

Member Satisfaction Survey Evaluation

Introduction and Background

A Member Satisfaction Survey which addressed quality, availability, and accessibility of care issues was mailed to all Jai Medical System members with *HealthBeat*, the member newsletter, in October 2024.

In 2020, the member satisfaction survey was reformatted and revised. The purpose of the changes were to improve member comprehension. This was achieved by including clearer instructions (especially for conditional questions that require members to skip to another question on the survey) and adding clarifying descriptors to certain questions that used terminology members may not be familiar with. The survey consists of 35 questions and has been used every subsequent year including CY 2024.

Summary of Purpose

The purpose of the Member Satisfaction Survey is to measure and analyze member satisfaction and to identify areas that need improvement. Through survey results, Jai Medical Systems is able to identify issues, investigate sources of dissatisfaction, and implement action steps to follow up on the findings. This process is part of Jai Medical Systems' continuing goal of improving the delivery of care and services to its members.

Methodology

Member Satisfaction surveys are sent along with the member newsletters toward the end of the calendar year. The members are asked to fill out the survey and mail it back to Jai Medical Systems in the enclosed postage-paid envelope. Jai Medical Systems collected responses from 100 surveys. The remaining surveys that were returned were reviewed for their qualitative data but not included in the quantitative analysis. Some surveys did not contain responses to some questions, so the denominator will vary by question. Any survey comments that required follow-up were forwarded to the appropriate department. When appropriate, a corrective action plan will be considered, developed, and monitored by the Quality Assurance Committee when performance standards are not met.

After review and approval by the Consumer Advisory Board, the Quality Assurance Committee, and the Board of Directors, the member satisfaction survey results will be printed in *HealthBeat*, the member newsletter. Survey results are distributed to providers by the Provider Relations Department.

Findings

Jai Medical Systems has established standards related to the Member Satisfaction Survey to evaluate our performance and identify areas in need of improvement. Member satisfaction survey performance standards for questions that measure satisfaction only are as follows:

- Less than a 5% “poor” rating
- Greater than or equal to an 85% combined rating for “Excellent” and “Good” responses
- Questions with a “Yes” or “No” response should have at least an 80% “Yes” response rate for questions directly related to satisfaction with care.

A corrective action plan will be considered for any questions for which the survey responses that did not meet the above standards. Jai Medical Systems 2023 Member Satisfaction Survey results will also be reviewed to determine areas of strength and areas for improvement.

Member Experience Questions

There are 13 questions in the survey designed to gather data on member experience. These questions are not designed to assess satisfaction, but rather to understand our members’ values, background, and awareness. The following tables show the number of members who selected a particular response and the percentage out of the total responses.

Member Experience Questions	Less than 6 Months		6 months - 1 year		1-2 years		3+ years		Total
		%		%		%		%	
How long have you been enrolled with Jai Medical Systems?	2	2%	4	4%	7	7%	86	87%	99

Majority of members in the sample have been enrolled with Jai Medical Systems for 3 or more years. While information from all members is valuable, this particular demographic of members is more likely to have utilized their available benefits and services compared to someone who has only been enrolled for a few months.

Member Experience Questions Continued	Yes	%	No	%	Total
Does your Primary Care Provider require an appointment to be seen?	62	63%	37	37%	99
If no, is the ability to walk in without an appointment an important benefit to you?	35	100%	0	0%	35
Do you feel it is an important benefit to have no co-payments on prescription medications?	93	95%	5	5%	98
Have you ever received letters and/or information from Jai Medical Systems in the mail?	96	96%	4	4%	100
If yes, do you feel the letters and/or information were helpful?	85	94%	5	6%	90
Are you aware of Jai Medical Systems' Health Education programs?	63	64%	35	36%	98
Have you attended any of the Health Education programs?	19	20%	77	80%	96
If yes, would you recommend the Health Education programs to a friend or family member?	17	89%	2	11%	19
Have you ever used Jai Medical Systems' Case Management services, such as working with a nurse to help you with your medical needs?	15	16%	77	84%	92
Do you have access to a smartphone, tablet, or application enabled device?	80	81%	19	19%	99
Are you aware that Jai Medical Systems offers a Member Portal where you can access important information about our services and your benefits?	61	62%	38	38%	99
Would you recommend joining Jai Medical Systems to a friend and/or family member?	87	90%	10	10%	97

Based on the member experience results, it appears that our members value walk-in appointment availability at their PCP offices and no co-payments on prescription medications. It also appears that members generally feel that letters and other information disseminated by Jai Medical Systems is helpful. However, members do not seem to be widely aware of our Health Education programs or Member Portal. 90% of members who responded stated that they would recommend Jai Medical Systems to a friend or family member.

Member Satisfaction Questions

There are 22 questions in the survey designed to assess member satisfaction across multiple areas of focus. The following tables show the number of members who selected a particular response and the percentage out of the total responses. Questions that fell below the satisfaction standards are highlighted in red.

Yes or No Satisfaction Questions	Yes	%	No	%	Total
Are you satisfied with the selection of Primary Care Providers (also known as PCPs) Jai Medical Systems has to offer?	98	98%	2	2%	100
If you have ever needed to get health care from a specialist, such as an allergy doctor, heart doctor, or skin doctor, were you satisfied with the selection of specialists available?	68	93%	5	7%	73
Are you satisfied with your prescription benefits with Jai Medical Systems?	94	95%	5	5%	99
Are you satisfied with the prescription medications covered on the Jai Medical Systems drug list (also called a formulary)?	93	94%	6	6%	99
Are you satisfied with Jai Medical Systems' Customer Service Department?	95	95%	5	5%	100
When calling the Customer Service Department, was your call answered in a timely manner?	89	94%	6	6%	95
When calling the Customer Service Department, were you satisfied with the response to your questions and/or concerns?	92	95%	5	5%	97

