MCPSS | MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

CENTERS FOR MEDICARE & MEDICAID SERVICES

Supporting Statement

Request for Clearance

For

Medicare Contractor Provider Satisfaction Survey

(MCPSS)

National Implementation

Updated On

June 23, 2006

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY (MCPSS)

A. Background

This is a request for clearance for the Centers for Medicare & Medicaid Services (CMS) to conduct an annual national survey of healthcare facilities and practitioners (Providers), beginning 2006, to gauge their satisfaction, attitudes and perceptions about the services provided by their Medicare Fee-for-Service, FFS, or Medicare Administrative (MAC) Contractor (Contractor). Contractors are charged with Medicare claims processing and related activities and Providers interact with them on a daily basis. The relationship between Providers and Contractors tells CMS a great deal about barriers and obstacles to reaching their goals related to the care that beneficiaries ultimately receive from the Medicare program. The Medicare Contractor Provider Satisfaction Survey (MCPSS) measures this Provider-Contractor relationship. Contractors will use the survey results to implement performance improvement activities within their organizations.

CMS is currently conducting year 1 for the national implementation (OMB No 0938-0915) and is presenting this request for the years 2, 3 and 4 of the national implementation.

The MCPSS questionnaire includes the following topics: provider inquiries, provider communications, claims processing, appeals, provider enrollment, medical review, and provider audit & reimbursement. The study sample will include the following provider types:

- Physicians
- Hospitals
- Skilled Nursing Facilities (SNFs)
- Home Health Agencies
- Durable Medical Equipment (DME) Suppliers
- Licensed practitioners, e.g., RNs, Physician's assistants
- Other provider groups participating in Medicare Part A, e.g., Rural Health Clinics, End Stage Renal Disease Clinics, community mental health clinics, freestanding hospice agencies, federally qualified health centers, comprehensive outpatient rehabilitation facilities
- Other provider groups participating in Part B, e.g., Ambulance Service Providers, immunization or radiation centers, pain management centers

These Providers will be asked to rate their satisfaction with Medicare Carriers, Fiscal Intermediaries, Durable Medical Equipment Regional Carriers (DMERCs), Regional Home Health Intermediaries (RHHIs), Durable Medical Equipment Medicare Administrative Contractors, and Part A/B Medicare Administrative Contractors. A more detailed description of the sampling and data collection plans for this Survey, including applications from the Pilot experience, is included in Section C of this Supporting Statement.

B. Justification

B-1. Need and Legal Basis

CMS is required under the Medicare Modernization Act of 2003 Section 911 (b) (3) (B) to develop contract performance requirements and standards for measurement, which shall include provider satisfaction levels.

Under Section 18(f) of the Social Security Act, and cited in 42 CFR 421.120 and 421.122, CMS is required to develop standards, criteria and procedures to evaluate Contractors' performance.

CMS is responsible for the administration of the Medicare program. As such, one of CMS' many goals is to protect and improve beneficiary health and satisfaction. Beneficiary health and satisfaction is most strongly affected by their Medicare Providers (physicians, hospitals, home health agencies, etc). Therefore, it is imperative that Medicare Providers are able to provide innovative, high quality care to beneficiaries and save money in Medicare the right way, by preventing avoidable complications and by making our health system work more efficiently. CMS realizes that there are challenges imposed on Providers by both the Medicare program and the broader healthcare environment. CMS is actively working to give Medicare's 1.2 million physicians, providers, and suppliers the information they need to understand the program, keep current of the changes and bill correctly. CMS has set the goal of being responsive to providers. The Provider Communications Group (PCG) within CMS is charged with improving provider communication and education efforts for the Medicare Program. Since its initiation, PCG has succeeded in defining and addressing various provider communication issues by developing a wide array of educational products using a variety of information delivery systems including enlisting the help of national and regional provider associations.

CMS primarily reaches its Providers through Medicare Fee-for-Service (FFS) and Medicare Administrative (MAC) Contractors. CMS contracts with them to act as a liaison with Providers on its behalf. The Contractor-Provider interaction takes place on a daily basis since Contractors are charged with Medicare claims administration. The relationships and interactions between Providers and Contractors tell CMS a great deal about barriers and obstacles to reaching the goals related to the care that beneficiaries ultimately receive from the Medicare program.

One way to examine this Contractor-Provider relationship is to understand satisfaction with Contractor performance from the Provider's prospective. This will give CMS data on "how or where" the Medicare program is affecting its Providers. CMS' most recent effort is development of the Medicare Contractor Provider Satisfaction Survey (Survey). The Survey is aimed at gauging Provider satisfaction with and perceptions of Contractors. CMS will use the survey data to develop a satisfaction score for each Contractor. This information is necessary for CMS to:

- Increase its understanding of Contractor performance using quantitative, objective measures
- Appropriately understand Provider concerns regarding their interactions with the Contractors
- Provide resources for Contractors in using the survey results for performance improvement

B-2. Information Users

CMS will use the survey data to meet the information needs described above. The Survey is designed to measure Provider satisfaction, attitudes, perceptions and opinions about the services provided by their respective Contractor. The results will include quantitative data (a satisfaction score) and qualitative information (comments relevant to specific topics). The questionnaire includes seven topics that address most of the interactions between Contractors and Providers. The topics are:

- Provider Inquiries
- Provider Communication
- Claims Processing
- Appeals
- Provider Enrollment
- Medical Review
- Provider Audit & Reimbursement

Some of these topics may not pertain to some Contractors and their respective providers. CMS will customize the questionnaire, so providers receive a questionnaire with topics that are relevant to their interaction with the Contractor.

CMS will obtain aggregate satisfaction scores for each section, Provider-type and Contractor. In addition to their own scores, Contractors will also receive a "benchmark" score, which is the average score of all contractors (of a similar type). e.g., Fiscal Intermediaries (FI) will get their own individual scores and comparisons to an FI average score. Both the Contractor scores and the comparison scores (all Contractor averages) will reflect **only** services rendered by the Contractor to their providers.

The information can be used to:

- Capture and quantify a thorough examination of the effects of Contractor performance using provider satisfaction as a measure
- Identify opportunities for improving Provider satisfaction
- Assist Contractors to identify areas for improvement
- Identify problematic aspects of the Medicare program from the Providers' perspective
- Aid in contracting decisions and Contractor oversight

B-3. Use of Information Technology

The studies that accompanied the development of the survey found that offering an electronic survey would significantly reduce burden on respondents and reduce costs to CMS. For the Pilot study all sampled Providers could access the survey on a secure Web site. The site provided background information and instructions for completing the Survey on-line. During the Pilot, we found that the Web application worked very smoothly and it will be used again for the national implementation.

The electronic submissions will reduce human error. Electronic submissions can be tracked and monitored for quality control issues, reject any duplicate submissions from a Provider, and produce status reports.

Electronic efforts also provide CMS with security, as it can create, select, assign and verify all identification numbers and all passwords used with every submission. Providers will use the pre-coded identification numbers to identify their submission without requiring them to include demographic information on every page of their submission. The survey vendor will keep all identifying information about a provider, linked to their identification number, in strict confidence.

The survey instructions encourage Providers to take advantage of the Web survey; as it will help minimize processing errors.

CMS has conducted usability testing of the web survey application. The purpose of the testing was to improve the functionality and navigation of the web survey. CMS staff and providers tested the application. Feedback from the testing was used to revise and fine tune the application.

