BMI ASSESSMENT	77%	81%	92.52%	<u>Incentive</u>
BREAST CANCER SCREENING	59%	66%	72.47%	<u>Incentive</u>

CONTROLLING HIGH BLOOD PRESSURE	54%	62%	63.50%	<u>Incentive</u>
POSTPARTUM CARE	74%	78%	83.27%	<u>Incentive</u>
WELL-CHILD 3-6	85%	88%	90.74%	<u>Incentive</u>
MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA	31%	43%	51.41%	<u>Incentive</u>
ADOLESCENT IMMUNIZATIONS	71%	76%	80.19%	<u>Incentive</u>
LEAD SCREEN 12-23 MOS.	62%	68%	70.3%	<u>Incentive</u>
SSI ADULTS	84%	87%	87.00%	Neutral/ <u>Incentive</u>
CDC – HbA1c TESTING	82%	85%	93.8%	<u>Incentive</u>
SSI CHILDREN	83%	86%	86.00%	Neutral/ <u>Incentive</u>
IMMUNIZATION (COMBO 3)	79%	82%	87.38%	<u>Incentive</u>

These scores are based on claims paid through the first half of March 2016. Some measures will have a higher final score based on the completed chart review process and accepted encounter data.

Overall, the goals for 2015 were met. JSMCO will continue to work on improving customer satisfaction since our satisfaction scores have not increased as we would have liked. Once our HEDIS scores are final, JSMCO will revisit our goals to ensure we met the HEDIS related goals, as well.

In August of 2015 JSMCO relocated to a new headquarters building at 301 International Circle in Hunt Valley. This building will better allow for the expansion and upgrade of technology infrastructure and security features and has the space for JSMCO to continue to expand its staff as it continues to grow.

The new headquarters building features a completely rebuilt server room with extensive monitoring systems and network security enhancements. This move to SAN-based architecture, redundant networking at both firewall and switch level, environmentally controlled room, auditing systems, and a secured data center room with completely new industry leading infrastructure that represents our commitment to data security and HIPAA compliance. The site also features a Kohler 300ROEZJ Generator cable of sustaining operations for our entire premises indefinitely in the event of a power outage. Additionally, Jai Medical Systems completed a new Risk Assessment and performed a complete Disaster Recovery and Business Continuity plan update and completed a disaster recovery test.

In 2015, JSMCO also made preparations for growth into Anne Arundel County. Many departments, including Quality Assurance, Provider Relations, and Systems Management, worked together to make sure systems and a provider network were in place to handle the expansion.

Jai Medical Systems has determined the following goals for CY 2016:

Quality Assurance

- ❖ Implement the Corrective Managed Care 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*
- *Immunization (Combo 3)*
- ❖ Improve member satisfaction and CAHPS scores, overall score increase by 2 percentage points
- ❖ Improve percentage of new members receiving their initial visit in the correct time period by at least 5 percentage points

Systems Management

- ❖ Ensure the provider data is up-to-date and accurate in all systems
- ❖ Consolidating and improving our outreach databases and call tracking information.

Pharmacy Management

- ❖ Ensure a smooth transition to ProCare Rx for PBM and relevant PA services.

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
- ❖ Increase compliance with pharmaceutical follow up for members with COPD

Provider Relations

- ❖ Turn-on membership in Anne Arundel County
- ❖ 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 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 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.

More details regarding our HEDIS and VBPI scores are found throughout this report. In 2014, the number of measures increased to 13 and JMSMCO received 12 out of 13 incentives, with one neutral. JMSMCO was the only plan to not have a disincentive. 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 2017 Maryland Executive Budget, 2016”* it was noted that “Jai Medical Systems, even though its overall percentage of scores above the statewide average fell from 71% to 69%, still remains the MCO with the best overall relative performance” when determining if lead testing was occurring appropriately. They also noted that “Only one MCO has consistently met the goal set, Jai Medical Systems, which is a smaller MCO drawing its membership almost exclusively from Baltimore City. Jai Medical Systems’ performance represents the high percentage in each calendar year.”

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 2015. The Delegation Committee, which was added in 2013 to oversee new ancillary vendors Superior Vision and DentaQuest, was integrated more fully in our corporate structure. Two new Information Technology (IT) related Committees were added in 2015. These Committees will help us prioritize new IT projects and ensure compliance with privacy and security standards. 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 2016, they will be addressed.