

Jai Medical Systems Managed Care Organization, Inc. Provider Newsletter

Fall 2021

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Jai Medical Systems Receives Highest National Rating Again!



We are pleased to announce that Jai Medical Systems Managed Care Organization, Inc. is once again one of the Highest Rated Medicaid Health Insurance Plans in the United States for 2021-2022, according to the National Committee for Quality Assurance (NCQA) Medicaid Health Insurance Plan Report Card. For 2021-2022, Jai Medical Systems earned a 5 out of 5 star rating from NCQA. In fact, Jai Medical Systems is the only Medicaid Health Plan in the United States to earn a 5-star rating from NCQA consecutively since 2016.

We cannot achieve such high ratings without the hard work and assistance of our participating providers. Thank you for your participation and service to our members. For more information about our NCQA Health Plan Rating, please check out our press release at www.jaimedicalsystems.com/blog/.

COVID-19 Vaccination Efforts

Maryland continues to make strides in its COVID-19 vaccination efforts. Unfortunately, Maryland Medicaid vaccination rates lag behind the average vaccination rate for Maryland. Please help us get the word out and ensure that all Medicaid recipients, ages 12 and up, are vaccinated against COVID-19.

Further, please be aware that the current mass vaccination sites will not remain open indefinitely. We do anticipate that some of the mass vaccination sites will close as demand and utilization at mass vaccination sites dwindle. For this reason, it is critically important that as mass vaccination sites stand down; primary care providers stand up to help with vaccination efforts and fill the void left when mass vaccination sites are closed.

Is your practice interested in administering the COVID-19 vaccine?

At this time, COVID 19 vaccine supply is readily available. As indicated in our prior Newsletters, providers interested in receiving COVID-19 vaccine supply must register with Immuset. For more information about Immuset registration and to register, please visit www.mdimmuset.org. Please be aware that once approved by Immuset, providers will need to order their vaccine supply directly from Immuset. This includes directly ordering second doses as applicable and necessary directly from Immuset. If you require any assistance with registering with Immuset, please do not hesitate to contact our Provider Relations Department.



2021-2022

Updates & Reminders:

Electronic Claims Submission

To submit claims electronically, providers must register with ClaimsNet website at

www.claimsnet.com/jai.

When applicable, prior to submitting your claims, please fax the appropriate authorization or referral to Fax Number: 1-866-381-7200.

Provider Portal

Participating providers are encouraged to utilize our Provider Portal to inquire about member eligibility, claim status, appeal status, and much more. To begin using our Provider Portal, please visit our website at www.jaimedicalsystems.com.

24 Hour Nurse Advice Line

Please inform members about our 24 Hour Nurse Advice Line. To access, members should call 1-844-259-8613.

Online Health Education

Health Education materials are available to Jai Medical Systems members online. Members can access these materials by registering on the member portal located at www.jaimedicalsystems.com

Eligibility Verification System

Please ensure that you verify the eligibility of all Medicaid recipients on the date of service for which they present. Providers can verify Medicaid eligibility using the Medicaid Eligibility Verification System (EVS) The system offers both a telephonic and online eligibility verification. The EVS system can be accessed as follows:
EVS Phone Number:
1-866-710-1447
EVS Website:
www.emdhealthchoice.org

Provider Network Expansion

In order to accommodate the growing needs of our members, Jai Medical Systems is expanding its provider network through Maryland. Applications are now being accepted from primary care providers, specialty care providers, hospitals, and provider networks who are interested in joining our network. If you know of any providers who may be interested in joining our network, please have them contact our Provider Relations Department at 1-888-524-1999 or by email at providerrelations@jaimedical.com.

Coordination of Care- Substance Abuse and Behavioral Health

SBIRT Process

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an evidence-based, comprehensive, and integrated public health approach to the delivery of early intervention and treatment services to patients who have risky alcohol or drug use. Maryland SBIRT aims to address drug overdose deaths, health disparity outcomes among minorities, and healthcare costs in Maryland. PCPs are encouraged to perform this important service for their patients. This care is covered by Jai Medical Systems. Please refer all patients who are interested in treatment to Optum and assist them with finding a provider. Please call 1-800-888-1965 for patient referrals.

For additional information on the SBIRT, please visit: <https://bha.health.maryland.gov/Pages/SBIRT.aspx>

Release of Information (ROI)- Substance Abuse

Effective January 1, 2020, Optum Maryland became the new Administrative Service Organization (ASO) for Maryland's Public Behavioral Health System. An ROI is required in order to share substance abuse diagnosis data with your patient's health insurance plan. **Please note, a new ROI is required every year.** In order to enhance our ability to coordinate care, please encourage your patients to complete the ROIs if they are in substance abuse treatment.

Please review the attached document for authorization for ROI: <https://mmcp.health.maryland.gov/SiteAssets/pages/Administrative-Service-Organization-Transition-Information-ROI%20for%20sharing%20data%20with%20MCOs%20Optum%20Updated.11.7.19.pdf>

Provider Satisfaction Survey



In order to deliver the best provider experience, it is important that we receive your feedback. Please complete the enclosed Provider Satisfaction Survey. Completed surveys may be returned by fax to 410.433.4615 or by email to providerrelations@jaimedical.com.

State Vendor Change for Behavioral Health Services

Effective December 30, 2019, the state's vendor for behavioral health services has changed from Beacon Health to Optum.