Rating Questions	Excellent/Good	%	Poor	%	Total
Willingness of your personal doctor to explain medical problems & treatment:	95	95%	2	2%	100
Your personal doctor's explanation of prescription medications:	96	96%	2	2%	100
Amount of time your personal doctor spent with you during your visit:	95	95%	1	1%	100
Your personal doctor's attention given to what you had to say:	94	94%	2	2%	100
Customer service skills of the medical staff at your personal doctor's office:	91	91%	0	0%	100
Knowledge of the medical staff and ability to assist with your questions:	93	93%	0	0%	100
After arriving at your personal doctor's office for care, how would you rate the amount of time you waited before seeing your personal doctor for a scheduled appointment.	85	85%	2	2%	100
Rate the amount of time you waited before seeing your personal doctor without an appointment.	68	74%	4	4%	92
Please rate the care, tests, and treatment you received from your Primary Care Provider (PCP)?	96	96%	1	1%	100
The referral process to see a specialist when recommended by your Primary Care Provider (PCP):	61	82%	3	4%	74
The care, tests, and treatment you and your specialist discussed:	66	93%	2	3%	71
Your ability to get an appointment with a specialist	59	82%	4	6%	72
How would you rate the Case Management services you received?	13	100%	0	0%	13
How would you rate your Case Management Nurse?	15	100%	0	0%	15

There were 3 questions that fell below our minimum standards. Those questions demonstrated a dissatisfaction with the amount of time members waited to see their personal doctor without an appointment, the referral process to see a specialist, and the ability to get an appointment with a specialist. These 3 areas of dissatisfaction will be presented to the Quality Assurance Committee to determine if corrective action is needed. The following table shows a 5 year trend of these 3 questions.

	2020		2021		2022		2023		2024	
	Excellent/Good	Poor	Excellent/Good	Poor	Excellent/Good	Poor	Excellent/Good	Poor	Excellent/Good	Poor
Rate the amount of time you waited before seeing your personal doctor without an appointment.	100%	0%	59%	15%	73%	5%	100%	0%	74%	4%
The referral process to see a specialist when recommended by your Primary Care Provider (PCP):	100%	0%	83%	4%	84%	4%	87%	0%	82%	4%
Your ability to get an appointment with a specialist	100%	0%	82%	3%	81%	4%	100%	0%	82%	6%

These questions have fallen below the minimum standards for 3 of the 5 years represented in the table. While the scores have significantly from the previous year, the scores are generally on trend with 2022 and 2021.

While there were 3 questions that fell below our standards, majority of the questions far exceeded our standards. Among the highest ratings were satisfaction with the selection of Primary Care Providers, rating of case management services received, and the rating of the case management nurse. These questions received satisfaction rates of 98% and higher.

2023 Questions that did not meet the minimum standards

There were no questions that fell below the minimum standards in 2023. The 3 questions that fell below the minimum standards this year will be compared to next year’s survey results to determine if there has been improvement.

Overall Satisfaction Rates

Jai Medical Systems received an overall satisfaction rate of 86% for CY 2024, which is a significant decrease from previous years and a 13-percentage point decrease from 2023. However, 90% of members selected that they would recommend joining Jai Medical Systems to a friend or family member. Please see below a 7-year trend of overall satisfaction rates:

	2018	2019	2020	2021	2022	2023	2024
Overall Satisfaction Rate	97%	91%	95%	91%	91%	99%	86%

Recommendations

86% of the satisfaction survey questions scored above our minimum standards. However, there were 3 questions that scored below our minimum standards and while our overall satisfaction rating met, it decreased by 13 percentage points from CY 2023. It is recommended that interdepartmental feedback be collected through the Quality Assurance Committee meeting in December to determine if corrective action is needed. It is also recommended that this survey continue to be distributed, and the responses analyzed to ensure satisfaction and improve delivery of care and services to our members.

Jai Medical Systems should consider reviewing and revising some of the member experience questions to ensure that we are collecting meaningful data from our members. Question 10 (Do you feel it is an important benefit to have no co-payments on prescription medications?) was mistakenly included in this year’s survey. This question should be revised or swapped out as Jai Medical Systems is now required to charge co-payments on prescription medications as of May 1, 2024.

Consumer Assessment of Health Providers and Systems (CAHPS) Evaluation

2024 Consumer Assessment of Health Plans Survey (CAHPS®) Evaluation

As part of the federally required quality assurance plan, the Maryland Department of Health (MDH) conducted annual surveys to measure adult and child satisfaction with the services provided by the managed care organizations participating in the HealthChoice program. MDH contracted with The Myers Group, a National Committee for Quality Assurance (NCQA) certified vendor, to conduct satisfaction surveys for the 2004, 2005, 2006, and 2007 reports. In 2008, 2009, 2010, 2011, and 2012 MDH contracted with WB&A Market Research to complete the CAHPS® 4.0H for child enrollees in HealthChoice and 4.0H for adult enrollees in HealthChoice. In 2013, NCQA released the 5.0H version of the CAHPS® Adult Medicaid Satisfaction Survey, which was adopted by MDH. In 2013, 2014, 2015, 2016, and 2017 MDH continued their contract with WB&A Market Research, however the CAHPS® 5.0H surveys were used for both the HealthChoice child and adult surveys. In 2017 MDH contracted with the Center for the Study of Services (CCS), to administer and report the results of the 2018 CAHPS® Adult Medicaid Satisfaction Survey. MDH continued their contract with CCS from 2017-2024. These surveys are important to determine the members' ratings of and experiences with the medical care they received.

CAHPS® SURVEY REPORTS

There are three groups of member satisfaction results available from CAHPS® surveys. These are the CAHPS® 5.1H Adult Medicaid HealthChoice results, the 5.1H Medicaid Child HealthChoice results and the 5.1H Medicaid Child with Chronic Conditions (CCC) results. Within each of these types of surveys, there are particular categories of questions reported that are specific to the type of care a member receives.

Adult HealthChoice

Within the CAHPS® 5.1H Adult Medicaid HealthChoice survey, there are four overall satisfaction questions and seven composite score categories made up of multiple similar questions. The four overall satisfaction questions include a rating of the *Personal Doctor, Specialist, Health Care Overall, and Health Plan Overall*. The composite score categories include *Getting Needed Care, Getting Care Quickly, How Well Doctor Communicates, Customer Service, and Coordination of Care*. There were no substantive changes to NCQA's 2024 (MY 2023) HEDIS/CAHPS questionnaires or survey administration protocols.