CMS is also using the web interface to present the study results. The on-line reporting tool will enhance Contractors' ability to access the reports, drill down to the information they need, and use the results for quality improvement. The on-line tool was reviewed by the Pilot Contractors and received a very favorable response. Usability testing will be conducted on this tool as well. The testing will be conducted in Jan-Feb 2006.

B-4. Duplication of Efforts

Currently, there are no surveys of Provider satisfaction with Medicare FFS Contractors' or MAC's performance of the seven business functions that allow for comparisons across Contractors . Prior to implementing the MCPSS Pilot study CMS thoroughly reviewed existing literature and did not identify any duplicate Surveys. Several meetings were held with the Program Integrity Group (PIG) and other groups within CMS that have similar federal objectives in order to identify what, if any, sources for this or similar information are available. While there had been some efforts to develop provider satisfaction surveys, none offer information as valid, thorough or specific enough as what is necessary to meet the needs described in this application.

B-5. Small Businesses

The respondents for the MCPSS will be primarily the billing office managers for various types of Medicare Providers. While most of the organizations are large, some may be small

businesses. The Survey's requirements do not have a significant impact on small businesses. CMS has kept the sample for this survey to the minimum needed to achieve reliable data and the survey content has been limited to information essential to the research objectives. The methodology uses a "Survey coordinator" as a key person in each organization, which will limit the time burden on staff at each organization. Furthermore, the Survey is voluntary and the introduction to each section includes a time estimate for each module.

B-6. Less Frequent Collection

Without this data, CMS will not get a valid or complete review of how or where the Medicare program is affecting its Providers. Medicare will not hear directly from representative Providers about how well Contractors are performing their duties as contracted by CMS. If CMS is to ensure the improvement and protection of beneficiary health, Provider satisfaction with Contractor performance must be monitored and managed. CMS cannot do this effectively or as well without this information.

B-7. Special Circumstances

There are no special circumstances.

B-8 Federal Register/Outside Consultation

1. Federal register Notice: January 27, 2006
2. Outside consultation From Westat:
    - Sherm Edwards, Vice President, 301.294.3993
    - Huseyin Goksel, Senior Statistician, 301.251.4395
    - Vasudha Narayanan, Senior Study Director, 301.294.3808
    - Pamela Giambo, Senior Study Director, 240.453.2981
    - Terita Jackson, Research Associate, 240.314.2479
3. CMS staff who participated in the design include:
    - Elizabeth Goldstein, PhD, Director, Division of Beneficiary Analysis, 410.786.6665
    - Rene Mentnech, Director, Division of Beneficiary Analysis, 410.786.6692
    - Mel Ingber, PhD, Director, Division of Payment Research, 410.786.1913
    - Geraldine Nicholson, Director, Provider Communications Group, 410.786. 6967
    - David Clark, Director, Division of Provider Relations and Evaluations, 410.786.6843
    - Alan Constantian, Deputy Director, Medicare Contractor Management Group, 410.786. 2773

- Gladys Valentín, Division of Provider Relations and Evaluations, 410.786.1620
- Eva Tetteyfio, Division of Provider Relations and Evaluations,
- Bakeyah Nelson, Division of Provider Relations and Evaluations,

B-9. Payments/Gifts to Respondents

CMS will not offer payment or gifts to Providers as incentives to complete the Survey.

B-10. Confidentiality

CMS will collect the data with a guarantee that the survey vendor will hold identifying information in strict confidence. If the information or any part of the information is ever made public, it will be in aggregate statistical form only. The survey vendor will take precautionary measures to minimize the risk of unauthorized access to the survey data and identifying information, such as password protection for electronic data files and storage of the hard copy questionnaires in locked rooms. All identifying information will be protected and masked with a pre-coded identification number. Only the survey vendor will have access to the identities associated with each number. The survey vendor will protect the Web survey application with a password and identification number. Sampled providers can access the Web survey ONLY with the password and ID assigned to them.

The survey material will include the following text:

"Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies you to anyone outside the study team, except as required by law."

B-11. Sensitive Questions

The Survey asks about the Providers' satisfaction with their Contractor's performance on specific topics; it does not contain questions considered personally sensitive or commercially proprietary.

B-12. Burden Estimates (Hours & Wages)

The Medicare Contractor Provider Satisfaction Survey asks Provider staff to rate their satisfaction with their Contractor's performance on the following topics:

- Inquiries
- Provider Communication
- Claims Processing
- Appeals
- Provider Enrollment
- Medical Review
- Provider Audit & Reimbursement

CMS will promote the survey through State professional associations, Contractor communications and CMS communications as appropriate. Newsletters, email and other standard outreach efforts that have NO additional burden will be used to alert Providers to the following messages regarding the Survey:

- CMS is conducting a survey to measure Provider satisfaction with Contractor performance.
- A sample of Providers will be selected to participate in the Survey.
- CMS will notify sampled Providers about the survey.
- The selection notification and invitation to complete the Survey will arrive in specially marked CMS stationery to distinguish it from all other mail items.
- A request will be included that the Survey should be directed to a manager in billing, patient accounts, or finance.

Estimate for Cleaning the Sample: Before data collection begins, the entire sample will be cleaned. There are two steps to the cleaning. The first step is to obtain updated contact information from a third-part vendor that maintains large databases of all providers in the US. The second step is to call all the facilities to verify their contact information, if needed, and to obtain the name of the survey contact. It is important to note that this information could be collected from any responsible person in the facility. This pre-screening call will take no more than **one** minute.

Estimate for Main Study: There may be multiple respondents in a few provider organizations The Survey notification will provide instructions or suggestions for how to use a ‘survey coordinator’ to disperse different topics of the survey to the appropriate staff. CMS estimates the survey coordinator's efforts to be no more than five (5) minutes.

The survey is designed to ensure that the most appropriate staff will complete each topic in order to produce the most comprehensive and accurate results possible. The burden of the

entire Survey will not be placed on any one respondent unless the Provider chooses to do so. At the same time, Providers need only complete the applicable topics. Scoring takes into account any 'skipped' or 'not applicable' topics submitted by Providers (see Section C.2 *Procedures for Collection of Information* for more information about scoring).

During the Pilot, CMS found that more than one person completed the questionnaire in less than 3 percent (211/8422) of the sampled Providers. The additional burden of being a survey coordinator was small. Based on telephone interviews conducted during the pilot, the perceived burden of the survey is minimal to negligible.

Based on the pilot, Table 1 provides estimates of time to complete each section.

Table 1 Time Burden per Survey Module

Topic	Questions	Time (minutes)
Inquiries	10	2
Provider Communication	13	2
Claims Processing	11	3
Appeals	8	2
Provider Enrollment	6	1
Medical review	12	3
Provider Audit & Reimbursement	15	3
Overall Satisfaction	1	
All Topics		**16**
Using a Survey Coordinator		5
Prescreener Interview		1
Total	76	22

CMS has included one new question on overall satisfaction with the Contractor. This additional question will not have any effect on the time taken to complete the survey instrument.

Costs to Providers will vary according to which topics of the Survey they complete.

DME suppliers will not be asked to complete the *Provider Enrollment, Medical Review* or *Provider Audit & Reimbursement* topics, as these topics do not apply to their Contractor's duties. Similarly, Carrier Providers will not be asked to complete the *Provider Audit & Reimbursement* module, as it does not apply to their Contractor's duties. For estimate purposes, CMS assumes that each Provider that makes a submission will complete all appropriate topics (seven for Intermediaries and RHHIs; four for DMERCs and six for Carriers).

