

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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Claims have been paid at correct rate (no less than what Medicaid would pay).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Claims inquiries are answered promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Denial notifications consistently provide denial reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	The plan's Provider Grievance & Appeals process is effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	The Prior Authorization process is working efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	My staff and I are familiar with the MississippiCAN program and the services they provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I would recommend MississippiCAN to eligible Mississippi Medicaid beneficiaries and other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	My facility utilizes the Disease and Care Management programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	I think Mississippi Medicaid beneficiaries understand the MississippiCAN program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: