

CMS-10097
Medicare Contractor Provider Satisfaction Survey

Responses to Comments from 60-day Comment Period

Comment 1. 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.**

Response: This comment suggests a misinterpretation of the performance standard. According to the Medicare Administrator Contractor (MAC) Statement of Work, of *Cycle 2 RFP #1 RFI #3 DRAFT dated March 22, 2007* specifically section C.5.24 "Medicare Contractor Provider Satisfaction Survey", *Standard 1 reads* "The Contractor is successful when its overall MCPSS score is within 2 standard deviations from the national mean score, as measured by the MCPSS." CMS concurs with the comment, the performance standard is based on the overall composite score that includes ALL applicable sections (provider inquiries, provider outreach and education, claims processing, appeals, enrollment, medical review and audit and reimbursement) of the survey.

Comment 2. 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.**

Response: We provide section level scores to each of our Medicare Contractors. Each contractor can drill down survey results by STATE and provider type for each of the applicable sections. They will be responsible to perform process improvement activities. If the enrollment section scores are low, we are certain they will take the necessary measures. If any given survey question is beyond their control, they will communicate to CMS and we will consider and remove from their scoring.

CMS agrees with {blank} that Contractors should be measured by ALL business functions and not only provider inquiries and provider outreach and education activities, as stated in our Comment 1 response.

CMS has begun conducting full and open competition for all its claims administration contractors and the transfer of the work to Medicare Administrative Contractors (MAC) should be completed by 2009. CMS has contemplated many ways to use MCPSS scores to evaluate our Contractors. CMS has decided on the performance standard stated on Comment 1 response. When the MAC environment is settled and stabilized, CMS may reevaluate the standard.

Comment 3: Survey Questions

- B1 - If the response is "none used," the respondent should probably skip to B12 or the end of the section.

Response: CMS will review the 2007 data and then decide based on the number of respondents that entered "none" on whether or not to add a skip instruction

- B11 - The phrase "if you are an eligible professional" needs to be explained.

Response: CMS will add an explanation.

- B12 - NPI should be spelled out.

Response: Thank you for pointing this out. We will include both the full name and the abbreviation in parentheses (for those who would recognize this).

- B13 - If the answer is "no," ask what method would be more effective. "Don't know" or "NA" may also be response options.

Response: CMS will add DK, as in the other survey items.

- D_1A - "First level appeal" should be explained in the question, rather than above and may need to be clearer.

Response: Respondents in the cognitive interviews did not have a problem with this. However, CMS will review this comment again during the 2007-2008 R&D activities.

- G8 – Prior to G8, the language "In the last twelve months/Since {DATE}, how satisfied have you been with..." should be repeated.

Response: The stem "In the last twelve months/Since {DATE}, how satisfied have you been with..." gets repeated with each set of 3-4 questions on the web page. During the telephone interviews the interviewers repeat it for the first few questions in each section and then as needed to remind the respondent of the scale. This is a standard protocol for both web and telephone surveys.

Comment 4: 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.

CMS clarification: In 2006, CMS communicated that the 2006 data showed that 85 percent of respondents rated their contractors between 4 and 6 using a scale of 1 to 6. MCPSS is scored on a 1-6 scale and not a 0-100 scale and a simple linear scaling from one to the other would be incorrect. Hence, a score of 4.61 in MCPSS cannot be translated to a 77%. CMS will need to

further analyze the scale to determine how the 1-6 MCPSS scale can be translated to a 0-100 scale. However, CMS will not be able to present the results as a percentage for the 2007 results.

We will remove references to “In general, Medicare providers are highly satisfied with their contractors” in both Spanish and English documents in the future.