

ATTACHMENT 4

SAMPLE COGNITIVE INTERVIEW PROTOCOL

**Introduction**

Hello, my name is (NAME). I am from Westat, a research organization that is working with the Division of Provider Relations and Evaluation (DPRE). The reason we would like to talk with you is to get your feedback on the Medicare Contractor Provider Satisfaction Survey (MCPSS). In preparation for the 2007 survey, we'd like to talk to review the survey with you to make sure the questions work, whether providers like you understand them as they are intended and which questions providers feel are key to evaluating the performance of their contractor.

I want to make sure you're aware of a couple of things. First, I assure you that everything we cover in the interview will be treated as confidential. Only a small number of people working on the project will have access to the information you share with us, and we won't use your name in any reports of the results.

Second, there are a two other people listening to our discussion. NAME is from Westat and she is helping to take notes. NAME is from CMS and she is interested in listening to what you have to say about the questionnaire.

The interview should take about an hour (or less) and I'd like to record our conversation to make sure I don't miss anything that you say. Is that OK with you?

[TURN ON TAPE RECORDER IF RESPONDENT SAYS THAT IT IS OK]

Before we start, I'd just like to get a little information about your contractor.

First, I just want to confirm that you got a copy of the survey and that you have it in front of you. Is that right? (IF NOT, THEN SEND COPY EITHER BY E-MAIL OR FAX).

Next, can you tell me the name of your contractor?

---

Have you been working with CONTRACTOR for the last 12 months? That is, since March of 2006?

Yes        \_\_\_\_\_        Go to instructions on interviewing procedures

No        \_\_\_\_\_

When did you first start working with CONTRACTOR?

\_\_\_ \_\_\_ \_\_\_

OK, let me briefly explain what we will be doing. As I said before, we are very interested in getting your feedback on the 2007 survey. Our primary concerns are whether people understand the questions that are being asked and which questions they feel are important when evaluating their contractor.

So the way this will work is, I'm going to read the questions to you as if it were the actual survey and I would just like you to answer the questions as best you can. We're very interested in what you're thinking as you answer the questions, because this helps us evaluate whether the questions are working. So I'd like you to try to think aloud as much as possible: just verbalize for us whatever it is you're thinking about as you're coming up with your answer. And occasionally, after you've answered a question, I'll ask you to tell me what a word in the question means to you, or something like that, just so I'll understand how you interpreted it. And finally, if you don't understand any of the questions I ask, please don't be embarrassed to say so, because that's just the sort of thing we're trying to find out here. There are no right or wrong answers --- we are really just interested in how you are interpreting the questions. Your feedback will give us important information on the types of changes we might need to make to the questionnaire.

Do you have any questions?

## Sample Cognitive Interview Protocol

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**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0915. The time required to complete this information collection is estimated to average 16-21 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

# 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](mailto:MCPSS@westat.com)

## **About Your Facility**

Q1. Approximately how long have you been a Medicare Provider?

- Less than 6 months
- 6 to 12 months
- 1-2 years
- 2-5 years
- 5 years or more

## **Overall Satisfaction with Your Contractor**

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}, \*Global change\* {in the last six months/ since {new contractor} became your contractor}, 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**

## **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).

<b>In the last six months, how satisfied have you been with</b>		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.								
<b>A1.</b>	How quickly you can reach a representative to make a Provider Inquiry by telephone	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>A3.</b>	Receiving the correct information	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>A5.</b>	The consistency of responses that you get from different Provider Inquiries representatives	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>A6.</b>	The knowledge of your Contractor's Provider Inquiries staff									
	<b>What does this question mean to you?</b>									
	<b>What is the difference between this and question A3?</b>	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>A8.</b>	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
	<b>What were you thinking about when you answered this question?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>A9.</b>	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
	<b>What does “mechanisms” mean to you in this question?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>A10.</b>	The professionalism and courtesy of your Contractor's representatives throughout Provider Inquiries activities	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		

**Proposed New Questions**

**NEW A12.** Your Contractor's ability to fully resolve problems without you having to make multiple inquiries~~The contractor was able to fully resolve problems without us having to call back many times~~

**What does this question mean to you?**

**Were you thinking about a specific set of inquiries? Can you describe one?**

Not at all Satisfied

Completely Satisfied

Don't Know

Not Applicable

1

2

3

4

5

6

**What if I asked about inquiries for the last 12 months, rather than the last 6 months. Would that be a problem when trying to answer these questions? Would it be hard for you to remember back that far?**

**Take a look at each of the questions that are in this section. Which ones seem to ask about the issues that you are most concerned about when you evaluate (CONTRACTOR)?**

**NEW A13.** {In the last six months/Since {New Contractor} became your contractor} which method(s) have you used to communicate with your Contractor? (Mark all that apply)

- Telephone call with a Contractor representative
- Automated telephone system
- Web
- Mail
- Fax
- Other (specify).

