

Quality Measurement Overview
HEDIS® and Maryland Population Health Incentive
Program
CY 2026

Jai Medical Systems Managed Care Organization, Inc.

Quality Assurance Department

We are providing the following Quality Measurement Overview for Healthcare Effectiveness Data and Information Set (HEDIS®) and Maryland Population Health Incentive Program (PHIP) CY 2026 for your reference.

Please feel free to use this resource as you see fit in your medical practice. This information has been adapted from the HEDIS® and Maryland PHIP guidelines and should not be substituted for sound medical judgment.

The following contacts and references may be useful to you in your daily practice:

Jai Medical Systems Customer Service Call Line	1-800-524-1999
Jai Medical Systems Provider Relations Fax Number	410-433-4615
Jai Medical Systems Utilization/Case Management Fax Number	410-433-8500
Authorizations/Referrals Fax Line	1-866-381-7200
Pharmacist Help Line	1-800-213-5640
Pharmacy Prior Authorization Line	1-800-555-8513
Behavioral Health Administrative Services Organization (ASO)	1-800-888-1965
HealthChoice Member Help Line	1-800-284-4510

If you, or a participating provider in your office, has any questions, comments, or concerns about the guidebook, or would like to request an additional copy or copies, please contact the Quality Assurance Department at 410-433-2200 (ext. 3131).

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I. Access, Prevention & Screening – Adult

Adults’ Access to Preventive/Ambulatory Health Services (AAP)

Objective: To ensure that adult patients have at least an annual preventive care visit to maintain and/or improve their health.

Age Range:

- Patients 20 years and older

Exclusions: None

Additional Details: None

How we can help: Jai Medical Systems does not require patients to wait a year and a day for their physical. We strongly encourage you to do preventive care visits when it is best for the patient.

Colorectal Cancer Screening (COL-E) (Maryland Population Health Incentive Program)

Objective: To screen older adult patients appropriately for colorectal cancer so that potential disease can be identified in a pre-clinical or earlier stage and subsequently treated.

Age Range:

- Patients ages 45 through 75 years

Additional Details:

- This measure includes screenings that occur during the current and previous calendar year.
- To pass the measure, one or more of the following tests are required:

Test name	When should test have occurred?
Fecal occult blood test	During the current calendar year
Flexible sigmoidoscopy	Within the last 5 years
CT colonography	Within the last 5 years
Colonoscopy	Within the last 10 years

- Once your patients receive the appropriate screening, please make sure that you obtain, review, and retain the results of the exam in their medical charts.

Exclusions:

- Patients who received, or are receiving, palliative care during the current calendar year.
- Patients who have had colorectal cancer at any time during their medical history.
- Patients who have had a total colectomy at any time during their medical history
 - Note: Patients who have had a partial colectomy or hemicolectomy will still be included in the measure.

How we can help: It can be difficult to have conversations with patients about the necessity of screening. Remember to advise patients that there are non-invasive alternatives to colonoscopy that can also detect disease.

Adult Immunization Status (AIS-E)

Objective: To immunize patients ages 19 and older with the following recommended vaccines:

- Influenza
- Tetanus and Diphtheria (Td or Tdap)
- Zoster

Additional Details: Recommended vaccine schedule:

Vaccine	Recommended Timeframe
Influenza	Annually
Tetanus and Diphtheria (Td or Tdap)	Once within the past 10 years
Zoster	On or after the patient's 50 th birthday

Age Range:

- Patients ages 19 and older

Exclusions:

- Patients who are in hospice care

How we can help: If there is a patient on your panel who you are aware is missing age-appropriate vaccinations, please contact our Customer Service Department at 1-888-524-1999. Customer Service can assist you with outreach to the patient.

II. Access, Prevention & Screening – Child

Well-Child Visits Ages 0-30 Months (W30) (Maryland Population Health Incentive Program)

Objective:

- W15: To ensure that children receive at least 6 well-child visits with their PCP during the first 15 months of life.
- W30: To ensure that children receive 2 or more well-child visits with their PCP during the first 30 months of life.

Age Ranges:

- W15: Patients who turn 15 months during the calendar year
- W30: Patients who turn 30 months during the calendar year

Additional Details:

- Services provided via telehealth visits are permitted for children older than 2 years old. However, the American Academy of Pediatrics recommends that well-child visits should occur in person whenever possible.
- Please note that when using well-visit codes, it is important to document in the medical record according to EPSDT standards.
- If the child has previously seen another PCP for his or her well-child visit, please be sure to get the child's medical record from that PCP. Please note in the child's chart the previous provider and facility name.

Exclusions: None

How we can help: Jai Medical Systems strongly encourages you to do well visits when it is best for the patient and their family/caretaker. Please contact our Customer Service Department at 1-888-524-1999 if you need assistance getting your patient into care.

Child and Adolescent Well-Care Visits (WCV) (Maryland Population Health Incentive Program)

Objective: To ensure that children and adolescents receive age-appropriate well-care and preventative care visits at least once annually.

Age Range:

- Patients ages 3-21 years

Additional Details:

- The patient must have at least 1 well-care visit with a PCP during the calendar year, *or* a full physical with an OB/GYN practitioner during the calendar year.
- Please note that when using well-care visit codes, it is important to document in the medical record according to EPSDT standards.
- If the patient has previously seen another PCP for their visit, please be sure to get the patient's medical record from that PCP. Please note in the patient's chart the previous provider and facility name.