Note that burden will only be placed on those sampled Providers that make a submission. Those who reject a request to participate and do not complete the survey will not be burdened. Furthermore, sampled Providers will not need explanation or research into the purpose of the Survey, the content of the Survey, nor the administrators of the Survey and will most likely already be aware of the Survey via numerous communications CMS will undertake. Therefore, CMS does not expect any additional time burden for sampled Providers when they receive the notification and make a decision about participating.

CMS researched salary wages and found that the highest average annual salary is about $49,350 for mid-to-senior staff in healthcare administration (billing managers, office managers, etc). Using this wage, we estimated the cost burden on providers (average wage per minute multiplied by total time burden).

Table 2 shows how many Providers are estimated to submit the Survey as well as corresponding minutes and cost burdens.

Table 2 Time and Cost Burden

Contractor Type	Provider Respondents	Estimated Minutes/ Respondent	Estimated cost/ Respondent	Total cost/ interview	Total cost/hour	Total Burden Hrs
FIs	9,221	22	$8.80	$81,145	$29,753	3381
Carriers	8,250	19	$7.60	$62,700	$19,855	2613
RHHI	1,443	22	$8.80	$12,698	$4,656	529
DMERC	1,600	15	$6.00	$9,600	$2,400	400
Total	**20,514**			**$166,143**	**$56,664**	**6923**

Note: all burden estimates include both prescreening and survey completion activities

B-13. Capital Costs

There is no capital cost to respondents.

B-14. Cost to Federal Government

Costs to the Federal government ($1.5 million) include: updating and testing the secure Internet website for the survey and Computer Assisted Telephone Interviewing (CATI) program,; creating the sample frame, drawing and cleaning the sample; data collection; data processing;, weighting and analyzing the survey data; and reporting the survey results. Data collection accounts for about 71% of the total costs.

B-15. Changes to Burden

The overall sample burden, including both prescreening and survey completion activities, has been reduced from 7048 to 6923, a 125 hour decrease, as noted on Table 2. The reason for this decrease is that not all business functions apply to all provider types and there has been a reduction in the number of Contractors. The adjustment is reflected on Form 83-I. .

B-16. Publication/Tabulation Dates

CMS will develop a public report of the overall study results. This report will be available through the study Web site (www.mcpsstudy.org) and CMS' Web site (www.CMS.gov).

Table 3 provides a time schedule for the first round of the national implementation.

Table 3 Schedule of Key Project Activities and Milestones

Activity	**Milestone Date**
Outreach after 2006 Results are released	July-August 2006
Roll-out/outreach to providers via CMS and Contractor communications and partnerships with local, state, and national associations	October 2006 onwards
Sample selection completed	October 2006
Survey field period begins	1st week of Jan 2007
Survey field period ends	End of April 2007
Draft Report for Contractors Submitted	1st week of June 2007
Draft report for CMS Submitted	Mid-June 2007
Final Contractor reports available via on-line reporting system	End of June 2007
Final CMS and public report available via on-line reporting system	Mid July 2007

B-17. Expiration Date

This collection does not lend itself to the displaying of an expiration date.

B-18. Certification Statement

There are no exceptions to the certification statement.

C. Collection of Information Employing Statistical Methods

C-1 Potential Respondent Universe

The target population for the Survey consists of all Medicare Providers served by Medicare Contractors across the country; CMS will select a sample to yield 20,514 completed surveys from Providers. The sample of Providers will be selected, as shown in Table 4, from 27 Fiscal Intermediaries Contractors, 20 Medicare Carriers, four Regional Home Health Intermediaries (RHHIs) and four Durable Medical Equipment Contractors (DMERCs).

Table 4 Medicare Provider Sample for National Implementation

Provider Types	Sample Size
Physicians	5,744
Licensed practitioners	1,781
Other Part B providers	725
Hospitals	1,800
Skilled Nursing Facility	2,832
Other Part A providers	4,589
Home Health Agencies	1,443
DME suppliers	1,600
Total	**20,514**

Based on a target response rate of 80% and an eligibility rate of 85 percent, CMS will draw a sample of 30,168 providers to achieve 20,514 completed surveys.

C-2 Procedures for Collecting Information

C-2.1 Study Sample

The target population for the MCPSS survey consists of all Medicare Providers served by all Medicare Contractors in the nation. These Contractors[1] are comprised of 27 Fiscal Intermediaries, 20 Carriers, four Regional Home Health Intermediaries (RHHIs) and four Durable Medical Equipment Contractors (DMERCs). The contractors with multiple service areas are considered as a single contractor. With changes in the contracting environment we expect to see fluctuations in the number contractors from one year to the next.

To meet CMS' objective of making valid comparisons between Contractors, the sample has been designed to obtain an equal number of completed questionnaires from each Contractor. We will select a sample to yield 400 completed interviews for each Contractor. For those Contractors with a Provider population size 400 or smaller, all the Providers will be selected with certainty. Table 1-1 in Attachment 1 shows the Provider population size for each Provider type within each Contractor. The maximum percent error for estimates of percentages obtained from a simple random sample yielding 400 completed questionnaires will not exceed 5 percent 95 percent of the time. For example, suppose 50 percent of Providers responded as satisfied with the service they received. We can be 95 percent confident that between 45 percent and 55 percent of the Providers are satisfied with the service. The percent error is the largest for the 50 percent proportion and decreases as proportion moves further away from the 50 percent / 50 percent split. For example, for an 80 percent / 20 percent split, the error is 4 percent. Thus, 400 completed questionnaires should provide adequate precision for Contractor-level estimates. Note that several contractors have multiple service areas. The precision is provided here for the contractor-level estimates. The precision of estimates can be much lower for the service areas within the contractors.

We considered samples sizes of smaller than 400. The sample sizes smaller than 400 will not only provide smaller precision, they will also require more oversampling for smaller Provider types. For example, a sample size of 300 will provide an error not exceeding 5.8 percent, which is not substantially higher than 5 percent, however, it will require more extensive and higher oversampling rates in smaller Provider types. This oversampling can further reduce the precision of the Contractor level estimates.

The sample size of 400 will be allocated proportionately to provider types within each Contractor. In contractors with multiple service areas, the providers will be first stratified by

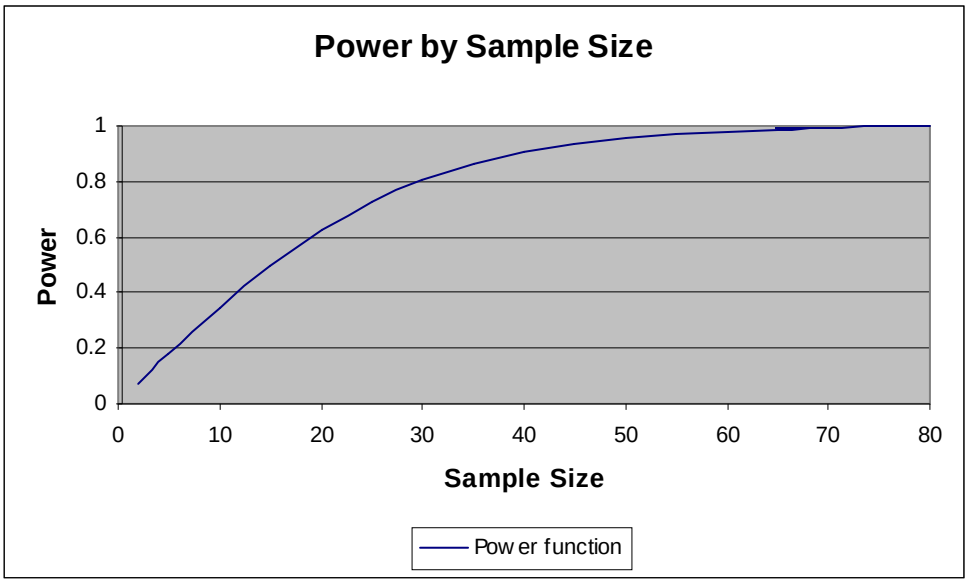
1 These estimates are based on October 2004 files.

service area and within service area by provider type. The proportional allocation provides a representative sample of Providers for Contractors across the service areas and provider types and minimizes the variance of the Contractor-level estimates. The numbers under the heading "Base sample" in Table 1-1 in Attachment 1 show the proportionately allocated sample size for each provider type within each Contractor.

