# 2018 Managed Care Provider Survey

**Facility:** ________________  **Provider Type:** ________________  **County:** __________  

We need your help to tell us how well the MississippiCAN and CHIP programs are performing. Please take a few minutes to complete this survey by placing a checkmark beside your response. 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, 2018.

1. Describe your overall experience with the MississippiCAN/CHIP program?  
   - [ ] Good  
   - [ ] Fair  
   - [ ] Poor

2. Which MississippiCAN network are you enrolled?  
   - [ ] Magnolia  
   - [ ] United  
   - [ ] Both

3. Which CHIP network are you enrolled?  
   - [ ] Magnolia  
   - [ ] United  
   - [ ] Both

4. How often do you receive notification of changes from the health plans?  
   - [ ] Monthly  
   - [ ] Quarterly  
   - [ ] Annually

5. How often do you check eligibility for your patients?  
   - [ ] Daily  
   - [ ] Weekly  
   - [ ] Monthly  
   - [ ] At time of visit

6. Do you utilize the Health plans’ web portal?  
   - [ ] Yes  
   - [ ] No

7. Do you receive a member roster panel from the Health plans?  
   - [ ] Yes  
   - [ ] No

8. Does your provider representative from the Health plans visit your facility?  
   - [ ] Yes  
   - [ ] No

9. Do you think the quality of care for Mississippi Medicaid beneficiaries has improved?  
   - [ ] Improved  
   - [ ] Somewhat Improved  
   - [ ] Not Improved

10. My claims are processed in a timely manner.  
    - [ ] Agree  
    - [ ] Disagree

11. Claims’ inquiries are answered promptly by the Health plan.  
    - [ ] Agree  
    - [ ] Disagree

12. When calling the Health plans, I am able to speak directly with someone and get my questions answered.  
    - [ ] Agree  
    - [ ] Disagree

13. The Health plan’s processes are working efficiently.  
    - [ ] Agree  
    - [ ] Disagree

14. Denial notifications provide clearly defined denial reasons.  
    - [ ] Agree  
    - [ ] Disagree

15. My claims have paid no less than what Medicaid would pay.  
    - [ ] Agree  
    - [ ] Disagree

16. The Health plan’s Provider Grievance & Appeals process is effective  
    - [ ] Agree  
    - [ ] Disagree

17. My facility refers patients to the Health plan’s Disease & Care Management programs.  
    - [ ] Agree  
    - [ ] Disagree

18. The provider workshops are beneficial and helpful?  
    - [ ] Agree  
    - [ ] Disagree

If you disagreed with any of the questions above, please provide your comments for improvement.

Comments:  
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Responsibly providing access to quality health coverage for vulnerable Mississippians