Exclusions: None

How we can help: If there is a patient on your panel who you are aware is missing age-appropriate visits, please contact our Customer Service Department at 1-888-524-1999. Customer Service can assist you with outreach to the patient's family and/or caretakers.

Immunization Measures for Children (CIS) and Adolescents (IMA-E) (Maryland Population Health Incentive Program)

Objective: To ensure pediatric patients receive age-appropriate vaccinations according to current CDC and ACIP guidelines.

Age Range:

- CIS: Patients turning 2 years during the calendar year
- IMA: Patients turning 13 years during the calendar year

Additional Details: See charts below:

Children - BEFORE 2 YEARS	
# required	Vaccination Name
4	Diphtheria, Tetanus and Acellular Pertussis Vaccinations (DTaP), unless contraindicated
3	Polio Vaccinations (IPV)
3	Haemophilus Influenza Type B Vaccinations (HiB)
3	Hepatitis B Vaccinations (HepB)
1	Chicken Pox Vaccination (VZV), <i>If the child had the disease, please note the date of the event</i>
1	Measles, Mumps, and Rubella Vaccination (MMR)
4	Pneumococcal Conjugate Vaccinations (PCV)
2 or 3	Rotavirus Vaccinations (RV)- Rotarix (2 doses), Rotateq (3 doses)
1	Hepatitis A Vaccination (HepA)
2*	Influenza Vaccinations (Flu) * Vaccination administered prior to 180 days (6 months) after birth does not count toward the measure

Adolescents - BEFORE 13 YEARS	
# required	Vaccination Name
1	Meningococcal Conjugate Vaccination (MCV) <i>On or between the 11th and 13th birthday</i>
1	Tetanus, Diphtheria Toxoids and Acellular Pertussis Vaccination (Tdap) <i>On or between the 10th and 13th birthday</i>
2* or 3	Human Papillomavirus (HPV) Vaccinations <i>On or between the 10th and 13th birthday</i> *For the two-dose vaccine, the second dose must be 146 days or greater after the first dose to consider the series complete

** One of the two flu vaccines can be an LAIV vaccination, administered on the child's second birthday*

Exclusions:

- Patients who had a contraindication for a specific vaccine, including anaphylactic reaction to the vaccine or its components.
- Any of the following:

Children - BEFORE 2 YEARS	
Vaccination	Exclusion
DTap	Encephalopathy with a vaccine adverse-effect code
MMR, VZV, and flu	Immunodeficiency; HIV; lymphoreticular cancer, multiple myeloma or leukemia; Anaphylactic reaction to neomycin
Rotavirus	Severe combined immunodeficiency; Hx of intussusception
IPV	Anaphylactic reaction to streptomycin, polymyxin B, or neomycin
Hep B	Anaphylactic reaction to common baker's yeast

Children - BEFORE 13 YEARS	
Vaccination	Exclusion
Tdap	Encephalopathy with a vaccine adverse-effect code

How we can help: If there is a patient on your panel who you are aware is missing age-appropriate vaccinations, please contact our Customer Service Department at 1-888-524-1999. Customer Service can assist you with outreach to the patient's family and/or caretakers.

Lead Screening in Children Turning 2 Years (LSC-E)

Objective: To identify, through screening, children who have elevated blood lead levels and ensure that they receive appropriate environmental interventions and/or medical attention.

Age Range:

- Patients turning 2 years during the calendar year

Additional Details:

- The lead capillary or venous blood test must be performed on or before the patient's second birthday.
- The record must include both the date of the test and the result.

Exclusions: None

How we can help: If there is a patient on your panel who you are aware is missing age-appropriate lead screening, please contact our Customer Service Department at 1-888-524-1999. Customer Service can assist you with outreach to the patient's family and/or caretakers.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Objective: To assess BMI percentile and counsel regarding nutrition and physical activity among children and adolescents on an annual basis.

Age Range:

- Patients ages 3-17 years

Additional Details:

- Providers must provide evidence of the items below:
 - Documentation of a height and a weight *AND* a BMI percentile* OR the BMI percentile plotted on an age appropriate growth chart
 - Documentation of discussion/counseling/referral for nutrition education
 - Documentation of discussion/counseling/referral for physical activity education
- *The BMI percentile should be documented as an exact value, not a range. For example: The patient's BMI is in the 55th percentile, not between the 50th-75th percentile. Documenting a BMI of >99% and <1% would pass the measure; however, a BMI of >95% would not pass.
- Please be sure that all counseling and education received by your patients is documented in the medical record. When documenting a physical using the Healthy Kids forms, you must check the boxes relating to nutrition and physical activity to pass this measure.

Exclusions: Female patients with a diagnosis of pregnancy during the current calendar year.

How we can help: Jai Medical Systems offers Healthy Eating and Weight Management classes for members of all ages. Please contact our Customer Service Department at 1-888-524-1999 for more information and/or if you need assistance with outreach to a patient or a patient's family and/or caretakers.

III. Respiratory Conditions – Adult and Child

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Objective: To encourage patients and providers to avoid antibiotic overuse for the treatment of acute bronchitis/bronchiolitis.

Age Range:

- Patients ages 3 months and older

Additional Details:

- This measure includes patients who had an outpatient, telehealth, observation or ED visit, in which acute bronchitis/bronchiolitis was the only diagnosis addressed/coded.
- To pass the measure, an antibiotic cannot be prescribed on or 3 days after the visit in which the patient had a sole diagnosis of acute bronchitis/bronchiolitis.
- If your patient needs antibiotics due to another condition or illness, please be sure to code accordingly as having more than 1 diagnosis will exclude the patient from this measure.

Exclusions:

- Patients with multiple diagnoses on the visit date.
- If a patient has a diagnosis for any of the following comorbid conditions in the 12 months prior to or on the visit date, this patient's episode is excluded from the measure:
 - HIV, HIV Type 2
 - Malignant neoplasms; other malignant neoplasm of skin
 - Emphysema
 - COPD
 - Disorders of the immune system

How we can help: For more information, please see <https://www.cdc.gov/antibiotic-use/community/downloads/Preventing-Treating-Bronchitis-p.pdf>

Appropriate Testing for Pharyngitis (CWP)

Objective: To follow clinical guidelines, including the appropriate sequence of testing for group A streptococcus prior to the prescription of antibiotics, for the treatment of pharyngitis.

Age Range:

- Patients ages 3 years and older

Additional Details:

- This measure includes patients who had an outpatient, telehealth, observation or ED visit in which pharyngitis was the only diagnosis addressed/coded.
- Patients will pass the measure if the claim indicates that a group A streptococcus test was performed before they were dispensed an antibiotic.
- If your patient needs antibiotics due to another condition or illness, please be sure to code accordingly as having more than 1 diagnosis will exclude the patient from this measure.

Exclusions:

- Patients with multiple diagnoses on the episode date.
- If a patient has a diagnosis for any of the following comorbid conditions in the 12 months prior to or on the episode date, this patient's episode is excluded from the measure:
 - HIV, HIV Type 2
 - Malignant neoplasms; other malignant neoplasm of skin
 - Emphysema
 - COPD
 - Disorders of the immune system

How we can help: For more information, please see <https://www.cdc.gov/groupastrep/diseases-hcp/strep-throat.html>.

Appropriate Treatment for Upper Respiratory Infection (URI)

Objective: To encourage patients and providers to avoid antibiotic overuse for the treatment of upper respiratory infections.

Age Range:

- Patients ages 3 months and older

Additional Details:

- This measure includes patients who had an outpatient, telehealth, observation or ED visit in which upper respiratory infection was the single diagnosis addressed/coded.
- Specifically, to pass the measure, an antibiotic cannot be prescribed on or 3 days after the episode date.
- Patients will fail the measure if they received antibiotics for treatment of an upper respiratory infection.
- If your patient needs antibiotics due to another condition or illness, please be sure to code accordingly as having more than 1 diagnosis will exclude the patient from this measure.

Exclusions:

- Patients with multiple diagnoses on the episode date are excluded from the measure.
- If a patient has a diagnosis for any of the following comorbid conditions in the 12 months prior to or on the episode date, this patient's episode is excluded from the measure:
 - HIV, HIV Type 2
 - Malignant neoplasms; other malignant neoplasm of skin
 - Emphysema
 - COPD
 - Disorders of the immune system

How we can help: For more information, please see <https://www.cdc.gov/antibiotic-use/community/for-hcp/outpatient-hcp/index.html>.

Pharmacotherapy Management of COPD Exacerbation (PCE)

Objective: To ensure that patients who had a COPD exacerbation during an acute inpatient discharge or ED visit receive appropriate medical attention and pharmacological treatments.

Age Range:

- Patients ages 40 years and older

Additional Details:

- Patients who have a principle diagnosis of COPD, emphysema, or chronic bronchitis during an acute inpatient discharge or an ED visit will be included in the measure.
- Appropriate medications for treatment include:
 - *Systemic Corticosteroid* – must be dispensed within 14 days from the date of service (or date of discharge) or patient must already have an active and filled prescription; and
 - *Bronchodilator* – must be dispensed within 30 days from the date of service (or date of discharge) or the patient must already have an active and filled prescription
- Please evaluate your COPD patients after hospitalizations or ED visits to ensure appropriate medications have been dispensed within the specified timeframes.

Exclusions: None

How we can help: Jai Medical Systems has a dedicated physician on staff that supports members with managing their new or existing COPD. Please contact 1-888-524-1999 and ask about our COPD assistance.

Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)

Objective: To ensure that patients with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.

Age Range:

- Patients ages 5-64 years

Additional Details:

- Patients with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma will be included in the measure.
- Please schedule your patients for an office visit, telephone visit, e-visit or virtual check-in assess the effectiveness of their asthma treatment regimen within 30 days after the asthma episode.

Exclusions:

- Patients with a diagnosis of cystic fibrosis
- Patients who are in hospice

How we can help: For more information, please see <https://www.cdc.gov/asthma/about/index.html>.

IV. Women's Health

Breast Cancer Screening (BCS-E)

Objective: To ensure that patients receive mammogram screening for breast cancer, at least once every two years, so that disease can be identified in a preclinical stage.

Age Range:

- Patients ages 40-74 years

Additional Details:

- This measure looks at all mammograms that occur during the past two years
- Please write patients a referral for the mammogram. This will ensure you receive results and can follow up as clinically indicated.
- The following types and methods of mammogram count toward the measure: screening, diagnostic, film, digital or digital breast tomosynthesis.
- Please note that it is important to code for bilateral and unilateral with bilateral modifier mastectomy (see exclusions below) in a patient's history so that we can remove these patients from outreach efforts.

