

Facility: \_\_\_\_\_ Provider Type: \_\_\_\_\_ County: \_\_\_\_\_

We need your help to tell us how well the MississippiCAN program is doing. Please take a few minutes to complete this survey by placing a checkmark beside your response about your experience with MississippiCAN. If you have any questions please contact the Bureau of Coordinated Care at (601) 359-3789. Please forward provider satisfaction surveys to [MississippiCAN.Quality@medicaid.ms.gov](mailto:MississippiCAN.Quality@medicaid.ms.gov) or fax it to 601-359-5252.

## MississippiCAN Provider Survey

1. How would you describe your overall experience with the MississippiCAN Program?  
 Excellent     Good     Fair     Poor
2. In general, do you think the quality of care for the eligible Mississippi Medicaid beneficiaries has improved?  
 Improved Very Much     Somewhat Improved  
 Not Improved
3. How long have you been a MississippiCAN Provider?  
 More than a year     Six months  
 Recently became a Provider     Not a MississippiCAN Provider  
 If you marked not a MississippiCAN Provider **STOP**
4. Which plan are you enrolled?  
 Magnolia Health Plan     United Healthcare  
 Both
5. Have you ever been visited by a provider representative from the plans?  
 Yes     No
6. Do you receive a member roster panel from the plan or Coordinated Care Organization?  Yes  No  
 If so, how often?  Daily     Weekly     Monthly     Never
7. Do you receive notifications of changes from the plans?  
 Yes  No  
 If so, how often?  Monthly     Quarterly     Annually     Other
8. How do you receive provider notifications?  
 Web Portal     Email     Mail     Fax     Never
9. Are you a CHIP Provider?  
 Yes  No
10. When do you check eligibility for your patients?  
 Week before     Day before     Date of service     Other

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
11.	My claims are processed in a timely manner.	<input type="checkbox"/>				
12.	Claims have been paid at correct rate (no less than what Medicaid would pay).	<input type="checkbox"/>				
13.	Claims inquiries are answered promptly.	<input type="checkbox"/>				
14.	When I call the Plans I am able to speak directly with someone and get my questions answered.	<input type="checkbox"/>				
15.	Denial notifications consistently provide denial reasons.	<input type="checkbox"/>				
16.	The plan's Provider Grievance & Appeals process is effective.	<input type="checkbox"/>				
17.	The Prior Authorization process is working efficiently.	<input type="checkbox"/>				
18.	My staff and I are familiar with the MississippiCAN program and the services they provide.	<input type="checkbox"/>				
19.	I would recommend MississippiCAN to eligible Mississippi Medicaid beneficiaries and other providers.	<input type="checkbox"/>				
20.	My facility utilizes the Disease and Care Management programs.	<input type="checkbox"/>				
21.	I think Mississippi Medicaid beneficiaries understand the MississippiCAN program.	<input type="checkbox"/>				

**COMMENTS:**