The proportional allocation could result in small sample sizes in several relatively smaller provider types. We propose to oversample these provider types to yield a minimum of 30 completed questionnaires. In Attachment 1, the additional number of Providers needed is shown under the column with a heading "Oversample." Thirty responses are adequate to conduct statistical tests to detect valid differences between provider types within or across the Contractors.

The satisfaction score has six distinct intervals. The power of a statistical test indicates the probability of rejecting the null hypothesis in error. If the power is inadequate, we cannot draw conclusions from the test with confidence. Sample size affects the power of a statistical test. For example, we could conclude that there is no difference between the scores of two provider types using small samples when, in fact, the samples are too small to detect the true difference. Assuming a standard deviation of 1.35 for the satisfaction score within each provider type, 30 completed questionnaires for each provider type will provide more than 80 percent power (when significance level is 0.05) to detect a mean satisfaction score difference of 1 between the two provider types. Figure 1 shows the power function against various sample sizes per provider type with a standard deviation of 1.35 and a mean score difference of 1 (with equal sample sizes between providers).

Figure 1 Power by Sample Size



The target overall response rate for the national survey is 80 percent. The desired precision level by provider types within Contractors is achieved by 20,514 completed questionnaires. Applying the estimated response rate of 80 percent and 85 percent eligibility rate, we will contact 30,168 (that is, 20,514/ (0.80*0.85)) Providers to achieve the desired number of completes. See Table 1-1 in Attachment 1.

C-2.2 Survey Materials

Survey materials will follow the same design and format as those used in the Pilot phase. These include:

The Questionnaire: The questionnaire includes seven topic areas: provider inquiries, provider communication, claims processing, appeals, provider enrollment, medical review, and provider audit & reimbursement. Some of these topics may not pertain to some Contractors and their respective providers. For example, provider enrollment, medical review, and provider audit & reimbursement do not apply to DME suppliers and DMERCs. Similarly, the topic of provider audit & reimbursement does not apply to carriers and the providers who work with them. CMS will customize the questionnaire, so providers receive a questionnaire with topics that are relevant to their interaction with the Contractor.

The 2005 MCPSS Pilot survey instrument worked as intended. Providers who participated in the pilot found the questions easy to comprehend, and did not find the questionnaire to be long.

One of the comments CMS received from Contractors is the need to have information on which areas are key drivers of satisfaction. They need this information to focus their performance improvement efforts.

In response to this need to make the survey instrument usable for performance improvement, CMS will be including one additional question on overall satisfaction with the Contractor. This overall question will enable CMS to conduct a multi variate (key driver) analysis to determine which business functions and what processes within business functions drive overall satisfaction.

Please see Attachment 2 for a copy of the MCPSS survey instrument.

CMS will be conducting psychometric and factor analysis with the 2006 data. The factor analysis with the 2005 data was limited as the number of completed items was small.

CMS is committed to improving the survey with each round of data collection and have set aside dedicated resources to refine the survey. Given the changing contracting environment it is important to include a core set of measures for trending purposes, but at the same time it is important to collect data on new and topical initiatives. CMS will be collecting relevant measurement information from CMS staff and Contractors on a continuous basis.

Web Survey: CMS will use the Web as the primary mode of data collection. During the pilot 84 percent of the completed surveys were received via the Web. CMS will maintain the current formats of both the Web survey and paper questionnaire. The Web survey includes easy-to-understand instructions and user-friendly navigation features. The Web survey will include all the instructions included in the paper questionnaire. During recent meetings with providers and provider organization representatives over the past months, they specified that they prefer surveys to be available for completion on line.

As mentioned earlier, CMS has conducted usability testing to improve the functionality and usability of the web survey.

Cover letters: The survey notification package will include two cover letters, one on CMS letterhead and another from the relevant Contractor. The letters will explain the purpose of the study, the need for the data, a confidentiality clause, and the unique Provider ID and password to access the Web survey, as well as contact information for questions or to request assistance or a paper questionnaire (e.g., a toll free phone number, a fax number and an e-mail address).

Web Instructions: A separate flyer on brightly colored paper will be included in the package to alert respondents to the Web survey. The flyer will include the Web address, the Provider's user ID and password, instructions for accessing the site, the study e-mail address and a toll-free number for assistance. Research shows that a separate flyer will attract the respondent's attention.

C-2.3 Data Collection

The data collection steps are as follows:

- Mail survey notification package
- 10 days after initial mail, send a reminder/thank-you postcard
- Start non-response follow-up (by telephone) 10 days after reminder/thank-you postcard card
- Close data collection 16 weeks after initial mailing

Providers will be encouraged to complete the survey over the secure Web site. The cover letter will clearly state options to access the Web site, print a copy of the questionnaire from the Web site and return it by mail or FAX. All Providers will be given the option to request a paper copy of the questionnaire and submit their responses via mail or FAX.

The strategy of using the Web as the main mode of data collection worked well during the pilot. The dominant mode of responding to the Pilot survey was via the Web (84 percent). Telephone contact will be the primary mode for following up with non-responders.

The following media have been set up to allow respondents to communicate with CMS during data collection:

- *Toll-free Phone:* The survey vendor will maintain a toll-free telephone number as done during the Pilot to receive calls from respondents concerning any issues they have regarding the survey.
- *E-Mail Box:* The survey vendor will maintain a study e-mail box. This was a popular feature during the Pilot and helped communication regarding alternative ways of submitting survey responses.
- *FAX Number:* A FAX number will be available for respondents who wish to respond via this method. The FAX machine, to which inquiries or responses are sent, is located in a secure location and only authorized project staff can retrieve these documents.

C-2.4 Processing Returned Surveys

The three criteria will be used for processing returned surveys:

- The submission must contain the pre-coded identification number
- All applicable sections should be completed.
- A section will be considered a complete if at least half the number of items in that section is completed. e.g., the Provider Inquiries section will be considered a complete if 5 of the 10 items are completed.

C-2.5 Calculating Satisfaction Scores

We anticipate scoring survey data from the national implementation response data in the same manner as used for the pilot. The scoring methodology used allows us to calculate respondent level scores for Contractors, provider types and each section. Below is an explanation of how the scores will be calculated (the same method was used for the Pilot):

Contractor Score:

The weighted[2] sum of ratings for all questions for all business functions across all provider types related to each Contractor divided by the total number of respondents answering the questions across all business functions for all provider types related to each Contractor

Business Function Score at the Contractor Level:

The weighted sum of ratings for all questions for a business function across all provider types related to each Contractor divided by the total number of respondents answering the questions for that business function related to each Contractor

Provider Score for Each Provider Type under Each Contractor:

The weighted sum of ratings for all questions for all business functions related to a provider type divided by the total number of respondents answering the questions for all business functions related to that provider type

Business Function Score at the Provider Level:

The weighted sum of ratings for all questions for a business function related to a provider type divided by the total number of respondents answering the questions for that business function related to that provider type

2 Because not all providers will be selected for the survey and not all selected providers responded, a sample weight will be calculated for each responding provider.