Exclusions:

- MRIs, ultrasounds, or biopsies do not count toward the measure
- Patients who have had bilateral mastectomy at any time during their history through the end of the current calendar year:
 - History of bilateral mastectomy (ICD-10: Z90.13)
 - Absence of left breast (ICD-10: Z90.12)
 - Absence of right breast (ICD-10: Z90.11)
 - Any codes that can be combined to represent that both the right and left breast are absent on the same or different dates of services
 - Gender-affirming chest surgery with a diagnosis of gender dysphoria (CPT code 19318)
- Patients who received, or are receiving, palliative care during the current calendar year

How we can help: There are periodic Mammogram Days throughout the year. Customer Service representatives can also assist patients in arranging an appointment and transportation for a mammogram. Please call the Customer Service Department at 1-888-524-1999 for more information.

Cervical Cancer Screening (CCS-E)

Objective: To ensure that patients receive timely cervical cancer screening.

Age Range:

- Patients ages 21 through 64 years

Additional Details:

- Patients ages 21-64 years need a cervical cytology (Pap test) at least once within the past 3 years. There must be documentation of the date of the Pap test and the results.
- Patients ages 30-64 need cervical high-risk human papillomavirus (hrHPV) co-testing at least once within the past 5 years. There must be documentation of the date of the hrHPV test and the results.
 - If there is documentation of “HPV test,” this will also count.
- If lab results indicate that the sample contained “no endocervical cells” but had a valid result, this will count toward the measure.
- Please document that a patient had a complete, total, or radical abdominal or vaginal hysterectomy and that she is no longer in need of pap testing or cervical cancer screening in her history.
 - A vaginal pap smear can be documented with a hysterectomy
- Please refer patients with abnormal results to the appropriate specialist within the Jai Medical Systems network. Jai Medical Systems requires patients to have a referral for gynecology.
- As a reminder, patients ages 16-20 years do not need screening for cervical cancer unless there is documented history of cervical cancer, HIV, or immunodeficiency at any time during the patient’s history
- Biopsies do not count toward the measure

Exclusions:

- Patients who have had the following diagnoses coded at any time during their history through the end of the current calendar year:
 - Acquired absence of cervix and uterus (ICD-10: Z90.710)
 - Acquired absence of cervix with remaining uterus (ICD-10: Z90.712)
 - Cervical agenesis (ICD-10: Q51.5)
- Cervical cancer screening with lab results indicating that the sample was inadequate or that “no cervical cells” were present do not count
- Patients who received, or are receiving, palliative care during the current calendar year

How we can help: There are periodic Women’s Health Days scheduled by the Customer Service Department and in which transportation can be provided. Please call Customer Service at 1-888-524-1999 to learn more about these events and how to direct your patients to them.

Chlamydia Screening in Women (CHL)

Objective: To screen for chlamydia.

Age Range:

- Patients ages 16 through 24 years

Additional Details:

- Patients need at least one test for chlamydia during the calendar year.
- This measure only includes female patients ages 16 through 24 years who were identified as being sexually active.
 - Specifically, “sexually active” is identified by the following criteria:
 - ICD 10 coding for pregnancy
 - CPT coding for pregnancy test
 - CPT coding for sexual activity
 - Patients dispensed prescription contraceptives, diaphragm, and/or spermicide during the current calendar year
- Though this measure specifically identifies women within an age range and who meet certain criteria as needing testing for chlamydia, please screen all patients according to your clinical judgement.

Exclusions:

- Patients who had CPT coding for pregnancy test and a prescription for isotretinoin on or 6 days after the pregnancy test.
- Patients who had CPT coding for pregnancy test and an x-ray on or 6 days after the pregnancy test.

How we can help: If you need assistance getting in touch with a patient you are aware needs screening, please call the Customer Service Department at 1-888-524-1999.

Prenatal and Postpartum Care (PPC) (Maryland Population Health Incentive Program)

Objective: To encourage women to receive prenatal care beginning in the first trimester of pregnancy, and to support the health of women during the postpartum period.

Age Range:

- There is no age range for this measure

Additional Details: This measure includes all women who had a live birth, occurring in any setting, during the calendar year.

Prenatal

- As soon as it has been confirmed that your patient is pregnant, you may refer the patient to an OB/GYN or other prenatal care practitioner.
- Please also refer the patient to Jai Medical Systems OB Case Management Program (details below).
- Please include a diagnosis of pregnancy at each visit, including services provided via telehealth.
- Please also document the LMP and/or EDD.
- PCP visits can count toward the measure if they include a diagnosis of pregnancy.
- Patients should begin prenatal care during the first trimester of pregnancy.
 - If the pregnant woman is a new member to Jai Medical Systems, she should receive prenatal care within 42 days of her enrollment.

Postpartum

- Patients need at least one postpartum visit beginning 7-84 days after delivery. This includes the following criteria:
 - CPT coding for postpartum visit
 - ICD10 coding for cervical cytology (Pap test)
- PCP visits with your patients can count toward the measure if they include one of the following:
 - A pelvic exam
 - An evaluation of weight, breasts, abdomen, and blood pressure
 - Notation of “breastfeeding” is acceptable evidence of evaluation of breasts
 - A notation of postpartum care
 - Screening for depression, anxiety, tobacco use, or preexisting mental health disorders
 - Perineal or cesarean incision/wound check
 - Glucose screening for women with gestational diabetes
 - Documentation of any of the following subjects:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing or family planning
 - Sleep or fatigue
 - Resumption of physical activity and attainment of healthy weight

Exclusions:

- Any services delivered in an acute inpatient setting.
- Ultrasound and/or lab results alone without a documented office visit are not considered a visit.