Child HealthChoice (General Population and Children with Chronic Conditions)

The CAHPS® 5.1H Child Medicaid (with CCC) Survey was distributed to all eligible members 17 years of age and younger. These survey results contain two categories of children: the general population and children with chronic conditions (CCC). The general population includes all children enrolled in HealthChoice, including those with chronic conditions. The CCC population separates and analyzes the results of only those children with chronic conditions. The general population and CCC population are surveyed on the same questions regarding their care; however, an additional five composite measures, specific to the CCC population, are included in the CCC survey. The overall satisfaction questions that are identical between the two populations are ratings on *Personal Doctor, Health Plan, Specialist, and Health Care*. The

identical composite measures between the two populations include *Getting Needed Care*, *Getting Care Quickly*, *How Well the Doctor Communicates*, and *Customer Service*.

The additional five composite measures for the CCC population include: *Getting Needed Information*, *Personal Doctor Who Knows Child*, *Access to Prescription Medication*, *Coordination of Care for Children with Chronic Conditions*, and *Access to Specialized Services*. There were no substantive changes to NCQA’s 2024 (MY 2023) HEDIS/CAHPS questionnaires or survey administration protocols.

CAHPS® SATISFACTION SURVEY ANALYSIS

Within each of the reports presented by CCS, there are multiple analyses of the results. The member ratings for each individual question are included, as well as comparisons to previous years, if available and a comparison to the HealthChoice aggregates. Detailed Performance Charts are provided for the rating questions and composite measures. Demographic analyses are presented at the beginning of the data to understand the sample size. Key drivers are discussed as well, indicating which specific measures are of high enough importance to drive the members to rate their overall health plan and overall health care as high, moderate, or low on the survey.

Detailed Performance Charts

CCS was able to include detailed charts for composite global proportions, rating question summary rates (QSRs), as well as additional QSRs for individual survey items. The charts trended scores over three consecutive years of data, and statistical comparisons between current-year rate and each of the prior-year rates, if available.

Demographic Analysis

CCS was able to include a demographic analysis along with the CAHPS® results. This analysis includes the health status, age, gender, level of education, and ethnicity/race of the members. Respondents were allowed to choose more than one ethnicity; therefore, the ethnicity percentages may be over 100%.

Adult HealthChoice

- 69.3% rate their overall health at excellent, very good or good
- 73.5% rate their mental/emotional health at excellent, very good or good
- 44.3% female; 55.7% male
- 65.4% of members obtained an education of high school or less
- 73.0% African American; 22.1% White; 4.9% Hispanic/Latino; 4.0% Asian; 0.9% Native Hawaiian/other Pacific Islander; 4.4 % American Indian or Alaska Native

Children HealthChoice (General Population)

- 95.1% rate their overall health status at excellent, very good, or good
- 91.9% rate their mental/emotional health at excellent, very good, or good

- 45.6% female; 54.4% male
- 50.9% of the children have a parent/guardian with a high school education or less
- 64.3% African American; 26.2% White; 24.3% Hispanic; 8.4% Asian; 2.7% Native Hawaiian/other Pacific Islander, 5.3% American Indian or Alaska Native

Comparison to Aggregates

The Adult Medicaid HealthChoice and Children Medicaid survey results are compared to an aggregate of HealthChoice survey results in the state of Maryland. The following tables compare the results of survey overall ratings and composite measure scores between JMSMCO and the state aggregate. JMSMCO's score is bolded and highlighted in green if it was equal to or higher than the Maryland Aggregate. An asterisk (*) indicates that the score is not reportable due to a low sample size.

Table 21: CAHPS® Results Comparison – HealthChoice Adult

Adult Medicaid HealthChoice		
	2024	HC Aggregate
Getting Needed Care	85%	80%
Getting Care Quickly	82%	79%
How Well Doctor Communicates	92%	93%
Customer Service	91%	89%
Coordination of Care	80%*	85%
Health Care Overall	56%	54%
Personal Doctor	70%	66%
Specialist	71%*	65%
Health Plan Overall	57%	55%

Table 22: CAHPS® Results Comparison – HealthChoice Children

Children Medicaid (General Population)		
	2024	HC Aggregate
Getting Needed Care	86%	80%
Getting Care Quickly	90%	83%
How Well Doctor Communicates	94%	91%
Customer Service	93%	91%
Coordination of Care	88%*	80%
Health Care Overall	70%	71%
Personal Doctor	77%	75%
Specialist	71%*	71%
Health Plan Overall	65%	70%

Table 23: CAHPS® Results Comparison – Children with Chronic Conditions

Children Medicaid (CCC Population)		
	2024	HC Aggregate
Getting Needed Care	81%*	84%
Getting Care Quickly	90%*	88%
How Well Doctor Communicates	93%*	94%
Customer Service	94%*	90%
Coordination of Care	79%*	84%
Access to Prescription Medication	91%*	89%
Access to Specialized Services	72%*	69%
Family Centered Care: Personal Doctor Who Knows Child	88%*	89%
Family Centered Care: Getting Needed Information	94%*	88%
Coordination of Care for Children with Chronic Conditions	70%*	74%
<i>Health Care Overall</i>	66%*	66%
<i>Personal Doctor</i>	71%	75%
<i>Specialist</i>	53%*	72%
<i>Health Plan Overall</i>	59%	66%

TOP PRIORITIES FOR QUALITY IMPROVEMENT

CSS’s Key Driver Analysis identifies the areas of health plan performance and aspects of member experience that shape members’ overall assessment of their health plan. To the extent that these specific areas or experiences can be improved, the overall rating of the plan should reflect these gains.

Adult HealthChoice

Top Priorities for Quality Improvement
1. Improving member access to care (getting specialty care)
2. Improving member access to care (getting urgent care)
3. Improving health plan provider network (highly-rated specialists)

Current Key Driver Performance		Room for Improvement on Key Driver		Overall Improvement Opportunity
JMS 2024 Rate		Percentage Point Difference Between Current Key Driver Rate and Best Practice Rate*		Expected Percentage Point Improvement in Rating of Health Plan (percent 9 or 10) if Key Driver Performs at Best Practice Level
Q19. Made specialist appointments (percent Yes)	43.16%	+4.58%	→ 47.74%	+0.59%
Q4. Got an appointment for urgent care as soon as needed (percent Usually or Always)	81.82%	+2.60%	→ 84.42%	+0.54%
Q22. Rating of Specialist Seen Most Often (percent 9 or 10)	70.65%	+2.97%	→ 73.63%	+0.38%
Q18. Rating of Personal Doctor (percent 9 or 10)	70.00%	Performing at or above Best Practice Rate level	70.00%	None
Q9. Ease of getting needed care, tests, or treatment (percent Usually or Always)	88.51%	Performing at or above Best Practice Rate level	88.51%	None