C-2.6 Contractor Reports

CMS set up a formal mechanism to obtain feedback from Contractors who participated in the Pilot survey. The Contractors were in general pleased with the content and level of detail provided in the final Contractor reports. Contractors indicated that the reports, particularly the satisfaction scores, were useful to identifying the business functions that needed improvement. Several Contractors had also stated that the satisfaction scores had confirmed what they already thought and/or knew to be problem service areas. In addition, Contractors agreed that the timeframe for receiving these documents (i.e., early June) was good because it helped to prepare them for the next fiscal year.

The results from the national implementation will be available to all Contractors via an interactive web based system. Contractors can access the following information via the on-line reports:

- Their scores at the Contractor level, provider level and business function level
- Item level weighted frequencies
- Verbatim and coded comments; these comments will be sanitized and will not have any identifiers.

To help identify problem spots, Contractors can view both scores and frequencies by the following parameters:

- By state;
- By state by urbanicity (i.e., urban, rural);
- By state by provider type;
- By state by urbanicity by provider type; and
- By provider size.

The results, at all levels, will include cell sizes and standard errors. Since providers may have answered some but not all of the sections or only some of the questions for a particular section, the cell size for calculating the scores can vary across sections of the survey. A cell size will be presented with each score so contractors know how many providers responded to each question, this provides an indication of the stability of the score. If only a few providers

answered the question, then the survey estimate could fluctuate considerably if we happened to survey a different set of providers. The larger the number of providers who respond to an item, the more confident we are that the survey estimate is close to the "true" answer we would find had we not selected a sample, but instead surveyed all providers. The standard errors are intended to help the contractor determine how close the contractor score is to the average contractor score.

The reports will also include information on key drivers of satisfaction. This information will help Contractors determine which areas within each business function are key drivers of satisfaction with that business function. They will also have information on which business functions are key drivers of overall satisfaction. This information can help Contractors focus their performance improvement efforts.

C-3. Methods to Maximize Response Rates and Deal with Nonresponse

CMS has explored many issues related to increasing the saliency of the study among the provider community and using non-response follow-up strategies to maximize response rates.

The target response rate for the national implementation is 80 percent. The response rate for the Pilot was 33 percent. This was because of the high non-locatability of the sample. The response rate for the Pilot without the non-locatables was 50 percent. CMS and their survey vendor have developed a plan to improve the locatability of the sample and hence the response rate.

CMS is undertaking four important steps in this direction:

- Using the Claims History file to draw the sample. A provider with at least one claim in the previous 8 months will be considered an "active provider".
- Sending all sampled records to vendors who maintain updated provider contact information. Hence CMS is using a vendor to obtain up to date contact information.
- Pre-screening the entire sample to validate the sample and obtain the name of a survey contact.
- An aggressive outreach plan.

In addition, the field period for the national implementation will be extended to 16 weeks. The extended field period, a cleaner sample frame of locatable providers, increasing the saliency of the survey, and focused non-response follow-up can help in achieving the response rate target.

However, if the response rate were to fall below 80 percent CMS and their survey vendor will explore the option of conducting a non-response bias analysis. Please see C-3.3 for a detailed description of the proposed non-response bias analysis.

C-3.1 Promoting the Survey Project to Increase Saliency

CMS is taking an aggressive approach to achieving the response rate goal of 80 percent. In addition to obtaining a clean sample, it is essential to create awareness and understanding of the value and importance of the survey within Provider and supplier communities in order to motivate participation in the survey. In the end, we want Providers and suppliers to view the MCPSS as a tool that will assist CMS and Contractors in identifying and implementing service improvements.

To achieve high saliency for the study, the level of activity between October 2006 and January 2007 will be high. We also propose a maintenance campaign between January and March 2007 as well as follow-up activity when results are available in June 2007.

The overall objective of this plan is to create awareness for the Medicare Contractor-Provider Satisfaction Survey (MCPSS) among financial and business managers employed by Medicare Providers and fee-for-service Contractors (see audience breakdown below). This awareness supports the following goals:

CMS will implement a public relations campaign to generate broad coverage of the MCPSS initiative through a variety of channels:

- The healthcare trade media serving financial and business managers employed by Medicare Providers and fee-for-service Contractors. This includes members of the print and web-based media.
- Contractor-based communications channels such as list-serves, conferences and meetings, newsletters, etc.
- Professional organizations that serve the Provider community
- CMS based channels of communications to both the Providers and Contractors.

C-3.2 Follow-up with Non-respondents

During the pilot, CMS used three non-response follow-up strategies: Paper questionnaire,

phone prompt and telephone interview. Based on our experience we consider telephone non-response follow-up as the best method to maximize response rates. CMS will continue to use the Web survey as the main mode of data collection and telephone follow-up as the main mode to follow-up with non-respondents.

C-3.3 Non-response bias analysis

If response rates fall below 80%, CMS will conduct a nonresponse bias analysis. The purpose of this analysis is to determine if the non-respondents are significantly different from the respondents. This will include an analysis of sample frame variables including contractor, provider type, number of claims, dollar value of claims, size of facility (bed size and or number of patient days), specialty type (in the case of physicians, licensed practitioners, and medical equipment providers), ownership type (for Hospitals and skilled nursing homes).

In the event that the response rate falls below 60 percent, CMS will create a sub-sample of non-respondents to conduct a more detailed non-response bias study. The sub-sample will include those who refused and facilities that were contacted. Assuming a 60% response (40% non-response), from among the non-respondents, we will draw a sample to yield 450 follow-up respondents. This will provide more than 80 percent power to detect mean satisfaction score differences less than 0.3 between the follow-up respondents and respondents to the regular interview. (That is, testing the difference between the mean scores of 450 follow-up (non) respondents and 15,000 main interview respondents).

This study will include a follow-up survey to the sub-sample. The follow-up survey will include only the claims processing section and the overall satisfaction question. We will then compare the satisfaction scores of the respondents and non-respondents, by carrier type (FI, carrier, DMERC, RHHI) to determine if there is a significant difference. If significant differences are found, estimates can be adjusted for nonresponse bias through weighting. This follow-up survey will be kept to about 6-7 minutes. This follow-up will also include a question on why the respondent initially refused or did not respond.

The follow-up will be by mail and telephone. The protocol will be as follows:

- First mailing questionnaire, with a revised cover letter from CMS, and Contractors.
- One week later-a reminder/thank-you postcard
- One week later, a second questionnaire
- One week later-telephone interviews, with up to 9 additional callbacks

C-3.4 Non-response adjustment

In spite of the best practices, virtually all surveys experience nonresponse. The target response rate for this survey is 80 percent. This will most likely vary by provider type and by other provider characteristics.

One consequence of nonresponse is the potential for bias in the survey estimates, making them larger or smaller than the true statistic for all Providers. The extent to which those that do reply differ in their satisfaction from those that do not reply affects the extent of bias. When response rates vary among subgroups, such as provider types, as they are likely to do, there is an even greater potential for bias in survey estimates.

We will adjust the sampling weights to remove potential bias on satisfaction (and on any other substantive estimates to be produced from the survey) caused by not obtaining responses from all sampled providers. If response propensity is independent of the satisfaction, then no bias would arise. Therefore, the objective is, using the known characteristics of the sampled providers, to form nonresponse adjustment cells so that the response propensity within each cell is independent of satisfaction. To the extent that this was achieved, the estimates of satisfaction obtained using the sampling weights that are adjusted for nonresponse within these cells, will have smaller potential bias. There are several alternative methods of forming the cells to achieve this result. In forming the cells, we will attempt to minimize the variation in response propensity within the cells.