How we can help: All pregnant members of Jai Medical Systems are assigned a case manager. The OB Case Manager is responsible for tracking all aspects of the patient's care during and after pregnancy. To get in touch with one of the OB Case Managers, please call 1-888-524-1999.

In addition to OB case management, Jai Medical Systems also offers the following services and programs for pregnant and postpartum members: doula services, home visiting services, MOM (Maternal Opioid Misuse) program, centering pregnancy, and healthy steps. To find out more about these programs, call 1-888-524-1999 or visit our website at <https://jaimedicalsystems.com/members/case-management/>

Prenatal Immunization Status (PRS-E)

Objective: To immunize pregnant members with influenza and diphtheria toxoids and acellular pertussis (Tdap) vaccines.

Age Range:

- There is no age range for this measure

Additional Details: The influenza vaccine should be administered between July 1 of the prior year and the delivery date. The Tdap vaccine should be administered during the pregnancy or on the delivery date.

Exclusions:

- Deliveries that occur at less than 37 weeks gestation
- Patients who are in hospice

How we can help: All pregnant members of Jai Medical Systems are assigned a case manager. The OB Case Manager is responsible for tracking all aspects of the patient's care during and after pregnancy. To get in touch with one of the OB Case Managers, please call 1-888-524-1999.

V. Cardiovascular Conditions

Controlling High Blood Pressure (CBP) (Maryland Population Health Incentive Program)

Objective: To assist patients with diagnosed hypertension with the goal of a healthy blood pressure (BP).

Age Range:

- Patients ages 18 through 85 years

Additional Details:

- Patients must have a diagnosis of hypertension during at least two outpatient visits (including telehealth visits) in the previous calendar year through the first 6 months of the current calendar year.
- To pass the measure, a patient's most recent BP from an outpatient visit must be:
 - Systolic BP: less than 140 mm Hg, and
 - Representative diastolic BP: less than 90 mm Hg
- Please document all BP readings, even if there are multiple readings on a single day of service.
 - The lowest systolic BP reading, and lowest diastolic BP reading will be used if they are on the same date of service
- If there is no BP reading for the current calendar year, the patient will not pass the measure.
- BP readings taking during ED or inpatient visits do not count.

Exclusions:

- Patients with any of the following during the current calendar year:
 - End-stage renal disease (ESRD)
 - Receiving dialysis
 - A nephrectomy
 - A kidney transplant
- Female patients with a diagnosis of pregnancy during the current calendar year.
- Patients who had a nonacute inpatient admission during the current calendar year.
- Patients who received, or are receiving, palliative care during the current calendar year.

How we can help: Jai Medical Systems has a Hypertension Disease Management Program in which patients are offered educational outreach/materials and, if needed, pharmacy compliance assistance through a phone call reminder program. There are also health education classes and case management services available if needed. Please call our Customer Service Department at 1-888-524-1999 to refer your patient(s) for these services.

Statin Therapy for Patients with Cardiovascular Disease (SPC-E)

Objective: To support patients with clinical atherosclerotic cardiovascular disease (ASCVD) with guideline-recommended statin therapy.

Age Range:

- Male patients ages 21 through 75 years
- Female patients ages 40 through 75 years

Additional Details:

- To be included in the measure, patients will have one of the following events or diagnosis:
 - Events
 - MI, CABG, PCI, or other revascularization procedures
 - Diagnosis of ischemic vascular disease (IVD) during an outpatient (including telehealth) or acute inpatient visit during this or last calendar year
- Patients should be *dispensed and remain on* at least one high or moderate-intensity statin medication during the measurement year. Examples include but are not limited to:
 - High-intensity statins:
 - Atorvastatin 40-80 mg
 - Amlodipine-atorvastatin 40-80 mg
 - Rosuvastatin 20-40 mg
 - Moderate intensity statins:
 - Atorvastatin 10-20 mg
 - Amlodipine-atorvastatin 10-20 mg
 - Rosuvastatin 5-10 mg
 - Lovastatin 40 mg
 - Pitavastatin 2-4 mg

Exclusions:

- Patients with any of the following during this or last calendar year:
 - Pregnancy diagnosis
 - In vitro fertilization (IVF)
 - Had at least 1 prescription for clomiphene
 - ESRD or dialysis
 - Cirrhosis
 - Myalgia, myositis, myopathy, or rhabdomyolysis
- Myalgia, myositis, myopathy, or rhabdomyolysis during the current calendar year.
- Patients who received, or are receiving, palliative care during the current calendar year.

How we can help: Jai Medical Systems has a pharmacy compliance program for patients prescribed statin therapy. Please call our Customer Service Department at 1-888-524-1999 to refer your patient(s) for these services.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Objective: To support patients who recently had an acute myocardial infarction (AMI) with the use of beta-blockers.

Age Range:

- Patients ages 18 years and older

Additional Details:

- This measure includes patients who were hospitalized and discharged with a diagnosis of AMI in the past calendar year.
- Patients should receive treatment with beta-blockers for 6 months following discharge after an AMI.
- The following beta-blockers are on Jai Medical Systems formulary:

Beta-Blockers Type	Medications
Noncardioselective	Carvedilol, Labetalol, Propranolol, Timolol, Sotalol
Cardioselective	Betaxolol, Metoprolol Tartrate, Metoprolol Succinate, Atenolol
Antihypertensive combinations	Atenolol-chlorthalidone, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol

- Please encourage your patients to take their medications and follow their treatment plan as directed.

Exclusions:

- Patients with any of the following during their history:
 - An intolerance or allergy to beta-blocker therapy
 - Asthma or prescribed asthma medication
 - COPD
 - Obstructive chronic bronchitis
 - Chronic respiratory conditions due to fumes or vapors
 - Hypotension, heart block >1 degree or sinus bradycardia

How we can help: If you need assistance reaching your patient(s) who you are aware had a recent AMI, please contact our Customer Service Department at 1-888-524-1999.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

Objective: To provide an annual LDL-C test for patients with cardiovascular disease and schizophrenia.

Age Range:

- Patients ages 18-64 years

Additional Details:

- This measure only includes patients with a diagnosis of schizophrenia or schizoaffective disorder AND cardiovascular disease.
- To be in the measure, patients will have a diagnosis of schizophrenia or schizoaffective disorder during the current calendar year.
- To be included in the measure, patients will also have one of the following events or diagnosis:
 - Events
 - AMI on the discharge claim from an inpatient setting
 - CABG or PCI in any setting
 - Diagnosis of ischemic vascular disease (IVD) during a visit this or last calendar year
- To pass the measure, these patients need an LDL-C test (calculated or direct) during the current calendar year.

Exclusions: None

How we can help:

- If you need assistance reaching your patient(s) who you are aware meet these criteria, please contact our Customer Service Department at 1-888-524-1999.
- If you need assistance with behavioral healthcare services (which are not paid for or overseen by Jai Medical Systems), please contact the Behavioral Health ASO at 1-800-888-1965.

Cardiac Rehabilitation (CRE)

Objective: To engage patients in cardiac rehabilitation following a qualifying cardiac event.

Age Range:

- Patients ages 18 years and older

Additional Details:

- This measure only includes patients with a qualifying cardiac event including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement.
- To pass the measure, these patients need the following:
 - To attend 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
 - To attend 12 or more sessions of cardiac rehabilitation within 60 days after a qualifying event.
 - To attend 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
 - To attend 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

Exclusions:

- Patients discharged from an inpatient setting with any of the following:
 - MI
 - CABG
 - Heart of heart/lung transplant
 - Heart valve repair or replacement
- Patients who have had PCI in any setting during the 180 days after the episode date
- Patients in hospice
- Patients receiving palliative care

How we can help:

- If you need assistance reaching your patient(s) who you are aware meet these criteria, please contact our Customer Service Department at 1-888-524-1999.
- Also, if you would like help finding a Cardiac Rehabilitation program that is right for your patient, please call 1-888-524-1999.

VI. Diabetes

Glycemic Status Assessment for Patients with Diabetes (GSD) (Maryland Population Health Incentive Program)

Objective: To ensure that patients with diabetes receive appropriate screening, monitoring, and attention in efforts to control and manage their diabetes.

Age Range:

- Patients ages 18 through 75 years

Additional Details:

- This measure only includes members who have a diagnosis of diabetes (Type 1 and Type 2). There are two sub measures:

1. Glycemic Status (<8%):

- Patients with diabetes and their providers should work to keep their HbA1c levels controlled (less than 8%).
 - To pass the measure, the HbA1c level must be less than (and not inclusive of) 8%. For example, a value of 7.9 is considered controlled while a value of 8.0 is not.
 - The measure uses the *last recorded* HbA1c level of the calendar year.
- Documentation of the HbA1c test must include the date of the test and the result.

2. Glycemic Status (>9%):

- A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).
 - To pass the measure, the HbA1c level must be greater than (and not inclusive of) 9%. For example, a value of 9.0 is considered “poor control” while a value of 8.9% is not.
 - The measure uses the *last recorded* HbA1c level of the calendar year.
- Documentation of the HbA1c test must include the date of the test and the result.

Exclusions:

- Patients with no diagnosis of diabetes during this and last calendar year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-included diabetes during the current or previous calendar year.
- Patients who received, or are receiving, palliative care during the current calendar year.

How we can help:

- Jai Medical Systems is committed to supporting its diabetic members in controlling their HbA1c levels. If you are aware of patients with high levels who have not been seen recently for a PCP visit and HbA1c test, please contact Customer Service at 1-888-524-1999 for assistance with outreach to the patients.

Blood Pressure Control for Patients with Diabetes (BPD)

Objective: To ensure that patients with diabetes receive appropriate screening, monitoring, and attention in efforts to control and manage their diabetes.

Age Range:

- Patients ages 18 through 75 years

Additional Details:

- This measure only includes members who have a diagnosis of diabetes (Type 1 and Type 2).
- Diabetics should maintain a blood pressure <140/90 Hg mm.
 - The measure uses the last recorded blood pressure of the current calendar year that occurred during an outpatient (including telehealth) visit or nonacute inpatient encounter.

Exclusions:

- Patients with no diagnosis of diabetes during this and last calendar year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-included diabetes during the current or previous calendar year.
- Patients who received, or are receiving, palliative care during the current calendar year.

