

JAI MEDICAL SYSTEMS

2016 PROVIDER SATISFACTION SURVEY

Please assist us in informing us how well we are doing by taking a few minutes to fill out this Provider Survey, front and back, about Jai Medical Systems Managed Care Organization, Inc (Jai Medical Systems). Once completed, please fax the Provider Survey back to us at 410-433-4615. If you have any questions about the survey, please contact our Provider Relations Department at 1-888-JAI-1999. For your convenience, you may also download or electronically complete this Provider Survey from our website at <http://www.jaimedicalsystems.com>. **By completing this survey, you will be entered to win a \$100 gift card (answers will not affect your entry). Please return this survey by December 31, 2016.**

**PROVIDER**

| Provider Last Name | Provider First Name                                | NPI   | Phone |
|--------------------|--|-------|-------|
| Organization Name  | Individual Completing Survey (other than provider) | Title | Email |

1. I have been a participating provider with Jai Medical Systems for:

☐ Less than one year    ☐ 1 to 3 years    ☐ 3 to 5 years    ☐ 5+ years

2. I am a \_\_\_\_\_ provider (please specify if you select Specialty Care or Other).

☐ Primary Care      ☐ Specialty Care \_\_\_\_\_      ☐ Other \_\_\_\_\_

## OVERALL SATISFACTION

3. How would you rate your overall satisfaction with Jai Medical Systems?

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

4. Would you recommend other providers join the Jai Medical Systems' network as a participating provider?

☐ Yes ☐ No

5. The Jai Medical Systems' provider network is adequate.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree

6. What type of provider(s), and what location(s) do you feel Jai Medical Systems should add to their provider network, if any?

## CUSTOMER SERVICE

7. Jai Medical Systems' Customer Service Department is friendly, knowledgeable, and helpful.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

8. Jai Medical Systems' Customer Service Department is able to assist with verifying member eligibility and PCP change requests.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

9. Jai Medical Systems' Customer Service Department is able to assist with scheduling appointments and transportation.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

10. How would you rate the service that you have received from the Jai Medical Systems' Customer Service Department?

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor      ☐ N/A

## PROVIDER RELATIONS & CREDENTIALING

11. Jai Medical Systems' Provider Relations Department is friendly, knowledgeable, and helpful.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

12. In 2016, I was \_\_\_\_\_ by Jai Medical Systems.

☐ Credentialed      ☐ Recredentialed      ☐ N/A (if not applicable, skip to question 15)

13. The credentialing or recredentialing process occurred in a timely manner

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

14. For providers who were due for recredentialing; I received appropriate notice on the need to recredential from Jai Medical Systems.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

15. I would like to receive a courtesy call and/or site visit from the Provider Relations Department.

☐ Yes (please specify) \_\_\_\_\_ ☐ No

16. How would you rate the service that you have received from the Jai Medical Systems' Provider Relations Department?

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor      ☐ N/A

### **CLAIMS/APPEALS**

17. How do you submit your claims to Jai Medical Systems?

☐ Paper Submission      ☐ Electronic Submission      ☐ Both; Paper and Electronic Submission

18. My claims are processed in a timely manner.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

19. Do you feel that Jai Medical Systems' reimbursement rates are competitive?

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

20. My claims inquiries are answered promptly.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

21. I understand the provider claim appellate process and feel my appeals are reviewed appropriately.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

### **UTILIZATION/CASE MANAGEMENT & AUTHORIZATION PROCESS**

22. Jai Medical Systems' Utilization Management and Case Management Department is friendly, knowledgeable, and helpful.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

23. Jai Medical Systems effectively communicates and assists with coordination of medical care, when necessary.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

24. For your patients enrolled in Jai Medical Systems Case Management/ Disease Management programs, have you found the programs to be helpful?

☐ Yes      ☐ No      ☐ Not sure      ☐ N/A

25. I understand the referral and/or the authorization process.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

26. Referrals and/or authorizations are processed in a timely manner.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

### **QUALITY ASSURANCE**

27. Jai Medical Systems keeps me well informed about its Quality Assurance initiatives and programs.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

28. I would like to be contacted by the Jai Medical Systems' Quality Assurance Department regarding the initiatives and programs.

☐ Yes      ☐ No

### **PHARMACY**

29. The medications included in the Jai Medical Systems formulary adequately meet the needs of my patients and my practice.

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly Disagree      ☐ N/A

**Please feel free to provide any additional comments.**

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