* Best result among all plans included in the 2024 HealthChoice Aggregate

512.3000

Child HealthChoice (General Population and Children with Chronic Conditions)

Top Priorities for Quality Improvement
<ol style="list-style-type: none"> 1. Improving member access to care (getting specialty care) 2. Improving member access to care (ease of getting needed care, tests, or treatment) 3. Improving health plan provider network (highly-rated specialists) 4. Improving health plan provider network (highly-rated personal doctors)

Current Key Driver Performance		Room for Improvement on Key Driver		Overall Improvement Opportunity
JMS 2024 Rate		Percentage Point Difference Between Current Key Driver Rate and Best Practice Rate*		Expected Percentage Point Improvement in Rating of Health Plan (percent 9 or 10) if Key Driver Performs at Best Practice Level
Q40. Made specialist appointments (percent Yes)	13.31%	+8.39%	→ 21.70%	+1.07%
Q10. Ease of getting needed care, tests, or treatment (percent Usually or Always)	88.36%	+3.74%	→ 92.10%	+0.95%
Q43. Rating of Specialist Seen Most Often (percent 9 or 10)	71.43%	+5.79%	→ 77.22%	+0.75%
Q36. Rating of Personal Doctor (percent 9 or 10)	77.46%	+1.18%	→ 78.64%	+0.52%
Q4. Got an appointment for urgent care as soon as needed (percent Usually or Always)	89.71%	Performing at or above Best Practice Rate level	89.71%	None

* Best result among all plans included in the 2024 HealthChoice Aggregate

512.7000

Five-Year Trend Comparisons

Five-year trend comparisons are available for most of the Adult Medicaid HealthChoice program and the Child Medicaid programs. The trend comparisons look at the overall ratings (health plan, health care, personal doctor and specialist) as well as the composite measures that are specific to each type of survey.

Adult HealthChoice

Figure 5: Overall CAHPS® ratings - HealthChoice Adult

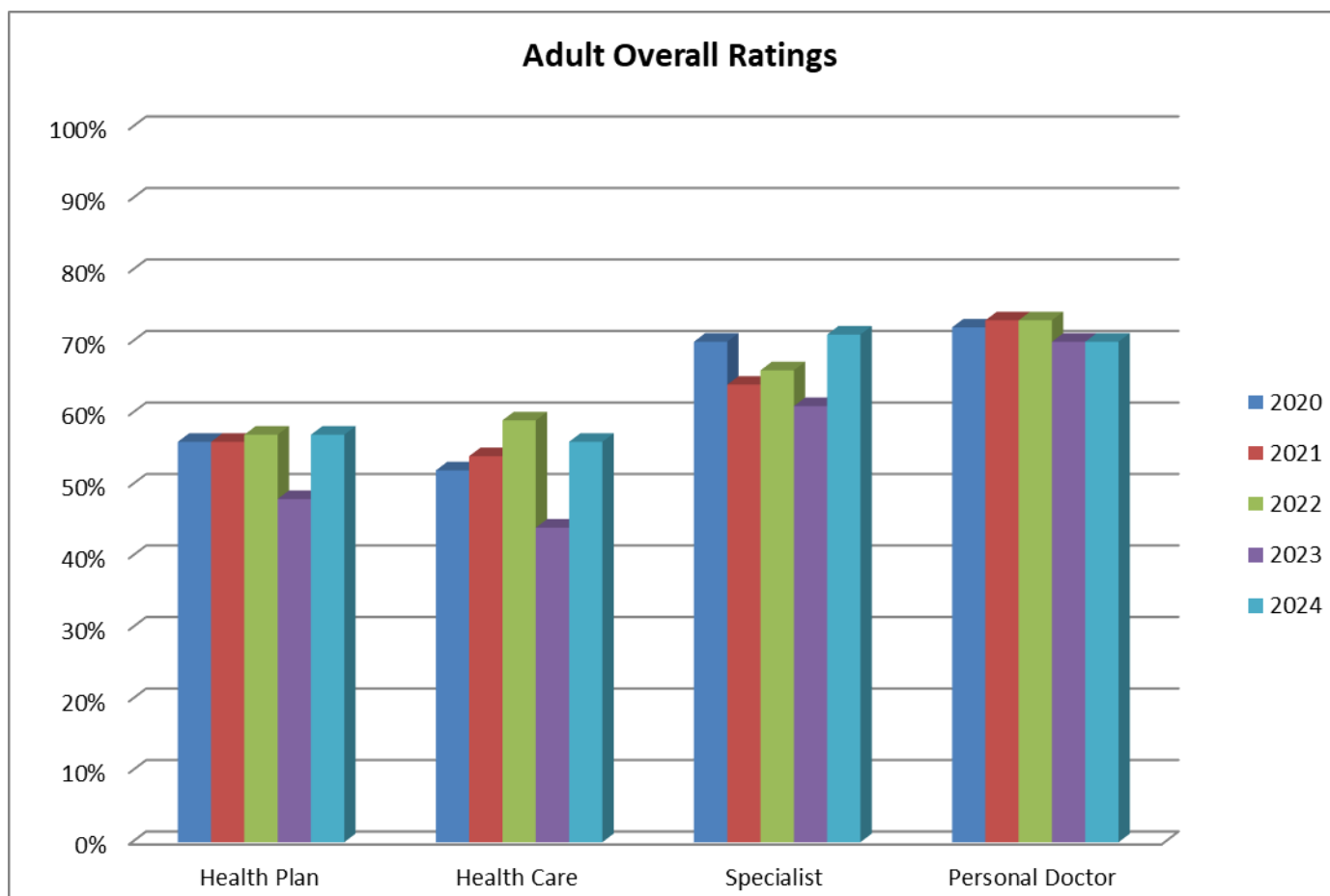
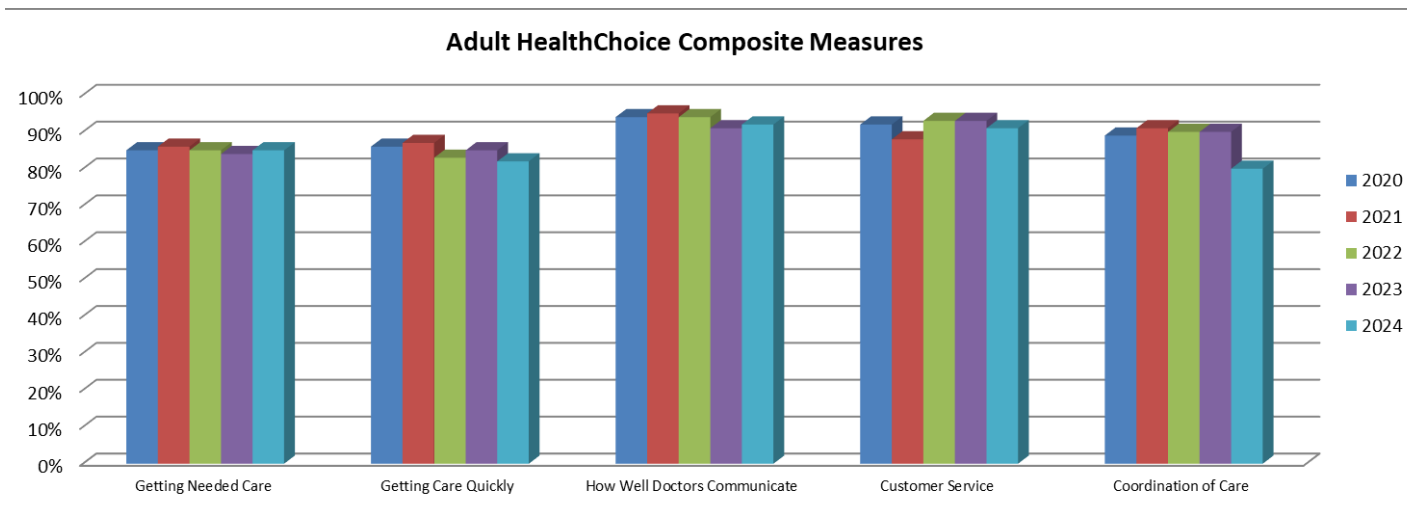


