

Facility: _____ Provider Type: _____ County: _____

We need your help to tell us how well the MississippiCAN and CHIP program is doing. Please take a few minutes to complete this survey by placing a checkmark beside your response about your experience with MississippiCAN and CHIP. If you have any questions please contact the Office 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 by November 30, 2015.

MississippiCAN and CHIP Provider Survey

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

COMMENTS: