

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 <a href="http://www.jaimedicalsystems.com">http://www.jaimedicalsystems.com</a>.

	/	/	/		
Provider Last Name	Provider First Nan	me	NPI	Phone	
		r	/		
Name of Person Completing Survey (other than provider)		Title	;	Email	
<b>PROVIDER</b> - Please an	swer a few questions	about yourself.			
1. I have been a participation	ng provider with Jai Me	edical Systems for:			
☐ Less than 6 months	$\Box$ 1 to 3 years	$\square$ 3 to 5 years	□ 5+ years	$\square$ N/A	
2. I am a	provider. (Please spec	cify if you select specialty care o	or other).		
☐ Primary Care	☐ Specialty Care		☐ Ancillary Care	□ Other	
OVERALL SATISFAC	<u>CTION</u>				
3. How would you rate the	overall performance of	Jai Medical Systems?	(Check One)		
☐ Excellent	$\Box$ Good	□ Fair	□ Poor		
4. Would you recommend	other physicians join th	e Jai Medical Systems	network as a participa	ating provider?	
□ Yes □	No (if no, please provi	de comment)			
5. The Jai Medical Systems	s' provider network is a	idequate.			
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	(please specify)	
PROVIDER RELATIO	ONS AND CREDEN	TIALING			
6. A Jai Medical Systems I			fice:		
☐ 4 or more times a year	-	-		as never visited	
7. In 2014, I was		•		us never visited	
☐ Credentialed		•	applicable, skip to ques	tion 11)	
8. I received appropriate no		•		Mon 11)	
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ <b>N</b> /A	
9. The credentialing/recred	•	C		L 14/11	
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
10. Jai Medical Systems' P	•	•	e. e		
☐ Strongly Agree	☐ Agree	□ Disagree	☐ Strongly Disagree	-	
<b></b>	C	•	e <b>;</b>		
11. How would you rate th	-		•	Calations Departmen	
☐ Excellent	$\Box$ Good	□ Fair	□ Poor		

## **CLAIMS/APPEALS**

12. How do you submit ye	our claims to Jai M	edical Systems?			
☐ Paper Submission	☐ Electronic Submission ☐ Both; Paper and Electronic Submission				
13. My claims are process	sed in a timely man	ner.			
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
14. My claims are process	sed according to my	y participating provider a	greement.		
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
15. My claims inquiries a	re answered promp	tly.			
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
16. Denial notifications co	onsistently provide	clear denial reasons.			
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
17. The Provider claim ap	ppeals process is eas	sy to follow.			
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
UTILIZATION/CASI	E MANAGEMEN	<u>NT</u>			
18. Jai Medical Systems U	Utilization Manager	ment and Case Managem	ent Representatives are friend	lly and helpful.	
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
e. e	-	C	oordination of medical care, w		
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
20. I have patients that ha	-	Jai Medical Systems Ca	se Management/ Disease Man	agement programs.	
□ Yes	$\square$ No	□ Not sure	-		
21. If you answered yes in	n question 20; the C	Case Management/Disease	e Management programs have	been helpful.	
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
22. I understand the Refer	rral/Prior Authoriza	tion process.			
☐ Strongly Agree	□ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
23. Referrals/Prior Author	rizations are proces	sed in a timely manner.			
☐ Strongly Agree	□ Agree	☐ Disagree	☐ Strongly Disagree	□ <b>N</b> /A	
<b>QUALITY ASSURAN</b>	NCE				
24. Jai Medical Systems k	keeps me well infor	med about its Quality As	surance initiatives and progra	ms.	
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
PHARMACY	C	C	<b>.</b> .		
<u> </u>	ided in the Jai Medi	ical Systems formulary a	dequately meet the needs of m	ny practice.	
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
26. Prior Authorization da	rug requests are pro	cessed in a timely manne	er.		
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ N/A	
27. The online formulary	is easy to use.				
☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree	□ <b>N</b> /A	
Please feel free to provide	•				
rease teel free to provid	any additional C	omments.			