

2023 QUALITY ASSURANCE ANNUAL REPORT

Executive Summary

Jai Medical Systems Managed Care Organization, Inc. (JMSMCO) and its providers have closed out their twenty-sixth *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 and administrative services rendered to members of JMSMCO. This proactive 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 2022

The Maryland Department of Health contracts with Qlarant, formerly the Delmarva Foundation. Qlarant is an External Quality Review Organization (EQRO), which 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 2022 SPR final report in April 2023. 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 EQRO Quality Assurance Review Results – 2010-2023

Std #	Description	CY '14	CY '15	CY '16	CY '17	CY '18	CY '19	CY '20	CY '21	CY '22	CY '23
1	Quality Assessment and Improvement	Exempt	100%	Met	NA	100%	NA	NA	100%	Met	NA
2	Accountability to the Governing Body	100%	100%	NA	NA	Exempt	NA	NA	NA	Met	NA
3	Oversight of Delegated Entities	100%	100%	Met	NA	100%	Met	NA	100%	NA	NA
4	Credentialing and Recredentialing	100%	100%	Met	NA	Exempt	Met	NA	100%	Met	NA

Scores based on 2023 reporting of 2022 data and were reported by MDH in March 2024

5	Enrollee Rights	100%	100%	Met	Met	100%	Met	Met	100%	Met	Met
6	Availability & Accessibility	100%	100%	NA	Met	100%	Met	Met	100%	Met	NA
7	Utilization Review	100%	100%	Met	Met	100%	Met	Met	100%	Met	NA
8	Continuity of Care	100%	100%	Met	Met	100%	Met	Met	100%	NA	NA
9	Health Education Plan	Exempt	100%	Met	NA	Exempt	NA	NA	NA	Met	NA
10	Outreach	Exempt	100%	100%	NA	100%	NA	NA	100%	Met	NA

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.

For CY 2021, Qlarant completed a full onsite review of all 9 applicable standards. JMSMCO received 100% compliance for each element, scoring at or above the Maryland MCO aggregate compliance rate and maintaining its results of 100% or Met for every standard reviewed since CY 2012. Since JMSMCO received 100% for all standards, no corrective action plans were required for CY 2021.

For the CY 2022 review, Qlarant performed a full review of all chosen elements and standards. To perform the review, numerous documents were provided for a desktop review.

Although there were no corrective actions required, Qlarant provided feedback and recommendations regarding the evidence submitted. Qlarant noted that JMSMCO must make a single change to one policy to maintain compliance with the standards. For the 2023 review, JMS submitted the updated policy for Standard 5.2 and received a finding of MET for the year.

❖ **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

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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.

The results below are from the 2023 audit which was based on measurement year (MY) 2022 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 287 medical records for the MY 2022 JSMCO Healthy Kids audit. The Maryland Medicaid program, also known as HealthChoice, requires that all MCOs have a minimum compliance of 80% in each component.

Table: EPSDT/Healthy Kids Component Scores – Annual EQRO Healthy Kids Results 2010-2022

	CY 10	CY 11	CY 12	CY 13	CY 14	CY 15	CY 16	CY 17	CY 18	CY 19	CY 20	CY 21	CY 22	MCO Agg CY 22
Composite Child Health Scores	93%	96%	96%	93%	93%	96%	97%	98%	98%	97%	97%	97%	99%	95%
Health & Developmental History	97%	97%	98%	97%	97%	99%	99%	99%	99%	99%	98%	98%	99%	96%
Comprehensive Physical Exam	93%	98%	98%	95%	94%	97%	99%	99%	100%	99%	99%	100%	99%	98%
Laboratory Tests/At Risk Screenings	95%	97%	96%	94%	95%	98%	99%	99%	99%	91%	92%	95%	99%	85%
Immunizations	87%	90%	88%	84%	83%	88%	88%	95%	94%	94%	94%	95%	97%	95%
Health Education / Anticipatory Guidance	95%	96%	97%	94%	96%	98%	100%	99%	99%	99%	98%	99%	100%	97%

For the CY 2022 Healthy Kids review, JSMCO received a composite score of 99%. This score is well above the minimum compliance rate of 80%, and therefore there were no corrective action plans required. Please note that JSMCO exceeded the MCO aggregate in every category. However, the audit identified areas of improvement including the Influenza

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Immunization element, JMSMCO showed a 3-percentage point decrease in this area yet still achieved a score of 83%.

It is also important to note that JMSMCO grades were factored into the aggregate scores, therefore JMSMCO raised 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.

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 enrollees 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 2024. This report card was created by MDH using 2022 data.

2024 Maryland DEPARTMENT OF HEALTH		HealthChoice Performance Report Card for Consumers					
KEY		This Report Card shows how Maryland HealthChoice plans compare to each other. You may use this Report Card to help you choose a health plan. To choose a plan call 1-855-642-8572 (TDD: 1-855-642-8573) or visit www.marylandhealthconnection.gov .			If you are having trouble getting health care from your health plan or your doctor, try calling your health plan's customer service line. If you still need help, call the HealthChoice Help Line at 1-800-284-4510 (TDD: 800-977-7389). For more information, visit www.marylandhealthconnection.gov/assets/MCO-Comparison-Chart.pdf		
★ ★ ★ Above HealthChoice Average ★ ★ HealthChoice Average ★ Below HealthChoice Average N/A Not Applicable*		PERFORMANCE AREAS					
HEALTH PLANS		ACCESS to CARE	DOCTOR COMMUNICATION and SERVICE	KEEPING KIDS HEALTHY	CARE for KIDS with CHRONIC ILLNESS	TAKING CARE of WOMEN	KEEPING ADULTS HEALTHY
AETNA BETTER HEALTH 1-866-827-2710		★	★	★	N/A	★	★
CAREFIRST BLUECROSS BLUESHIELD COMMUNITY HEALTH PLAN 1-800-730-8530		★ ★	★ ★	★	★ ★	★ ★	★ ★
JAI MEDICAL SYSTEMS 1-888-524-1999		★ ★ ★	★ ★ ★	★ ★ ★	N/A	★ ★ ★	★ ★ ★
KAISER PERMANENTE 1-855-249-5019		★	★	★ ★ ★	N/A	★ ★ ★	★ ★ ★
MARYLAND PHYSICIANS CARE 1-800-953-8854		★ ★ ★	★ ★ ★	★	★ ★ ★	★ ★	★ ★
MEDSTAR FAMILY CHOICE 1-888-404-3549		★ ★	★	★	★ ★	★ ★	★
PRIORITY PARTNERS 1-800-654-9728		★ ★ ★	★ ★ ★	★ ★	★ ★	★ ★	★
UNITEDHEALTHCARE 1-800-318-8821		★ ★	★ ★	★ ★	★	★	★ ★
WELLPOINT MARYLAND 1-800-600-4441		★ ★	★ ★	★ ★ ★	★ ★	★ ★	★
<p>MDH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability in its health programs and activities.</p> <p>Help is available in your language: 1-855-642-8572 (TTY: 1-855-642-8573). These services are available for free.</p> <p>Hay ayuda disponible en su idioma: 1-855-642-8572 (TTY: 1-855-642-8573). Estos servicios están disponibles gratis.</p> <p>您若需要免费中文帮助, 请拨打这个电话号码: 1-855-642-8572 (TDD: 1-855-642-8573)</p>		<p>Access to Care</p> <ul style="list-style-type: none"> • Appointments are scheduled without a long wait • The health plan has good customer service • Everyone sees a doctor at least once a year • The health plan answers member calls quickly 	<p>Doctor Communication and Service</p> <ul style="list-style-type: none"> • Doctors explain things clearly and answer questions • The doctor's office staff is helpful • Doctors provide good care 	<p>Keeping Kids Healthy</p> <ul style="list-style-type: none"> • Kids get shots to protect them from serious illness • Kids see a doctor and dentist regularly • Kids get tested for lead 	<p>Care for Kids with Chronic Illness</p> <ul style="list-style-type: none"> • Doctors give personal attention • Kids get the medicine they need • A doctor or nurse knows the child's needs • Doctors involve parents in decision making 	<p>Taking Care of Women</p> <ul style="list-style-type: none"> • Women are tested for breast cancer and cervical cancer • Moms are taken care of when they are pregnant and after they have their baby 	<p>Keeping Adults Healthy:</p> <ul style="list-style-type: none"> • Doctors monitor blood sugar and cholesterol levels • Doctors examine eyes for vision loss and check kidneys are healthy and working properly • Adults get antibiotics and treatment for lower back pain when they need it
<p>*NOTE: N/A means that the rating is not applicable and does not describe the performance or quality of care provided by the health plan. It should not affect your choice of health plan. This information was collected from health plans and their members and is the most current performance data available. The information was reviewed for accuracy by independent organizations. Health plan performance scores have not been adjusted for differences in service regions or member composition.</p>							

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JMSMCO was able to be rated in five of the six categories. JMSMCO was rated above average in all five rated categories. In comparison, no other plans scored above average in more than three categories.

