



2020 PROVIDER SATISFACTION SURVEY

Please assist us 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 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 on 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 January 15th, 2021.

Provider Last Name: _____ **Provider First Name:** _____ **Phone:** _____
Organization Name: _____ **Individual Completing Survey:** _____
Title: _____ **Email:** _____ **NPI:** _____

I have been a participating provider with Jai Medical Systems for: <input type="checkbox"/> Less than one year / <input type="checkbox"/> 1 – 3 years / <input type="checkbox"/> 3 – 5 years / <input type="checkbox"/> 5+ years					
I am a: <input type="checkbox"/> PCP / <input type="checkbox"/> Specialty Care Provider (Specialty: _____) / <input type="checkbox"/> Other: _____					
OVERALL SATISFACTION	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I am satisfied with Jai Medical Systems.					
I would recommend other providers to join the Jai Medical Systems’ network.					
The Jai Medical Systems’ provider network is adequate.					
THE JAI MEDICAL SYSTEMS’ CUSTOMER SERVICE DEPARTMENT...					
Is friendly, knowledgeable, and helpful.					
Is able to assist with verifying member eligibility & PCP change requests.					
Is able to assist with scheduling appointments and transportation.					
Provides excellent service overall.					
PROVIDER RELATIONS AND CREDENTIALING					
Jai Medical Systems’ Provider Relations Department is friendly, knowledgeable, and helpful.					
In 2019, I was _____ by Jai Medical Systems: <input type="checkbox"/> Credentialed / <input type="checkbox"/> Recredentialed / <input type="checkbox"/> N/A					
The credentialing and/or recredentialing process occurred in a timely manner.					
I receive appropriate notification on the need to be credentialed or recredentialed.					
I would like to receive a courtesy call and/or site visit from the Provider Relations Department.					
I receive excellent service from Jai Medical Systems’ Provider Relations Department.					
CLAIMS/APPEALS					
My claims are processed in a timely manner.					
Jai Medical Systems’ reimbursement rates are competitive.					
My claims inquiries are answered promptly.					
I understand the claim appellate process and feel my claims are reviewed appropriately.					
UTILIZATION/CASE MANAGEMENT & AUTHORIZATION PROCESS					
Jai Medical Systems’ Utilization/Case Management Department is friendly, knowledgeable, and helpful.					
Jai Medical Systems effectively communicates and assists with coordination of medical care, when necessary.					
I find Case Management and Disease Management programs to be helpful for enrolled patients.					
I understand the referral and/or authorization process.					
Referrals and/or authorizations are processed in a timely manner.					
QUALITY ASSURANCE					
Jai Medical Systems keeps me informed about its Quality Assurance initiatives and programs.					
I would like to be contacted by the Jai Medical Systems’ Quality Assurance Department regarding these initiatives and programs.					
PHARMACY					
The medications included on Jai Medical Systems’ formulary adequately meet the needs of my patients and practice.					