We plan to use Chi-Square Automatic Interaction Detector (CHAID) software to guide us in forming the cells. CHAID uses an AID type of algorithm. CHAID partitions data into homogenous subsets with respect to response propensity. To accomplish this, it first merges values of the predictors, which are statistically homogeneous with respect to response propensity and maintains all other heterogeneous values. It then selects the most significant predictor (with the smallest p-value) as the best predictor of response propensity and thus forms the first branch in the decision tree. It continues applying the same process within the subgroups (nodes) defined by the "best" predictor chosen in the preceding step. This process continues until no significant predictor is found or a specified (about 20) minimum node size is reached. The procedure is stepwise and creates a hierarchical tree-like structure.

The data on the relevant characteristics of the Providers will be available from the sampling frames for both respondents and nonrespondents. These characteristics include provider type, number of claims (both volume and dollar value) and MSA/nonMSA status for all Providers, number of beds for hospitals and skilled nursing facilities, total patient days for hospitals, ownership type of the facility, physician/non-physician specialty and age, and

specialty for DMERCs.

Although nonresponse adjustment should reduce bias, it can also increase the variance of estimates. Small adjustment classes and/or low response rates (or large nonresponse adjustment factors) may increase the variance substantially and give rise to unstable estimates. In order to prevent an excessive increase in variance and thereby an adverse effect on the mean square error of the estimates, we will limit the size of the classes to a minimum and avoid large adjustment factors.

In June 2006, CMS will provide OMB a supplement with the non-response adjustment methods used in the 2006 survey.

C-4. Tests of Procedures and Methods

CMS will not test any data collection procedures during the national Implementation.

C-5. Individuals Consulted

Organization	Name	Contact Information
CMS	David C. Clark	410.786.6843/ David.Clark@cms.hhs.gov
	Alan Constantian	410.786. /Alan.Constantian@cms.hhs.gov
	Dr. Elizabeth Goldstein	410.786.6665/ Elizabeth.Goldstein@cms.hhs.gov
	Mel Ingber	410.786.1913/Melvin.Ingber@cms.hhs.gov
	Rene Mentnech	410.786.6692/ Renee.Mentnech@cms.hhs.gov
	Bakeyah Nelson	410.786. 5608/ Bakeyah.Nelson@cms.hhs.gov
	Geraldine Nicholson	410.786.6967/ Geraldine.Nicholson@cms.hhs.gov
	Eva Tetteyfio	410.786.3136/ Eva.Tetteyfio@cms.hhs.gov
	Gladys Valentin	410.786.1620/ Gladys.Valentin@cms.hhs.gov
Westat	Sherm Edwards	301.294.3993/ ShermEdwards@westat.com
	Pamela Giambo	240-453-2981/ PamelaGiambo@westat.com
	Huseyin Goksel	301.251.4395/ HuseyinGoksel@westat.com
	Terita Jackson	240.314.2479/ TeritaJackson@westat.com
	Vasudha Narayanan	301.294.3808/ VasudhaNarayanan@westat.com

ATTACHMENT 1

MCPSS NATIONAL IMPLEMENTATION SAMPLE DESIGN

ATTACHMENT 2

MCPSS NATIONAL IMPLEMENTATION SURVEY INSTRUMENT

MCPSS | MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

CENTERS FOR MEDICARE & MEDICAID SERVICES

Instructions to Complete the Survey Instrument

The attached MCPSS survey instrument includes the following seven key areas of the interface between you and your contractor, [CONTRACTOR NAME]:

Section A: Provider Inquiries
Section B: Provider Communications
Section C: Claims Processing
Section D: Appeals
{Section E: Provider Enrollment}
{Section F: Medical Review}
{Section G: Provider Audit and Reimbursement}

Most of the key areas pertain to your facility's interaction with your Medicare Contractor.

For each main section of the survey, you will have at least two choices:

- Complete the section yourself
- Forward the section to the person at your facility who interacts on a regular basis with your Medicare Contractor

Once complete, please mail the survey directly to:

Joshua Rubin
Westat
1650 Research Boulevard
Rm # RA 1153
Rockville, MD 20850

OR

Fax the completed survey instrument to Westat at 1-888-748-5820

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Introduction

Medicare is listening! CMS has selected your facility to participate in a satisfaction survey. We know that your time is valuable and greatly appreciate your willingness to participate in this very important study to assess your satisfaction with your Contractor.

Your Office Manager or staff in the Billing Department might be the appropriate staff to complete the survey. Please note that your participation is voluntary. Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies you to anyone outside the study team, except as required by law. Thank you in advance for taking the time to complete the Medicare Contractor Provider Satisfaction Survey.

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to MCPSS@westat.com

Your Overall Satisfaction

Q1. {CONTRACTOR}, your Contractor, provides a number of services on behalf of Medicare to Medicare Providers in your area. Thinking about **ALL** your interactions with your Contractor, {CONTRACTOR}, in the last six months, how satisfied have you been with the with your Contractor's performance overall.

Please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied."

- ☐ 1 NOT AT ALL SATISFIED
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 COMPLETELY SATISFIED
- ☐ Don't Know

Please continue to Section A

{WES ID-barcode}
{WES ID}

MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section A: Provider Inquiries

[Contractor] has Provider Inquiry staff to answer questions from Providers via telephone, written correspondence or modem. You might use a toll-free number to call the Contractor's Provider Inquiries staff or use a "Call Center" or "Provider Hotline/ Help Line." Please note that Provider Inquiry activities related to this section of the survey instrument are NOT related to your "Provider Rep" or "Ombudsman" if you have one. For the purposes of this survey instrument, your "Contractor's Provider Inquiries performance" includes the activities and interactions that you have with [Contractor] related to asking questions and receiving answers from their Inquiries staff. It should take you approximately two (2) minutes to complete this section.

INSTRUCTIONS FOR SECTION A

You have two choices for Section A: Provider Inquiries:

- Complete Section A yourself ---**PROCEED TO QUESTION A1 on PAGE A-2**
- Forward Section A to the person at your facility who interacts on a regular basis with [CONTRACTOR NAME] ---**PROCEED TO SECTION B on PAGE B-1**

Your Ratings of [CONTRACTOR]'S
Performance of PROVIDER INQUIRIES

While answering the following questions, please think about your experiences in the last six (6) months involving Provider Inquiries you make to your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with		For each of the following items in the Provider Inquiries section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
A1.	How quickly you can reach a representative to make a Provider Inquiry	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
A2.	How quickly you receive a response to the question you asked	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
A3.	Receiving the correct information	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
A4.	The clarity of the answers you receive	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
A5.	The consistency of responses that you get from different Provider Inquiries representatives	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
A6.	The knowledge of your Contractor's Provider Inquiries staff	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
A7.	The number of Inquiries your Contractor allows you to make in one call or letter	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
A8.	The effort your Contractor makes to make the Provider Inquiries process as easy as possible for you	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
A9.	The mechanisms that your Contractor offers for exchanging information with them about your Inquiries	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
A10.	The professionalism and courtesy of your Contractor's representatives throughout Provider Inquiries activities	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

A11. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Inquiry activities. Do you have any comments you would like to share with CMS and with your Contractor about this topic?

Thank you for completing this section of the survey instrument.

MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section B: Provider Communication (Education and Training)

[Contractor] offers Providers Education and Training in a variety of ways including seminars, on-site training, demonstrations, CD's, videos, newsletters, emails, reference materials, bulletins, web-based training, etc. Your organization might also have a "Provider Rep" or "Ombudsman" that acts as a liaison for education issues or as an actual trainer. For the purposes of this survey instrument, your "Contractor's Education and Training performance" includes all of these ways that [Contractor] provides training and education to your organization. It should take you approximately two (2) minutes to complete this section.

INSTRUCTIONS FOR SECTION B

You have two choices for Section B: Provider Communication (Education and Training):

- Complete Section B yourself ---**PROCEED TO QUESTION B_1A BELOW**
- Forward Section B to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME] ---**PROCEED TO SECTION C on PAGE C-1**

B_1A. Did your facility receive services in the area of Provider Communication? Please check only one.

☐ Yes---**PROCEED TO QUESTION B1 on PAGE B-2**

☐ No--- **PROCEED TO SECTION C on PAGE C-1**

Your Ratings of [CONTRACTOR]'S

Performance of PROVIDER COMMUNICATION

(Formerly EDUCATION AND TRAINING)

While answering the following questions, please think about your experiences in the last six (6) months involving the Provider Communication (formerly Education and Training) provided by your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with		For each of the following items in the Provider Communication (Education and Training) section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
B1.	The amount of training and educational opportunities available	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
B2.	Notifications about training and education opportunities that are available	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
B3.	The detail in which topics are covered	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
B4.	The cost of training and education	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
B5.	The quality of all education and training materials that you are familiar with, not only those provided at seminars or in-person training	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
B6.	The tailoring of training or education for people with different levels of experience	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
B7.	The helpfulness and responsiveness of provider education and training staff	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
B8.	The topics being up-to-date and relevant to your organization's needs	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		
B9.	The accessibility of education and training material from your Contractor	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
		1	**2**	**3**	**4**	**5**	**6**		

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

In the last <u>six months</u>, how satisfied have you been with	For each of the following items in the Provider Communication (Education and Training) section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
B10. The expertise of the provider education and training staff	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

In the last six months, how satisfied have you been with	For each of the following items in the Provider Communication (Education and Training) section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.

B11.	The communication with you about changes that have been or are being made to Medicare policies and regulations	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
B12.	The consistency of guidance you receive from your Contractor related to issues that impact your operations	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
B13.	The professionalism and courtesy of your Contractor's training and education representatives	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable

B14. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Communication (Education and Training) activities. Do you have any comments you would like to share with CMS and with your Contractor about this topic?

Thank you for completing this section of the survey instrument.

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section C: Claims Processing

[Contractor] has procedures and regulations associated with how they receive, process and pay claims that Providers submit. For the purposes of this survey instrument, your "Contractor's Claims Processing performance" includes the activities and interactions that you have with [Contractor] throughout the lifecycle of a claim submission to payment or denial. It should take you approximately three (3) minutes to complete this section.

INSTRUCTIONS FOR SECTION C

You have two choices for Section C: Claims Processing:

- Complete Section C yourself ---**PROCEED TO QUESTION C1 on PAGE C-2**
- Forward Section C to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME] ---**PROCEED TO SECTION D on PAGE D-1**

Your Ratings of [CONTRACTOR]'S

Performance of CLAIMS PROCESSING

While answering the following questions, please think about your experiences in the last six (6) months involving Claims Processing activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with	For each of the following items in the Claims Processing section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
C1. The clarity of your Contractor's instructions about Medicare billing regulations or codes	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
C2. How quickly you receive payments	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
C3. The accuracy of the payments that you receive, according to the Medicare Pay Schedule	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
C4. The accuracy of your Contractor's claims editing	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
C5. The timeliness of notification that a claim will not be paid, including denied, returned or unprocessed claims	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
C6. The accuracy of remittal advices	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
C7. The ease of submitting electronic claims	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
C8. The availability of representatives to address claims-related issues	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
C9. Your Contractor's claims information being up-to-date (e.g., codes and regulations)	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

In the last <u>six months</u>, how satisfied have you been with	For each of the following items in the Claims Processing section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
C10. How reasonable your Contractor's requests are throughout the Claims Processing process, including the time you are given to submit documentation and the methods you are given for submitting those documents	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
C11. Your Contractor's handling of claims-related documentation	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable

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C12. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Claims Processing activities. Do you have any comments you would like to share with CMS and with your Contractor about this topic?

Thank you for completing this section of the survey instrument.

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section D: Appeals

[Contractor] has procedures and regulations associated with how and when it addresses Appeals, makes determinations about Appeals and communicates with Providers about Appeals decisions. For the purposes of this survey instrument, your "Contractor's Appeals performance" includes the activities and interactions that you have with [Contractor] throughout the lifecycle of a first-level Appeal—from when you first receive a denial of a claim to when [Contractor] states its decision to reverse or uphold its decision about paying the claim. It should take you approximately two (2) minutes to complete this section.

INSTRUCTIONS FOR SECTION D

You have two choices for Section D: Appeals:

- Complete Section D yourself ---**PROCEED TO QUESTION D_1A BELOW**
- Forward Section D to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME] ---**PROCEED TO SECTION E on PAGE E-1**

D_1A. Did your facility receive services in the area of Appeals? Please check only one.

☐ Yes--- **PROCEED TO QUESTION D1 on PAGE D-2**

☐ No---**PROCEED TO SECTION E on PAGE E-1**

Your Ratings of [CONTRACTOR]'S
Performance of APPEALS

While answering the following questions, please think about your experiences in the last six (6) months involving Appeals activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with	For each of the following items in the Appeals section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
D1. The timeliness of your Contractor's first-level appeals decisions	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
D2. The reasonableness of your Contractor's deviations from the claims Appeals process (e.g., delay in conducting a review or making a decision)	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
D3. The accuracy of your Contractor's reasons for their first-level appeals decisions	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
D4. The consistency of your Contractor's decisions about first-level appeals for claims that have been denied	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
D5. Your Contractor's communication with you about changes that have been made to Medicare policies or regulations	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
D6. The mechanisms that your Contractor offers for exchanging information with them about first-level appeals	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
D7. How well your Contractor makes an effort to make things as easy and as fair as possible for you during the process of first-level appeals	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
D8. The professionalism and courtesy of your Contractor's representatives during the appeals process	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

D9. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Appeals activities. Do you have any comments you would like to share with CMS and with your Contractor about this topic?

Thank you for completing this section of the survey instrument.

MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section E: Provider Enrollment

[Contractor] has procedures and regulations associated with how and when they require and make determinations about applications for Provider Enrollment in the Medicare program. Providers new to Medicare since 1997, as well as established Providers with new changes in their qualifications or in payment assignments since 1997 (as in mergers or acquisitions), are required to apply for Provider Enrollment with their Medicare Contractor using some type of 855 application form. For the purposes of this survey instrument, your "Contractor's Provider Enrollment performance" includes the activities and interactions that you have with [Contractor] regarding enrolling your organization as a Provider with the Medicare program (or re-validating your organization as a Medicare Provider)—from the first contact you made with [Contractor] since 1997 through your assignment of a Provider number. It should take you approximately one (1) minute to complete this section.

INSTRUCTIONS FOR SECTION E

You have two choices for Section E: Provider Enrollment:

- Complete Section E yourself ---**PROCEED TO QUESTION E_1A BELOW**
- Forward Section E to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME] ---**PROCEED TO SECTION F on PAGE F-1**

E_1A. Did your facility receive services in the area of Provider Enrollment? Please check only one.

