



Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone number: \_\_\_\_\_

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 (601) 359-3789. Please forward Provider Satisfaction surveys to: [MississippiCAN.Quality@medicaid.ms.gov](mailto:MississippiCAN.Quality@medicaid.ms.gov)

**MississippiCAN and CHIP Provider Survey**

1. Describe your overall experience with the MississippiCAN/CHIP program?  
 **Good**       **Fair**       **Poor**
2. Which MississippiCAN network are you enrolled?  
 **Magnolia**     **United**     **Molina**     **All**
3. Which CHIP network are you enrolled?  
 **Magnolia**     **United**     **Molina**     **All**
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. Do you know your provider representative with the health plans and does your provider representative visit your facility?  
 **Yes**       **No**
9. Have you seen improvement in the quality of care with the Mississippi beneficiaries?  
 **Improved**     **Somewhat Improved**     **Not Improved**
10. Claims are processed in a timely manner.       **Agree**       **Disagree**
11. Claims' inquiries are answered promptly by the Health plan.       **Agree**       **Disagree**
12. The Health Plan's PA process works efficiently.       **Agree**       **Disagree**
13. Denial notifications provide clearly defined denial reasons.       **Agree**       **Disagree**
14. Claims are paid at the correct rates (no less than Medicaid's)       **Agree**       **Disagree**
15. The Provider Grievance & Appeals process is effective       **Agree**       **Disagree**
16. My facility is familiar with & refers patients to the CCO's Disease & Care Management programs.  
 **Agree**       **Disagree**
17. My facility is aware of and utilizes Health Plan's Case Management services  
 **Agree**       **Disagree**
18. The provider workshops are beneficial for my type of practice     **Agree**  **Disagree**

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

Comments: \_\_\_\_\_

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