

Dear Provider, we need your help. Please tell us how well we are doing by taking a few minutes to fill out this provider survey about Jai Medical Systems Managed Care Organization, Inc (Jai Medical Systems). Once completed, please fax the 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 this Provider Satisfaction Survey from our website at <u>http://www.jaimedicalsystems.com</u>.

	/	/		/	
Provider Last Name	Provider First Na	me	NPI		Phone
		/	////////////////////_/		
Name of Person Completing	Survey (other than provider)		Title	Email	
PROVIDER - Please a	nswer a few questions	s about yourself.			
1. I have been a participat	ing provider with Jai M	edical Systems for:			
\Box Less than 6 months	\Box 1 to 3 years	\Box 3 to 5 yes	ars $\Box 5+y$	ears	\Box N/A
2. I am a	provider. (Please spe	ecify if you select specialty o	care or other).		
Primary Care	\Box Specialty Care _		□ Ancillary C	are	Other
OVERALL SATISFA	<u>CTION</u>				
3. How would you rate the	e overall performance o	f Jai Medical Syster	ns? (Check One)		
Excellent	□ Good	Fair	□ Poor		
4. Would you recommend	other physicians join t	he Jai Medical Syste	ems' network as a p	articipating	provider?
□ Yes	No (if no, please prov	ide comment)			
5. The Jai Medical System	ns' provider network is	adequate.			
□ Strongly Agree	□ Agree	□ Disagree	□ Strongly D	isagree (plea	ase specify)
PROVIDER RELATI	ONS AND CREDEN	<u>ITIALING</u>			
6. A Jai Medical Systems	Provider Relations Rep	resentative visits m	y office:		
\Box 4 or more times a year	ar \Box 2-3 times	a year	Once a year	🗆 Has ne	ver visited
7. In 2013, I was	by Jai Me	dical Systems.			
□ Credentialed	□ Recredentialed	🗆 N/A (if 1	not applicable, skip	to question	11)
8. I received appropriate r	notice on the need to rec	redential from Jai N	Iedical Systems.		
□ Strongly Agree	Agree	Disagree	□ Strongly D	isagree	□ N/A
9. The credentialing/recre	dentialing process occu	rred in a timely mar	iner.		
□ Strongly Agree	□ Agree	□ Disagree	□ Strongly D	isagree	□ N/A
10. Jai Medical Systems'	Provider Relations Crea	lentialing Staff were	e friendly and know	ledgeable.	
☐ Strongly Agree	Agree	□ Disagree	☐ Strongly D	-	□ N/A
11. How would you rate the	he service you have rec	eived from the Jai M	Iedical Systems Pro	vider Relati	ons Department?
	□ Good	□ Fair	□ Poor		^

CLAIMS/APPEALS

12. How do you submit you	r claims to Jai Medical	Systems?							
□ Paper Submission	□ Paper Submission □ Electronic Submission □ Both; Paper and Electronic Submission								
13. My claims are processed	d in a timely manner.								
□ Strongly Agree	□ Agree	Disagree	□ Strongly Disagree	□ N/A					
14. My claims are processed according to my participating provider agreement.									
□ Strongly Agree	Agree	Disagree	□ Strongly Disagree	□ N/A					
15. My claims inquiries are	answered promptly.								
□ Strongly Agree	Agree	Disagree	□ Strongly Disagree	□ N/A					
16. Denial notifications con	sistently provide clear d	lenial reasons.							
□ Strongly Agree	Agree	Disagree	Strongly Disagree	□ N/A					
17. The Provider claim appeals process is easy to follow.									
□ Strongly Agree	□ Agree	Disagree	□ Strongly Disagree	□ N/A					
UTILIZATION/CASE	MANAGEMENT								
18. Jai Medical Systems Utilization Management and Case Management Representatives are friendly and helpful.									
□ Strongly Agree	□ Agree	Disagree	□ Strongly Disagree	□ N/A					
19. Jai Medical Systems effectively communicates and assists with coordination of medical care, when necessary.									
□ Strongly Agree	□ Agree	Disagree	□ Strongly Disagree	□ N/A					
20. I have patients that have been enrolled in Jai Medical Systems Case Management/ Management programs.									
□ Yes	\Box No	\Box Not sure							
21. If you answered yes in question 20; the Case Management/Disease Management programs have been helpful.									
□ Strongly Agree	Agree	Disagree	□ Strongly Disagree	□ N/A					
22. I understand the Referral/Prior Authorization process.									
□ Strongly Agree	Agree	Disagree	Strongly Disagree	□ N/A					
23. Referrals/Prior Authorizations are processed in a timely manner.									
□ Strongly Agree	□ Agree	Disagree	□ Strongly Disagree	□ N/A					
QUALITY ASSURANC	<u>CE</u>								
24. Jai Medical Systems kee	eps me well informed at	bout its Quality Assur	ance initiatives and programs	.					
□ Strongly Agree	□ Agree	Disagree	□ Strongly Disagree	□ N/A					
PHARMACY									
25. The medications include	ed in the Jai Medical Sy	stems formulary adeq	uately meet the needs of my	practice.					
□ Strongly Agree	□ Agree	Disagree	Strongly Disagree	□ N/A					
26. Prior Authorization drug	g requests are processed	in a timely manner.							
□ Strongly Agree	Agree	Disagree	□ Strongly Disagree	□ N/A					
27. The online formulary is easy to use.									
□ Strongly Agree	Agree	Disagree	□ Strongly Disagree	□ N/A					
Please feel free to provide	any additional comme	ents.							