☐ Yes--- **PROCEED TO QUESTION E1 on PAGE E-2**

☐ No---**PROCEED TO SECTION F on PAGE F-1**

Your Ratings of [CONTRACTOR]'S

Performance of PROVIDER ENROLLMENT

While answering the following questions, please think about your experiences in the last six (6) months involving Provider Enrollment activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with	For each of the following items in the Provider Enrollment section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
E1. The instructions and guidance your Contractor provided to you through the Provider Enrollment process, including completion and submission of the 855 form and relevant Medicare regulations	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
E2. How easy it was to find someone who could answer your questions about the Form 855 application	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
E3. The consistency of your Contractor's responses or decisions	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
E4. The fairness of your Contractor's decisions about your 855 application(s)	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
E5. The timeliness of receiving your Medicare Provider number	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
E6. The professionalism and courtesy of your Contractor's representatives during the Provider Enrollment process	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable

E7. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Enrollment activities. Do you have any comments you would like to share with CMS and with your Contractor about this topic?

Thank you for completing this section of the survey instrument.

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section F: Medical Review

[Contractor] has procedures and regulations that require them to sometimes perform Medical Review of Providers' records. For the purposes of this survey instrument, your "Contractor's Medical Review performance" includes the activities and interactions that you have with [Contractor] during Pre-Pay and/or Post-Pay Medical Review. Please note that Medical Review activities in this section of the survey instrument are NOT related to fraud investigations, overpayments, or appeals. It should take you approximately three (3) minutes to complete this section.

INSTRUCTIONS FOR SECTION F

You have two choices for Section F: Medical Review:

- Complete Section F yourself ---**PROCEED TO QUESTION F_1A BELOW**
- Forward Section F to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME] ---**PROCEED TO SECTION G on PAGE G-1**

F_1A. Did your facility receive services in the area of Medical Review? Please check only one.

☐ Yes---**PROCEED TO QUESTION F1 on PAGE F-2**

☐ No---**PROCEED TO SECTION G on PAGE G-1**

Your Ratings of [CONTRACTOR]'S

Performance of MEDICAL REVIEW

While answering the following questions, think about your experiences in the last six (6) months involving Medical Review activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with	For each of the following items in the Medical Review section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
F1. The clarity of the notification (letter, phone call, etc.) received that your claims were selected for Medical Review	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F2. The reasonableness of the requests the Contractor makes of you during the Medical Review process, including the time you are given to submit documentation	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F3. Your Contractor's handling of documentation during Medical Review	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F4. The timeliness of the Medical Review decisions	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F5. The clarity of the explanations of your Contractor's Medical Review decisions	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F6. Receiving timely local Medical Review policy changes and updates that affect your organization	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F7. The appropriateness of verbal and written communications provided by your Contractor throughout Medical Review	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F8. The follow through that your Contractor provided after Medical Review decisions	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F9. The knowledge of your Contractor's Medical Reviewers	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F10. How well your Contractor makes an effort to make things as easy and as fair as possible for you	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		

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In the last <u>six months</u>, how satisfied have you been with	For each of the following items in the Medical Review section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
F11. The consistency of your Contractor's Medical Review decisions and answers to your questions	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		
F12. The professionalism and courtesy of your Contractor representatives throughout the medical review process	Not at all Satisfied					Completely Satisfied	Don't Know	Not Applicable
	1	**2**	**3**	**4**	**5**	**6**		

F13. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Medical Review activities. Do you have any comments you would like to share with CMS and with your Contractor about this topic?

Thank you for completing this section of the survey instrument.

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section G: Provider Audit and Reimbursement

[Contractor] has procedures and regulations that require them to work with Providers who are paid on either a cost reimbursement or prospective payment basis for treating Medicare patients. For the purposes of this survey instrument, your "Contractor's Provider Audit and Reimbursement activities" includes all interactions with [Contractor] related to how they decide and make adjustments to what Medicare has paid or is supposed to pay your organization, cost report audit activities you may participate in each year, and interim payments you receive. Please note that Audit and Provider Reimbursement activities in this section of the survey instrument are NOT related to the direct payment or denial of claims or to appeals activities related to claims. It should take you approximately three (3) minutes to complete this section.

INSTRUCTIONS FOR SECTION G

You have two choices for Section G: Provider Audit and Reimbursement:

- Complete Section G yourself ---**PROCEED TO QUESTION G_1A BELOW**
- Forward Section G to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME]

G_1A. Did your facility receive services in the area of Provider Audit and Reimbursement? Please check only one.

☐ Yes--- **PROCEED TO QUESTION G1 on PAGE G-2**

☐ No---**THANK YOU FOR COMPLETING THE MCPSS SURVEY INSTRUMENT. PLEASE REFER THE LAST PAGE FOR INSTRUCTIONS FOR SUBMITTING YOUR COMPLETED SURVEY**.

Your Ratings of [CONTRACTOR]'S

Performance of PROVIDER AUDIT AND REIMBURSEMENT

While answering the following questions, think about your experiences in the last six (6) months involving Audit and Reimbursement activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with	For each of the following items in the Provider Audit and Reimbursement section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
G1. Availability of timely updates on Medicare policy (regulations, manuals and other instructions) that affect Provider Audit and Reimbursement.	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G2. The responsiveness of your Contractor to your reimbursement and other questions throughout all Provider Audit and Reimbursement activities.	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G3. The consistency of your Contractor's answers to your questions throughout all Provider Audit and Reimbursement activities.	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G4. The professionalism and courtesy of your Contractor representatives throughout all Provider Audit and Reimbursement activities.	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G5. How well your Contractor makes an effort to make things as easy and as fair as possible for you during Cost Report settlement activities.	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G6. Your Contractor's interpretations of CMS' rules for Cost Report and payment policies.	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G7. The knowledge of your Contractor's Cost Report Auditors	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G8. The appropriateness of your Contractor's responses if/when you requested assistance in completing a Cost Report	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable

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In the last <u>six months</u>, how satisfied have you been with	For each of the following items in the Provider Audit and Reimbursement section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.							
G9. The reasonableness of the requests the Contractor makes of you during the Cost Report audit, including the time you are given to submit documentation and the methods you are given for submitting those documents	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G10. The timeliness of your Contractor's audit of your Cost Report, if one is conducted, and the final settlement.	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G11. The overall communication between you and your Contractor about adjustments and Cost Reports/ Cost Report Audits	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
The next few questions are about Interim Payments you receive from Your Contractor								
G12. The clarity of the instructions given to you by your Contractor for the process of requesting a review and adjustment to your Interim Payments	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G13. The reasonableness of the requests the Contractor makes of you during their consideration of an adjustment to your Interim Payments, including the time you are given to submit documentation and the methods you are given for submitting those documents	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G14. The clarity of the explanations of your Contractor's decisions about adjustments to your Interim Payments	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable
G15. The timeliness of your Contractor's decisions about adjustments to your Interim Payments	Not at all Satisfied **1**	**2**	**3**	**4**	**5**	Completely Satisfied **6**	Don't Know	Not Applicable

G16. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Audit and Reimbursement activities. Do you have any comments you would like to share with CMS and with your Contractor about this topic?

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Thank you for completing this section of the survey instrument.

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**

Instructions for Submitting Your Completed Survey Instrument

Please mail your completed survey instrument directly to:

Joshua Rubin
Westat
1650 Research Boulevard
Rm # RA 1153
Rockville, MD 20850

OR

Fax the completed survey instrument to Westat at 1-888-748-5820

THANK YOU

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to **MCPSS@westat.com**