Eye Exam for Patients with Diabetes (EED)

Objective: To ensure that patients with diabetes receive appropriate screening, monitoring, and attention in efforts to control and manage their diabetes.

Age Range:

- Patients ages 18 through 75 years

Additional Details:

- This measure only includes members who have a diagnosis of diabetes (Type 1 and Type 2).
- Patients with diabetes should receive an eye exam screening for diabetic retinopathy:
 - If a patient is negative for retinopathy in the previous calendar year, they are not required to receive an exam in the current calendar year.
 - If a patient is positive for retinopathy in the previous calendar year, they should receive an eye exam in the current calendar year.
 - If a patient has not had an eye exam in the past calendar year, they should receive an eye exam in the current calendar year.
- Patients can receive an eye exam from either an optometrist or an ophthalmologist
- Blindness is not an exclusion for the eye exam sub-measure.
- If a patient had a bilateral eye enucleation any time during their history, this also passes the sub-measure. This is because an eye exam would not be possible.

Exclusions:

- Patients with no diagnosis of diabetes during this and last calendar year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-included diabetes during the current or previous calendar year.
- Patients who received, or are receiving, palliative care during the current calendar year.

How we can help:

- Jai Medical Systems has Diabetic Eye clinic days scheduled throughout the year to facilitate eye exams for patients with diabetes. Patients can call Customer Service at 1-888-524-1999 to find a clinic day. Transportation help is available.
- If your patient needs assistance finding an eye care provider, please refer them to Customer Service at 1-888-524-1999.

Statin Therapy for Patients with Diabetes (SPD-E)

Objective: To ensure that patients with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) receive guideline-recommended statin therapy.

Age Range:

- Patients ages 40-75 years

Additional Details:

- Patients should be *dispensed and remain on* at least one statin medication during the measurement year.

Exclusions:

- Patients identified as having CVD during the previous calendar year through the following events:
 - AMI, CABG, PCI, or other revascularization procedures
- Patients identified as having CVD during the current or previous calendar year through a diagnosis of ischemic vascular disease (IVD).
- Any of the following during the current or previous calendar year:
 - Diagnosis of pregnancy
 - In vitro fertilization (IVF)
 - Had at least one prescription for clomiphene
 - ESRD or dialysis
 - Cirrhosis
- Any of the following during the current calendar year:
 - Myalgia, myositis, myopathy, or rhabdomyolysis
 - Patients who received, or are receiving, palliative care
- Patients with no diagnosis of diabetes during this and last calendar year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-included diabetes during the current or previous calendar year.

How we can help: If you need assistance reaching your patient(s) who you are aware meet these criteria, please contact our Customer Service Department at 1-888-524-1999.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Objective: To ensure that patients with diabetes and schizophrenia receive recommended metabolic screening.

Age Range:

- Patients ages 18-64 years

Additional Details:

- To be in the measure, patients will have a diagnosis of schizophrenia or schizoaffective disorder during the current calendar year AND have a diagnosis of diabetes during the current or previous calendar year.
- To pass the measure, these patients need an LDL-C test and an HbA1c test during the current calendar year.
 - The member must have both tests.

Exclusions: Patients with no diagnosis of diabetes during this and last calendar year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-included diabetes during the current or previous calendar year.

How we can help:

- If you need assistance reaching your patient(s) who you are aware meet these criteria, please contact our Customer Service Department at 1-888-524-1999.
- If you need assistance with behavioral healthcare services (which are not paid for or overseen by Jai Medical Systems), please contact the Behavioral Health ASO at 1-800-888-1965.

VII. Musculoskeletal Conditions

Use of Imaging Studies for Low Back Pain (LBP)

Objective: To ensure that patients with low back pain receive appropriate care.

Age Range:

- Patients ages 18 through 50 years

Additional Details:

- Patients who have a primary diagnosis of uncomplicated low back pain *during an outpatient, observation, ED, or physical therapy visit* from the current calendar year should not receive an imaging study (plain X-ray, MRI, and CT scan) within 28 days of the diagnosis.
 - Note that this does not include patients who have a visit that results in an inpatient stay.

Exclusions:

- Patients with an additional claim of low back pain within 6 months prior to the diagnosis of uncomplicated low back pain.
- Patients with any of the following conditions in the past year prior to the diagnosis of uncomplicated low back pain:
 - Intravenous drug abuse
 - Neurological impairment
 - Spinal infection
- Patients with any of the following in the past 3 months prior to the diagnosis of uncomplicated low back pain:
 - Trauma
 - Consecutive use of corticosteroids
- Patients with any of the following during any time in their history:
 - Cancer
 - HIV
 - Major organ transplant

How we can help: If you need assistance reaching your patient(s) who have low back pain, please contact our Customer Service Department at 1-888-524-1999.

VIII. Opioid Medication Management

Use of Opioids at High Dosage (HDO)

Objective: To ensure that patients are prescribed opioids at a high dosage in a safe manner.

Age Range:

- Patients ages 18 years and older

Additional Details:

- High dosage prescription opioids are defined as having an average morphine milligram equivalent (MME) of greater than or equal to 90 MME per day.
- Patients should not be prescribed opioids with *daily 90 MME or greater for 15 or more days during the current calendar year.*
- Please reference the CDC online reference guide to determine if a daily dose is 90 MME or greater:
https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf
- Please see the following chart for examples of types of opioids and their MME conversion factor. Please note that all medications listed within each type of opioid have the same conversion factor, regardless of the dosage strength.

Type of Opioid	Medication	MME Conversion Factor
Codeine	Codeine Sulfate, Codeine Phosphate, Acetaminophen Codeine, Acetaminophen Butalbital Caffeine Codeine, Aspirin Butalbital Caffeine Codeine, Aspirin Carisoprodol Codeine, Aspirin Codeine	0.15
Hydrocodone	Hydrocodone, Acetaminophen Hydrocodone, Hydrocodone Ibuprofen	1
Hydromorphone	Hydromorphone	4
Methadone	Methadone	3
Morphine	Morphine, Morphine Naltrexone	1
Oxycodone	Oxycodone, Acetaminophen Oxycodone, Aspirin Oxycodone, Ibuprofen Oxycodone	1.5
Oxymorphone	Oxymorphone	3

Type of Opioid	Medication	MME Conversion Factor
Tapentadol	Tapentadol	0.4
Tramadol	Tramadol, Acetaminophen Tramadol	0.1

Exclusions:

- Patients who have any of the following during the current calendar year:
 - Cancer
 - Sick cell disease
 - Patients who received, or are receiving, palliative care
- Note that the following opioids are not included in the measure:
 - Injectables
 - Opioid cough and cold products
 - Fentanyl transdermal patch (Ionsys®)
 - Methadone for the treatment of opioid use disorder

How we can help:

- If you need assistance reaching your patient(s) who take prescription opioids at a high or potentially high dose, please contact our Customer Service Department at 1-888-524-1999.
- For assistance with substance use services or treatment (services which are not paid for or overseen by Jai Medical Systems), please contact the Behavioral Health ASO at 1-800-888-1965.
- If your patient needs a prescription for a quantity of opioids that exceeds 90 MME per day (including cumulative quantities of medications totaling more than 90 MME per day), a completed Analgesic Opioid Prior Authorization Form is required. This form requires an attestation for each of the following:
 - The prescriber has reviewed the patient's prescription history for CDS prescriptions in the PDMP.
 - The patient has and will have random urine drug screens.
 - A Naloxone prescription was offered to the patient.
 - The Patient-Prescriber Pain Management/Opioid Treatment Agreement/Contract has been signed by both the patient and the provider and is filed in the patient's medical record.

Use of Opioids from Multiple Providers (UOP)

Objective: To ensure that patients who receive opioids receive coordinated care that prioritizes their safety.

Age Range:

- Patients ages 18 years and older

Additional Details:

- Patients who receive a prescription opioid for 15 days or more during the current calendar year should not be prescribed opioids by 4 or more prescribers.
- Patients who receive a prescription opioid for 15 days or more during the current calendar year should not receive these medications at 4 or more pharmacies.
- Before prescribing an opioid, please make sure to check Maryland's Prescription Drug Monitoring Program (PDMP) for prescription of these medications by other prescribers.

Exclusions:

- Note that the following opioids are not included in the measure:
 - Injectables
 - Opioid cough and cold products
 - Buprenorphine and methadone products for the treatment of opioid use disorder
 - Fentanyl transdermal patch (Ionsys®)

How we can help:

- If you need assistance reaching your patient(s) who were prescribed or received opioids from 4 or more providers or pharmacies, please contact our Customer Service Department at 1-888-524-1999.
- For assistance with substance use services or treatment (services which are not paid for or overseen by Jai Medical Systems), please contact the Behavioral Health ASO at 1-800-888-1965.
- For general PDMP inquiries, please call 410-402-8686 or email mdh.pdmp@maryland.gov.

Risk of Continued Opioid Use (COU)

Objective: To ensure that patients who have a new prescription for opioids are not at risk for continued opioid use beyond what is clinically indicated.

Age Range:

- Patients ages 18 years and older

Additional Details:

- If a patient has not been prescribed an opioid medication within the past 3 months, the prescription is considered new. This definition is in accordance with State of Maryland opioid prescribing criteria.
- Please be sure to monitor your patients who are newly prescribed opioids. They should receive an initial prescription of no more than 7 days. After this time, if the prescription is for more than 7 days, they will need a completed Analgesic Opioid Prior Authorization (PA).

Exclusions:

- Patients who have any of the following during the current calendar year:
 - Cancer
 - Sickle cell disease
 - Patients who received, or are receiving, palliative care
- Note that the following opioids are not included in the measure:
 - Injectables
 - Opioid cough and cold products
 - Buprenorphine and methadone products for the treatment of opioid use disorder
 - Fentanyl transdermal patch (Ionsys®)

How we can help:

- If you need assistance reaching your patient(s) who were prescribed or received opioids from 4 or more providers or pharmacies, please contact our Customer Service Department at 1-888-524-1999.
- For assistance with substance use services or treatment, please contact the Behavioral Health ASO at 1-800-888-1965.
- A completed Analgesic Opioid Prior Authorization (PA) is needed if a patient has not had an opioid prescription in the past 3 months and after the initial prescription of no more than 7 days. This PA form requires an attestation for each of the following:
 - The prescriber has reviewed the patient's prescription history for CDS prescriptions in the PDMP.
 - The patient has and will have random urine drug screens.
 - A Naloxone prescription was offered to the patient.
 - The Patient-Prescriber Pain Management/Opioid Treatment Agreement/Contract has been signed by both the patient and the provider and is filed in the patient's medical record.