



**Michael D. Maves, MD, MBA**, Executive Vice President, CEO

April 24, 2007

Ms. Bonnie L. Harkless  
Office of Strategic  
Operations and Regulatory Affairs  
Division of Regulations  
Development-C  
Room C4-26-05  
Centers for Medicare & Medicare Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Harkless:

The American Medical Association (AMA) welcomes the opportunity to comment on the Medicare Contractor Provider Satisfaction Survey (MCPSS); Form No.: CMS-10097 (OMB 0938-0915), 72 *Fed. Reg.* 8167 (Feb. 23, 2007). The AMA is pleased that this survey, conducted pursuant to requirements of the *Medicare Prescription Drug, Improvement and Modernization Act of 2003* (MMA), offers quantitative measurement of physician and other Medicare providers' satisfaction with: (i) provider inquiries; (ii) outreach and education; (iii) claims processing; (iv) appeals; (v) enrollment; (vi) medical review; and (vii) audit and reimbursement. These are critical areas which impact a physician's ability to conduct business. As the largest payer, Medicare policies and operations significantly impact a physician's ability to operate an efficient office practice that, in turn, allows physicians to do what they do best – treat patients.

The results from the first survey administered in 2005 yielded a composite physician satisfaction score of 4.61 out of 6, or 77%, and an overall provider satisfaction level with the carriers of 4.52 out of 6, or 75%. Despite this data, CMS has concluded overall that "Medicare providers are highly satisfied with their contractors." Yet, this data shows that there remains great room for improvement in physician satisfaction levels with contractor performance.

In addition to serving as a tool for measuring physician and other provider feedback on contractor performance, the survey will provide a uniform way for measuring satisfaction levels. According the Medicare Administrative Contractor (MAC) Statements of Work,

contractors' performance will only be measured against the MCPSS for provider inquiries and provider outreach and education, but not for the other business functions listed above. **We urge CMS to measure contractors' performance in the remaining business functions addressed by the MCPSS, and include provisions to this effect in the MAC SOW.**

For example, enrollment is one of the seven areas addressed by the survey, and there has been growing dissatisfaction among physicians over the past year with the enrollment process. Yet, under the current system, little is being done to address physicians' concerns. **We strongly recommend that CMS take steps to help its contractors resolve physician dissatisfaction with enrollment by immediately removing burdensome and unnecessary enrollment requirements that are contributing to significant carrier backlogs. The most recent enrollment problems stem from a series of changes to the enrollment process initiated by Medicare in May 2006, including, for example, the limited 15-day pre-screening process for missing information in a physicians' enrollment application. Timely resolution of these problems is needed so that the MAC contractors do not inherit these ongoing problems. The AMA also recommends that, in addition to provider inquiries and provider outreach and education, CMS should require the MACs to maintain suitable satisfaction levels with enrollment and all other business functions addressed in the MCPSS (as listed above). The MACs should maintain satisfaction levels of at least 90 percent.**

Finally, we offer the following specific comments with regard to certain sections of the provider satisfaction survey:

- B1 - If the response is "none used," the respondent should probably skip to B12 or the end of the section.
- B11 - The phrase "if you are an eligible professional" needs to be explained.
- B12 - NPI should be spelled out.
- B13 - If the answer is "no," ask what method would be more effective. "Don't know" or "NA" may also be response options.
- D\_1A - "First level appeal" should be explained in the question, rather than above and may need to be clearer.
- G8 - Prior to G8, the language "In the last twelve months/Since {DATE}, how satisfied have you been with..." should be repeated.

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We appreciate the opportunity to provide these comments and look forward to working with CMS to ensure that provider satisfaction levels are used to hold contractors accountable for their performance. Should you have any questions, please contact Mari Johnson at [mari.johnson@ama-assn.org](mailto:mari.johnson@ama-assn.org) or (202) 789-7414.

Sincerely,

A handwritten signature in black ink that reads "Mike Maves". The signature is written in a cursive, flowing style.

Michael D. Maves, MD, MBA