Figure 6: CAHPS® Ratings for Composite Measures - HealthChoice



Children (General Population)

Figure 7: CAHPS® Overall Ratings – HealthChoice Children

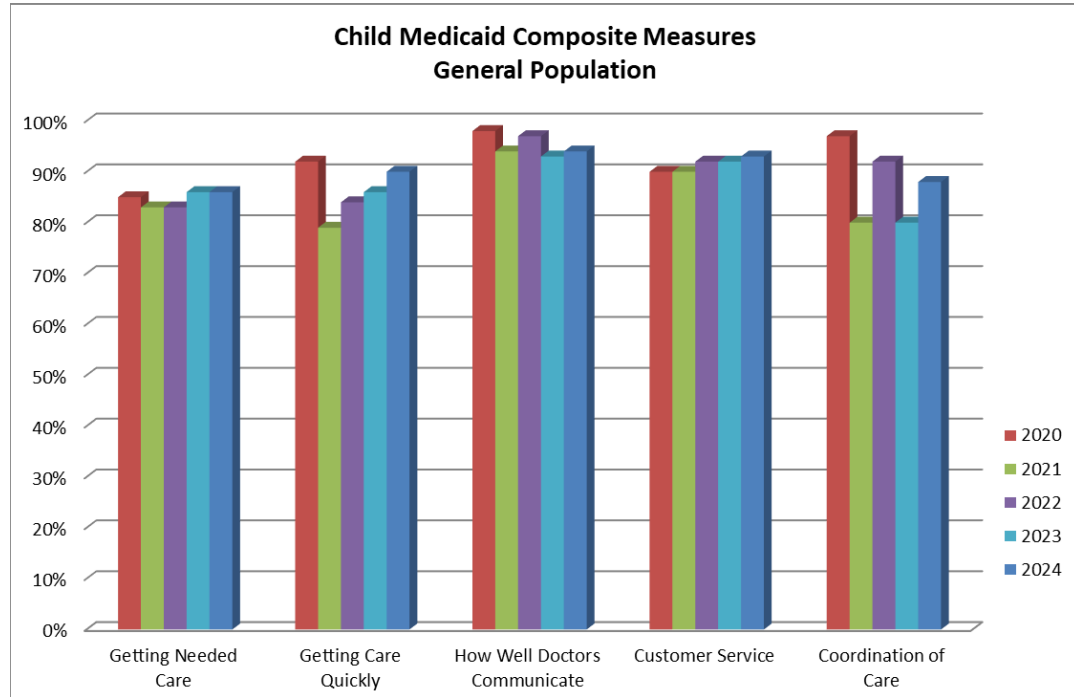
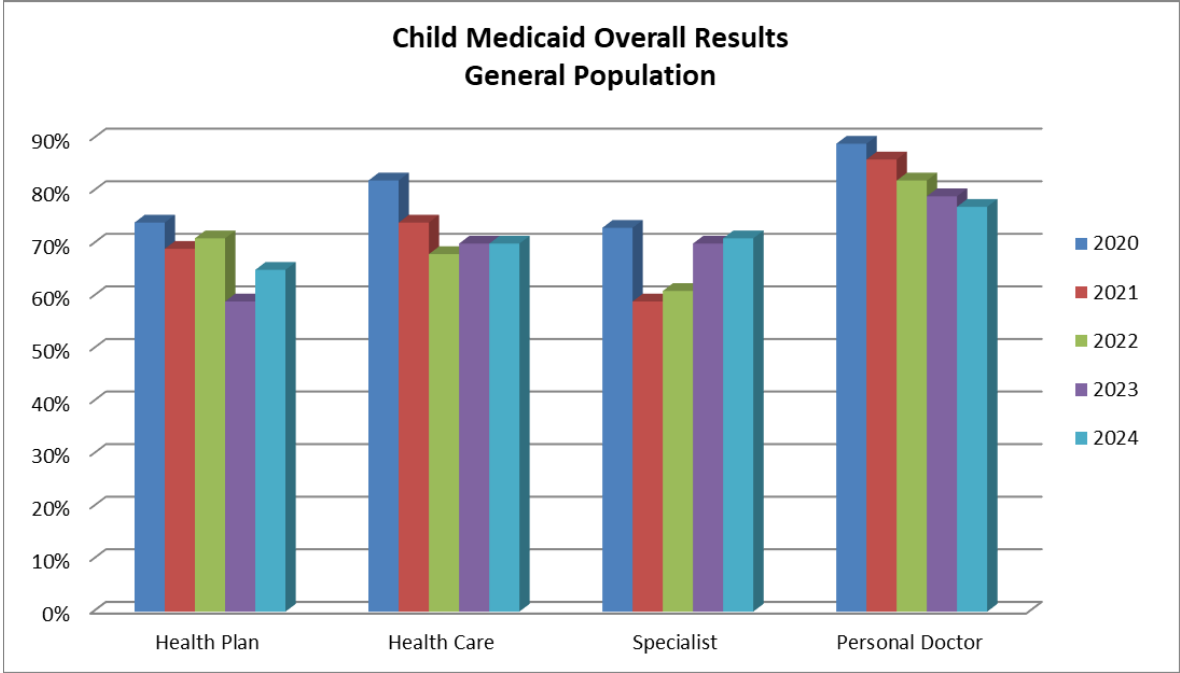