- ◆ **Filing claims:** Providers must submit claims to Optum as of December 30, 2019. Claims submitted to Beacon after December 29, 2019 will be given a denial code and providers will need to resubmit these claims to Optum.
- ◆ **Authorization for Services:** Providers must submit new and concurrent authorization requests to Optum as of January 1, 2020.

All providers (individual, group, programs, and institutions) MUST log into the Optum portal and register in order to request authorizations, file claims, and receive payments.

For further information, please call the provider question hotline at 1-800-888-1965 from Monday-Friday 8 am-6 pm or visit the links below:

<https://maryland.optum.com/content/ops-maryland/maryland/en/participants-families/crisis-resources.html>

<https://maryland.optum.com/content/ops-maryland/maryland/en.html>

Referrals to Specialists

Each member's Primary Care Provider (PCP) is responsible for issuing referrals for specialty care. In addition to properly completing the referral form, please make certain that any relevant medical records are sent to the specialists in a timely fashion. To ensure proper claims adjudication, please make sure to follow these simple guidelines regarding referrals:

Primary Care Providers

- Please ensure that all referrals are completely filled out and written legibly.
- Please make sure that the information is written legibly on any copies of the referral.
- Please ensure that the member's information is correct and all provider information is filled out in its entirety including appropriate NPIs.
- Once the referral has been completed, please fax it to 1-866-381-7200.

Specialists

- Verify that a valid referral was obtained prior to rendering services.
- If you are unaware of referral information (date the referral was issued, service location, services desired, etc.), please contact the member's PCP to verify what is being requested.
- When submitting a paper claim, attach a copy of the valid referral with the claim to ensure that the claim is processed with the correct referral.

Updates & Reminders:

Claims Appeal Timeframes

Please note that providers have 180 calendar days to submit a first level appeal from the date of Explanation of Payment for the claim in question. Providers have 30 calendar days to submit a second level appeal from the date of the first level appeal's determination letter. Providers have 85 business days to submit a third level appeal from the date that the first level appeal was received.

E-Blast!

At Jai Medical Systems, we are continually striving to reduce our impact on the environment and improve provider satisfaction. Providers are automatically enrolled to receive emails from Jai Medical Systems. If you would like to opt out, please select the unsubscribe button at the bottom of the email.

To sign-up today, please visit our website at

www.jaimedicalsystems.com.



Contact Us

Providerrelations@jaimedical.com

301 International Circle

Hunt Valley, MD 21030

Phone: 1-888-JAI-1999

Hours of Operation:

Monday - Friday

9am-6pm

Visit Us Online

There are many services available online to both our members and providers. The resources listed in the chart to the right are available on our provider portal or on our website at www.jaimedicalsystems.com. If you prefer, all of this information is also available in print and/or by telephone. You may request this information by calling the Provider Relations Department today at 1-888-JAI-1999.

Look on our website for additional information about our:	Provider Portal	General Website
Clinical Guidelines		*
Utilization Management Decision Process	*	*
Pharmaceutical Management		*
Formulary (including updates and notices)		*
Quality Assurance Programs	*	*
Fraud and Abuse Detection Program		*
Disease Management Programs		*
Member Rights and Responsibilities		*
Co-Payment Information		*
Web-Based Physician Directory	*	*
Web-Based Hospital Directory	*	*

Have you enrolled with ePREP?

Maryland Medicaid requires all providers rendering care to Medicaid beneficiaries enroll with Medicaid's new electronic **Provider Revalidation and Enrollment Portal (ePREP)**. Maryland's ePREP system is Medicaid's one stop shop for provider enrollment, re-enrollment, revalidation, information updates and demographic changes. According to the Maryland Department of Health, all providers submitting claims for HealthChoice members must enroll with ePREP *as soon as possible*.

Failure to properly enroll or remain in an active status with Maryland Medicaid's ePREP system WILL result in claim denials effective September 1, 2020 for dates of service beginning January 1, 2020.

To enroll or revalidate with Maryland Medicaid today, please visit the ePREP website at www.ePREP.health.maryland.gov or contact the ePREP call center at 1.844.463.7768. If you have any questions about the ePREP enrollment process, please feel free to contact our Provider Relations Department today at 1-888-JAI-1999 or the Maryland Department of Health via email at MDProviderRelations@automatedhealth.com.



Claim Submission Guidelines

To ensure that your claims are processed quickly and accurately, please make sure to follow these simple guidelines regarding billing practices, referrals, and authorizations. When submitting the following type of claim, please ensure that you are following Jai Medical Systems' Billing Instructions in addition to the listed items below:

- Timely submit all claims, either electronically or on paper, within 180 days of the date of service.
- Attach or Fax one copy of a valid completely filled out, legibly written referral, outpatient authorization, or inpatient authorization, where applicable, to Jai Medical Systems' Claims Processing Center (fax number 1-866-381-7200) prior to claim submission.
- Include the appropriate authorization number that is valid for the claim being billed. Authorizations include referrals, outpatient authorization, or inpatient authorization to be billed in the appropriate field. This field is located in block 23 for the CMS1500 form and block 63 for the UB-04.
- Indicate or attach a copy of the member's primary insurance Explanation of Payment (EOP) or Remittance advice any information regarding the member's primary insurance and any payment made from the third party payor (TPP), if applicable.