Population Health Incentive Program

For MY 2022, the Maryland Department of Health chose to implement a new HEDIS-based incentive program. The previous Value Based Purchasing Initiative was ended. The new program, Population Health Incentive Program (PHIP) is based on goals that are set based on the performance of the nation’s Medicaid plans, along with Maryland MCOs, during the same time period. The goals also include 3 levels of performance (strong, very strong, and superlative) and includes an improvement component.

Final CY 2022 PHIP Benchmark Percentiles – Jai Medical Systems

Measure	Score
Ambulatory - Adult	87.1%
Ambulatory - Child	81.3%
Lead Screening (MDH)	74.5%
Asthma Medication Ratio	68.6%
Risk of Continued Opioid Use	3.9%
HbA1 Poor Control	29.2%
Lead Screening before age 2	82.2%
Postpartum Care	85.3%
Timeliness of Prenatal Care	87.7%

Percentile:

<50%
50% - 74% - Strong
75% - 89% - Very Strong
>90% - Superlative

For the inaugural year of the PHIP program, JMSMCO scored at or above the “strong” benchmark for all of the measures except one. JMSMCO also scored above the “superlative” benchmark for 5 of the measures.

2023 Highlights and Additional Projects

❖ Maryland Medicaid Maternal and Child Health Program

- In 2023, JMSMCO worked to expand our network for doula and home visiting service providers, adding 1 new doula and 3 new home visiting service providers in 2023.
- As both doula care and home visiting services are both relatively recently added Medicaid benefits, JMS significantly updated several internal systems to enable our members to access these benefits. These system updates included creating a new provider type (doula) and a new facility type (home visiting service) in the JMS provider directory. Our provider directory user interface was also updated to make it possible to search by these new provider and facility types. In addition, our claims system was updated to make it easier for doula and home visiting services to submit claims.
- JMSMCO worked to educate members, providers, customer service staff, and case managers on the availability of doula and home visiting service providers. Our education efforts included articles in both the Member and Provider Newsletters and information added to the company website.
- JMSMCO worked to develop and strengthen our working relationships with the doula and home visiting service providers in our network, in order to identify opportunities for collaboration and improvement as we work to get more members enrolled in these programs.

❖ HIV Continuum of Care Program

- In 2022, JMSMCO implemented the HIV Continuum of Care Program to ensure that JMSMCO members living with HIV have high quality medical care and treatment. In the United States, HIV is still an ongoing public health problem. Data shows that health inequities in HIV impact gay and bisexual men and African Americans at a much higher rate than the total population. The HIV Continuum of Care Program seeks to address this ongoing issue by preventing new HIV infections, increasing HIV/AIDS care visits, ensuring compliance with routine lab work, increasing medication adherence, and engaging members with HIV who are not receiving care.
- In 2023, JMSMCO worked with core providers to improve upon this program. The Quality Assurance Committee held an open forum with providers to discuss the impact of the program and potential areas for improvement. Based on feedback from providers, the program was adjusted to place more emphasis on medication adherence. Monthly medication compliance alerts were adjusted to include members who hadn't filled their HIV medication within the past 2 months and lab compliance alerts were adjusted to include members who hadn't received HIV related labs within the past 12 months. JMSMCO believes that this program will improve HIV care and health outcomes.

Conclusion:

Overall, JMSMCO is pleased with our accomplishments based on our CY 2023 Quality Assurance and Utilization Management Annual Report. As of 2024, we will continue to evaluate and address at a minimum:

- Impact on preventive care and health maintenance, clinical care and services delivered and the achievement of stated goals and objectives for 2024;
- Demonstrated improvements in quality;
- Areas of deficiency and recommendations for corrective action;
- Quality assurance studies and other activities completed;
- Analysis of clinical and service indicators and other performance data; and
- An evaluation of the overall effectiveness of the Quality Assurance Program.