Figure 8: CAHPS® Ratings for Composite Measures – HealthChoice Children



Children (CCC Population)

Figure 9: CAHPS® Overall Ratings – HealthChoice Children with Chronic Conditions

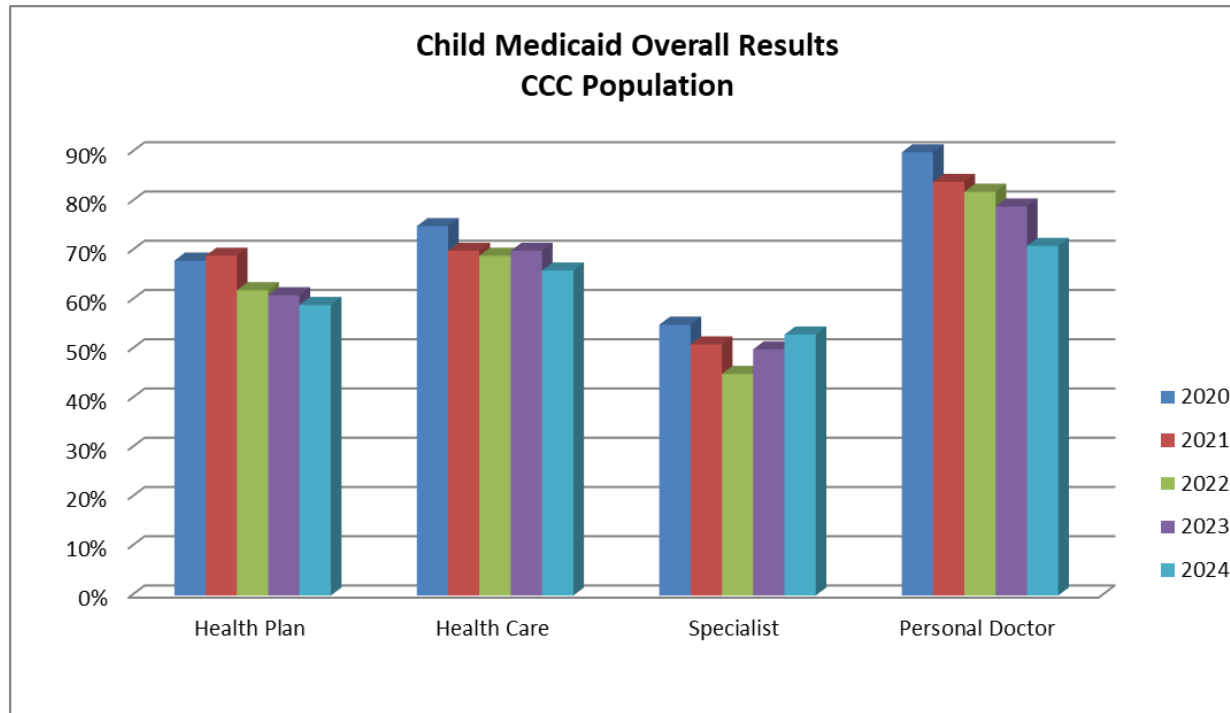


Figure 10: CAHPS® Ratings of Composite Measures – HealthChoice Children with Chronic Conditions

