

JAI MEDICAL SYSTEMS



Provider Newsletter



A Message from the Director of Provider Relations

INSIDE THIS ISSUE

A Message from the Director of Provider Relations	1
PAC Transitions to HealthChoice	1
HEDIS Quality Assurance Audit Results	1
Non-Participating Providers	2
Electronic Claims Submission	2
Updates & Reminders	2

I hope this newsletter finds you well and ready to face the challenges that lie ahead in 2014. On behalf of Jai Medical Systems Managed Care Organization, Inc. (Jai Medical Systems), I would like to thank each of our providers for their participation with our organization and we look forward to working with you next year. In this newsletter, we will focus on two important topics: the Primary Adult Care (PAC) transition into the HealthChoice Program as well as the HEDIS Quality Assurance audit results. On behalf of the Provider Relations Department and Jai Medical Systems, we wish you a safe holiday and a happy new year! Please contact me directly if you have any questions or concerns regarding this newsletter.

Sincerely,

Kristin Yursha
Director of Provider Relations

Great News: PAC Transitions to HealthChoice on January 1, 2014!

Beginning January 1, 2014, the Primary Adult Care (PAC) program will transition into the HealthChoice program. With this transition, all historic PAC members will now have access to full Medicaid benefits under the HealthChoice program as long as they maintain their eligibility. Please verify a member's eligibility in the EVS system prior to rendering services.

Rendering Services and Claims Billing

During the month of December, Jai Medical Systems will issue new identification cards to all PAC members transitioning into the HealthChoice program. After January 1, 2014 historic PAC members who present their old card should still be seen as long as they are eligible in the EVS system. When in doubt, providers should utilize the social security number and name code option to verify the member's current Medicaid identification number. Please note that effective January 1, 2014, all claims with dates of service after December 31, 2013, billed to the PAC program will be denied.

Pharmacy

All pharmacy claims for historic PAC members should be processed under the following prescription identifiers beginning January 1, 2014:

RxBin: 610084

RxPCN: CLAIMNE

RxGroup: Q9016

Effective January 1, 2014, please discontinue use of the Rx group number P101 for the PAC program. All claims with dates of service after December 31, 2013 billed with Rx group number P101 will be denied.

We appreciate your cooperation as our PAC members transition into HealthChoice. If you have any questions about the PAC transition, please contact our Provider Relations Department.

Important Notice:

Fraud and Abuse

Please review the attached Fraud and Abuse Notice.

We welcome and encourage you to report anything suspicious you may have seen. You can report suspected fraud and/or abuse without fear of reprisal.

To Report Fraud and Abuse, please call the Fraud and Abuse Compliance Officer:

1-888-JAI-1999



HEDIS® 2013 Quality Assurance Audit

HEDIS® is a set of standardized performance measures sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA). The performance measures in HEDIS® are related to many significant public health issues such as cancer, heart disease, asthma, diabetes, and timely immunizations. HEDIS® evaluates the quality of care received by our members utilizing administrative data obtained through the ICD-9 and CPT codes that are submitted when billing for medical services. When necessary, this data is supplemented by medical record reviews to obtain information regarding services that may not have been reported.

The HEDIS® 2013 Quality Assurance Audit scores are in! Jai Medical Systems scored exceptionally well in CY 2012. Thanks to the hard work of our participating providers, Jai Medical Systems exceeded both state and national standards in adolescent well care, postpartum care, well-child visits for children ages 3-6 years, cervical cancer screenings in women 21-64 years old, diabetic eye exams,

and childhood immunizations in children 2 years or less. In addition, in CY 2012, Jai Medical Systems scored above the Maryland average for SSI adults and kids! We also scored above the Maryland average by 18 percentage points for lead screenings.

We greatly appreciate your efforts in ensuring that our members continue to receive the highest quality care. Your commitment and dedication to serving the healthcare needs of Jai Medical Systems' members is commendable and we appreciate all that you do.

In CY 2013, Jai Medical Systems will be focusing on HEDIS measures related to the treatment of asthma and hypertension. You will be hearing more about these efforts over the next few months.

Please contact the Provider Relations Department at 1-888-JAI-1999 with any questions or concerns you may have concerning HEDIS®.

Non-Participating Providers

To all Primary Care Providers: Please note that you should not issue referrals to out of network providers. Contracted providers participating with Jai Medical Systems are listed in our Provider Directory. Providers that are not contracted with Jai Medical Systems will not be reimbursed for services rendered unless:

- There is a written non-par agreement and authorization issued by our Utilization Management Department.
- The service is a self-referral benefit.

Any providers who wish to contract with Jai Medical Systems should contact the Provider Relations Department at 1-888-JAI-1999.

Electronic Claims Submission

Jai Medical Systems invites participating providers to submit electronic claims through ClaimsNet. Registration is easy and free for providers. Electronic claims can be submitted directly through ClaimsNet as long as the claims are submitted in the appropriate 837 format and the provider has completed the registration process.

To register, please go to:

www.claimsnet.com/jai, click on "Register."

If you have any technical problems, please contact the ClaimsNet help desk at helpdesk@claimsnet.com.

Updates and Reminders

Administrative Appeal Timeframes

Please note that providers have 180 calendar days to submit a first level appeal from the date of Explanation of Payment (EOP) 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.



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:

www.jaimedicalsystems.com



Provider Satisfaction Surveys

Please fill out the attached Provider Satisfaction Survey to help us better serve you and address any questions or concerns that you may have about our services. If you have any questions or concerns, please contact us at **1-888-JAI-1999**.