



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

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?
 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 Prior Authorization 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 and Appeals process is effective. **Agree** **Disagree**
16. My facility is familiar with and refers patients to the CCO's Disease and Care Management programs.
 Agree **Disagree**
17. 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: _____