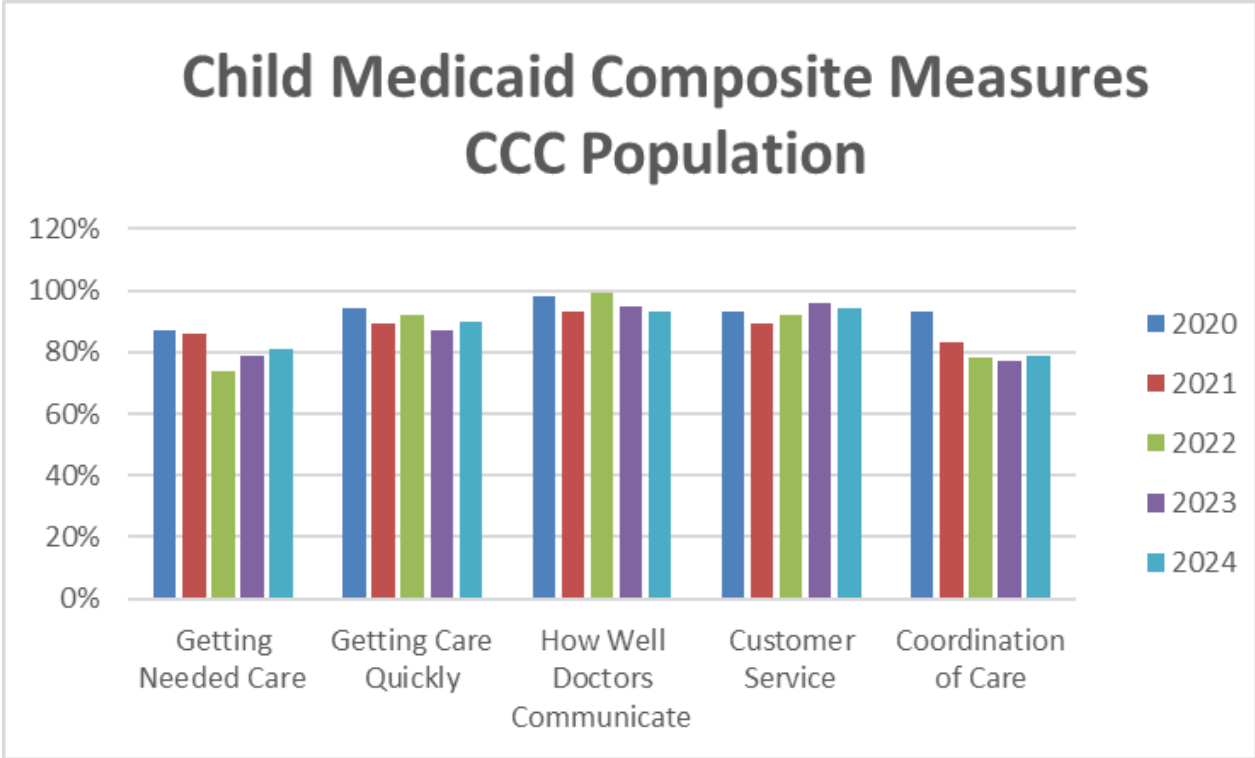
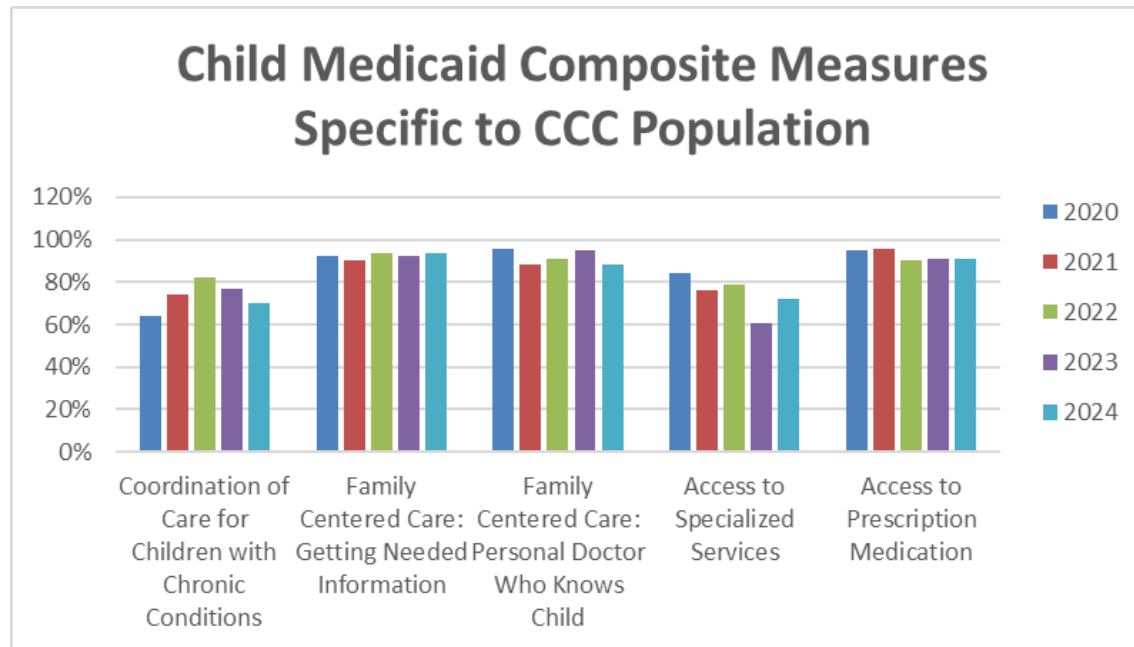


Figure 11: CAHPS® Ratings of Composite Measures Specific to Children with Chronic Conditions



2024 Jai Medical Systems Adult Medicaid CAHPS Survey: Summary of Results

Abbreviated Measure Name and Reported Rate	JMS Results						Benchmark Comparisons				JMS Unofficial 2024 NCQA Health Plan (Star) Rating	
	2024			2023		2022		2024 HealthChoice Aggregate		2024 (MY 2023) NCQA Quality Compass National Average (All LOBs)		
	Rate	95% CI	(n)	Rate	Change	Rate	Change	Rate	Difference	Rate		Difference
PATIENT EXPERIENCE											★★★★★	
Getting Care											★★★★☆	
Getting Needed Care (% A+U)	84.56%	(±6.39)	(123)	83.64%	[+0.92]	84.93%	[-0.37]	79.70%	[+4.86]	81.45%	[+3.11]	★★★★☆
Getting Care Quickly (% A+U)	82.15%	(±7.26)	(107)	85.27%	[-3.12]	82.76%	[-0.61]	78.82%	[+3.33]	80.39%	[+1.76]	★★★★☆
Satisfaction With Plan Physicians											★★★★☆	
Rating of Doctor (% 9+10)	70.00%	(±6.52)	(190)	70.27%	[-0.27]	72.54%	[-2.54]	66.20%	[+3.80]	69.18%	[+0.82]	★★★★☆
Satisfaction With Plan and Plan Services											★★★★☆	
Rating of Health Plan (% 9+10)	57.08%	(±6.45)	(226)	47.64%	[+9.44]	56.80%	[+0.27]	55.42%	[+1.66]	61.47%	[-4.39]	★★★★☆
Rating of Health Care (% 9+10)	56.38%	(±7.96)	(149)	43.81%	[+12.57] ✓	58.59%	[-2.21]	54.46%	[+1.91]	56.80%	[-0.42]	★★★★☆
ADDITIONAL MEASURES											Not reported in NCQA Health Plan Ratings	
Coordination of Care (% A+U)	80.00%	(±8.77)	(80)	90.38%	[-10.38]	90.00%	[-10.00]	84.57%	[-4.57]	85.64%		[-5.64]
Doctor Communication (% A+U)	92.19%	(±4.33)	(147)	91.42%	[+0.77]	93.90%	[-1.72]	92.56%	[-0.37]	92.95%		[-0.76]
Customer Service (% A+U)	91.10%	(±5.41)	(107)	92.98%	[-1.88]	93.15%	[-2.06]	88.65%	[+2.45]	89.12%		[+1.98]
Rating of Health Care (% 8+9+10)	73.15%	(±7.12)	(149)	64.76%	[+8.39]	77.78%	[-4.62]	73.97%	[-0.81]	75.75%		[-2.60]
Rating of Doctor (% 8+9+10)	84.74%	(±5.11)	(190)	82.43%	[+2.30]	85.92%	[-1.18]	81.85%	[+2.89]	83.33%		[+1.41]
Rating of Specialist (% 8+9+10)	85.87%	(±7.12)	(92)	76.81%	[+9.06]	80.33%	[+5.54]	81.86%	[+4.01]	82.52%		[+3.35]
Rating of Specialist (% 9+10)	70.65%	(±9.30)	(92)	60.87%	[+9.78]	65.57%	[+5.08]	65.34%	[+5.31]	67.69%		[+2.96]
Rating of Health Plan (% 8+9+10)	74.78%	(±5.66)	(226)	73.30%	[+1.48]	73.37%	[+1.41]	74.15%	[+0.62]	77.65%	[-2.87]	

The 95% confidence interval (CI) and the number of valid responses (*n*, or measure denominator) are provided for the current-year measure rate only. Statistically significant differences between the current-year rate and the comparison rate are marked with a checkmark (✓) symbol.

HPR stars for applicable measures are based on the current-year (2024, or MY 2023) NCQA Quality Compass national benchmarks. Because CSS calculates unofficial star ratings regardless of denominator, they may differ from NCQA's final HPR stars. For official HPR star ratings, please refer to NCQA's Health Plan Report Card website.

2024 Jai Medical Systems Child Medicaid CAHPS Survey: Summary of Results

Abbreviated Measure Name and Reported Rate	JMS Results						Benchmark Comparisons				JMS Unofficial 2024 NCQA Health Plan (Star) Rating	
	2024			2023		2022		2024 HealthChoice Aggregate		2024 (MY 2023) NCQA Quality Compass National Average (All LOBs)		
	Rate	95% CI	(n)	Rate	Change	Rate	Change	Rate	Difference	Rate		Difference
PATIENT EXPERIENCE (GENERAL POPULATION)											★★★★★	
Getting Care											★★★★☆	
Getting Needed Care (% A+U)	86.49%	(±6.28)	(114)	85.91%	[+0.58]	82.61%	[+3.88]	79.92%	[+6.56]	83.33%	[+3.16]	★★★★☆
Getting Care Quickly (% A+U)	89.88%	(±5.19)	(130)	86.10%	[+3.78]	83.77%	[+6.11]	82.51%	[+7.37] ✓	86.31%	[+3.57]	★★★★☆
Satisfaction With Plan Physicians											★★★★☆	
Rating of Doctor (% 9+10)	77.46%	(±5.24)	(244)	78.66%	[-1.20]	82.48%	[-5.02]	75.42%	[+2.04]	76.45%	[+1.01]	★★★★☆
Satisfaction With Plan and Plan Services											★★★★☆	
Rating of Health Plan (% 9+10)	65.40%	(±5.48)	(289)	59.43%	[+5.96]	71.20%	[-5.80]	69.65%	[-4.25]	71.31%	[-5.91] ✓	★★★☆☆
Rating of Health Care (% 9+10)	70.21%	(±6.54)	(188)	70.00%	[+0.21]	68.18%	[+2.03]	70.58%	[-0.36]	69.62%	[+0.59]	★★★★☆
ADDITIONAL MEASURES (GENERAL POPULATION)											Not reported in NCQA Health Plan Ratings	
Coordination of Care (% A+U)	87.88%	(±7.87)	(66)	80.00%	[+7.88]	92.00%	[-4.12]	80.39%	[+7.49]	83.50%		[+4.38]
Doctor Communication (% A+U)	94.02%	(±3.43)	(184)	93.22%	[+0.79]	96.83%	[-2.82]	91.46%	[+2.55]	93.83%		[+0.19]
Customer Service (% A+U)	93.02%	(±4.66)	(115)	91.69%	[+1.33]	92.20%	[+0.82]	86.88%	[+6.14]	88.29%		[+4.73]
Rating of Health Care (% 8+9+10)	87.77%	(±4.68)	(188)	89.17%	[-1.40]	88.18%	[-0.42]	87.31%	[+0.46]	86.88%		[+0.89]
Rating of Doctor (% 8+9+10)	89.75%	(±3.81)	(244)	92.07%	[-2.32]	92.70%	[-2.95]	89.16%	[+0.60]	89.68%		[+0.07]
Rating of Specialist (% 8+9+10)	88.57%	(±10.54)	(35)	80.00%	[+8.57]	86.96%	[+1.61]	85.30%	[+3.27]	87.20%		[+1.37]
Rating of Specialist (% 9+10)	71.43%	(±14.97)	(35)	70.00%	[+1.43]	60.87%	[+10.56]	70.78%	[+0.65]	72.82%	[-1.39]	
Rating of Health Plan (% 8+9+10)	80.28%	(±4.59)	(289)	79.72%	[+0.56]	86.41%	[-6.14]	85.44%	[-5.16] ✓	86.26%	[-5.98] ✓	
CHILDREN WITH CHRONIC CONDITIONS MEASURES (CCC POPULATION)											Not reported in NCQA Health Plan Ratings	
Access to Prescription Meds (% A+U)	90.91%	(±6.01)	(88)	90.54%	[+0.37]	90.48%	[+0.43]	88.51%	[+2.40]	89.23%		[+1.68]
Access to Specialized Services (% A+U)	72.45%	(±15.90)	(30)	60.97%	[+11.48]	78.70%	[-6.26]	68.82%	[+3.63]	70.99%		[+1.46]
Getting Needed Information (% A+U)	93.75%	(±4.84)	(96)	92.00%	[+1.75]	94.37%	[-0.62]	87.82%	[+5.93]	90.96%		[+2.79]
Doctor Who Knows Child (% Yes)	88.36%	(±7.43)	(72)	94.72%	[-6.36]	91.16%	[-2.81]	89.07%	[-0.71]	91.28%		[-2.92]
Care Coordination for CCC (% Yes)	70.31%	(±15.83)	(32)	77.27%	[-6.97]	81.67%	[-11.36]	73.63%	[-3.32]	75.65%		[-5.34]

5/12/2024

The 95% confidence interval (CI) and the number of valid responses (*n*, or measure denominator) are provided for the current-year measure rate only. Statistically significant differences between the current-year rate and the comparison rate are marked with a checkmark (✓) symbol.

HPR stars for applicable measures are based on the current-year (2024, or MY 2023) NCQA Quality Compass national benchmarks. Because CSS calculates unofficial star ratings regardless of denominator, they may differ from NCQA's final HPR stars. For official HPR star ratings, please refer to NCQA's Health Plan Report Card website.