**NEW A14.** {In the last six months/ Since {New Contractor} became your contractor} which method have you used most often to communicate with your Contractor?~~{In the last six months/ Since {New Contractor} became your contractor} which mode of communication have you used most often to ask the contractor questions?~~

- Telephone call with a person~~Contractor representative~~
- Automated telephone system
- Web
- Mail
- Fax
- Other (specify).



**NEW A15.** How many inquires have you made {In the last six months/ Since {New Contractor} became your contractor}?

- 1-2
- 3-5
- 6-10
- 11-50
- 51- or more

**How did you come up with your answer to this question?**

**What about the categories used here? Do these fit for the number of inquiries you typically make over this period?**

**NEW A16.** Do you use the internet to get any of the following? (Mark all that apply)

- CMS Program updates
- Contractor updates
- Training
- Billing Regulations
- Other (Please specify) \_\_\_\_\_

## **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, website, web-based training, etc. Your organization might also have a "Provider Rep" 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**

**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 types of training resources provided by your Contractor, [Contractor] ONLY (called “your Contractor” in the survey instrument). These resources include seminars, on-site training, demonstrations, CD’s, videos, newsletters, emails, reference materials, bulletins, website, web-based training, etc.

**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.

<b>B1.</b> <u>The amount of training and educational resources available from your Contractor</u> <del>The amount of training and educational resources available</del>	Not at all Satisfied					Completely Satisfied		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	Don't Know	Not Applicable
<b>B3.</b> The detail in which topics are covered.  <b>What were you thinking about when you answered this question</b>	Not at all Satisfied					Completely Satisfied		
<b>How did you come up with your answer?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	Don't Know	Not Applicable
<b>B5.</b> <u>The quality of the education and training materials that you regularly use</u> <del>The quality of all education and training materials that you are familiar with.</del>								
<b>CORE</b>								
<b>What type of education and training materials were you thinking about?</b>	Not at all Satisfied					Completely Satisfied		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	Don't Know	Not Applicable
<b>B6.</b> The tailoring of training or education at a level you can understand	Not at all Satisfied					Completely Satisfied		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	Don't Know	Not Applicable
<b>B8a.</b> The topics of the training and education materials are up-to-date	Not at all Satisfied					Completely Satisfied		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	Don't Know	Not Applicable
<b>NEW B8b.</b> The topics of the training and education materials are relevant to your organizations needs.	Not at all Satisfied	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>					<b>6</b>		

**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.

<b>B9.</b> The accessibility of education and training resources from your Contractor									
<b>What were you thinking about when you answered this question</b>									
<b>How did you come up with your answer?</b>	Not at all Satisfied <b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Completely Satisfied <b>6</b>	Don't Know	Not Applicable	

<b>B10.</b> <del>The expertise of your Contractor's provider education and training staff during in-person trainings. The expertise of the provider education and training staff (in-person training)</del>									
	Not at all Satisfied <b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Completely Satisfied <b>6</b>	Don't Know	Not Applicable	

<b>B11.</b> <del>Your contractor's</del> communication with you about changes that have been or are being made to Medicare policies and regulations									
<b>CORE</b> <b>What did “communication with you” mean to you?</b>	Not at all Satisfied <b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Completely Satisfied <b>6</b>	Don't Know	Not Applicable	

<b>B13.</b> The professionalism and courtesy of your Contractor's training and education representatives									
	Not at all Satisfied <b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Completely Satisfied <b>6</b>	Don't Know	Not Applicable	

**Proposed New Questions**

<b>NEW B15.</b> The training and education resources were helpful.									
	Not at all Satisfied <b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Completely Satisfied <b>6</b>	Don't Know	Not Applicable	

<b>NEW B16.</b> The availability of education and training resources on the web									
	Not at all Satisfied <b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Completely Satisfied <b>6</b>	Don't Know	Not Applicable	

**Take a look at each of the questions that are in this section. Which ones seem to ask about the issues that you are most concerned about when you evaluate (CONTRACTOR)?**

**New B17.** {In the last six months/ Since {New Contractor} became your contractor} what mode of education and training have you used?

- Web-based Training
- Online Resources
- In-person training / Workshops
- Hard copy manuals

Other (specify)

**New B18.** ~~For W~~Which of the following topics would you like to see more training and education material (mark all that apply)?

Online claims processing

Paper claims processing

NPI

Enrollment

Appeals

Medical Review

Audit and reimbursement

Other (specify)

**What if I asked about inquiries for the last 12 months, rather than the last 6 months. Would that be a problem when trying to answer these questions? Would it be hard for you to remember back that far?**

## **MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY**

### **Section C: Claims Processing**

[Contractor] has procedures and regulations and statutes 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).

<b>In the last <u>six months</u>, how satisfied have you been with</b>	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.								
<p><b>C4.</b> The accuracy of your Contractor’s claims editing</p> <p><b>Could you repeat this question in your own words?</b></p> <p><b>What does “accuracy” mean to you?</b></p> <p><b>What does “claims editing” mean to you?</b></p>	Not at all Satisfied						Completely Satisfied	Don’t Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			
<p><b>C5.</b> <u>The timeliness of notification from your Contractor that a claim will not be paid, including denied, returned or unprocessed claims</u> <del>The timeliness of notification that a claim will not be paid, including denied, returned or unprocessed claims</del></p> <p><b>What were you thinking about when you answered this question</b></p> <p><b>How did you come up with your answer?</b></p> <p><b>Did you base your answer on any specific notification? (if so) When did this (these) notification(s) occur?</b></p>	Not at all Satisfied						Completely Satisfied	Don’t Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			
<p><b>C6.</b> <u>The accuracy of remittance advices received from your Contractor</u> <del>The accuracy of remittance advice</del></p> <p><b>What does “accuracy” mean to you in this question?</b></p> <p><b>Were you thinking about a specific remittal when you answered? When was this?</b></p>							Completely Satisfied	Don’t Know	Not Applicable
	<u><b>1</b></u>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			
<p><b>C7.</b> The ease of submitting electronic claims</p>	Not at all Satisfied						Completely Satisfied	Don’t Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			



**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.

<p><b>C8.</b> <u>The availability of your Contractor’s representatives to address claims-related issues</u> <del>The availability of representatives to address claims-related issues</del></p>	<p>Not at all Satisfied</p>						<p>Completely Satisfied</p>	<p>Don’t Know</p>	<p>Not Applicable</p>
	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>			
<p><b>C9.</b> Your Contractor’s claims information being up-to-date (e.g., codes and billing instructions)</p>	<p>Not at all Satisfied</p>						<p>Completely Satisfied</p>	<p>Don’t Know</p>	<p>Not Applicable</p>
	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>			
<p><b>C11.</b> Your Contractor’s handling of claims-related documentation</p> <p><b>What does this question mean to you?</b></p>									
<p><b>What does “handling of claims related documentation” mean to you?</b></p>	<p>Not at all Satisfied</p>						<p>Completely Satisfied</p>	<p>Don’t Know</p>	<p>Not Applicable</p>
	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>			

**Proposed New Questions**

<p><b>New C13.</b> <u>The clarity of remittance advices you receive from your Contractor</u> <del>The clarity of remittance advice</del></p>	<p>Not at all Satisfied</p>						<p>Completely Satisfied</p>	<p>Don’t Know</p>	<p>Not Applicable</p>
	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>			
<p><b>New C14.</b> <u>The ease of correcting claims, including correcting claims online and asking for a change over the phone</u> <del>The ease of correcting claims, including correcting online and asking for a change over the phone</del></p> <p><b>What were you thinking about when you answered this question</b></p> <p><b>How did you come up with your answer?</b></p> <p><b>Was there a specific experience or set of experiences you thought of when answering this question? (if yes) When did these happen?</b></p>	<p>Not at all Satisfied</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>Completely Satisfied</p>	<p>Don’t Know</p>	<p>Not Applicable</p>	
	<p>1</p>					<p>6</p>			
<p><b>New C15.</b> Your eContractor provides adequate training and educational material on claims processing</p> <p><b>How did you come up with your answer to this question?</b></p>	<p>Not at all Satisfied</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>Completely Satisfied</p>	<p>Don’t Know</p>	<p>Not Applicable</p>	
	<p>1</p>					<p>6</p>			

Take a look at each of the questions that are in this section. Which ones seem to ask about the issues that you are most concerned about when you evaluate (CONTRACTOR)?

New C16. {In the last six months/ Since {New Contractor} became your contractor} how have you submitted claims?

- Paper
- Electronic
- Both

What if I asked about inquiries for the last 12 months, rather than the last 6 months. Would that be a problem when trying to answer these questions? Would it be hard for you to remember back that far?

## 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**

New. {In the last one year/ Since {New contractor} became your contractor} has your facility had a first level appeal?

- 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 one year involving first level Appeals activities with your Contractor, [Contractor] ONLY (called “your Contractor” in the survey instrument).

**In the last one year, 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.

<b>D3.</b>	The accuracy of your Contractor’s reasons for their first-level appeals decisions	Not at all Satisfied					Completely Satisfied	Don’t Know	Not Applicable
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		
<b>D4.</b>	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
	<b>How did you come up with your answer?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		
<b>D5.</b>	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
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		
<b>D6.</b>	The mechanisms that your Contractor offers for exchanging information with them about first-level appeals								
	<b>What does “mechanisms ...for exchanging information” mean to you? Can you give me examples?</b>	Not at all Satisfied					Completely Satisfied	Don’t Know	Not Applicable
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		
<b>D7.</b>	Your Contractor’s responsiveness, attentiveness, and availability during the process of first-level								
	<b>Could you repeat this in your own words?</b>	Not at all Satisfied					Completely Satisfied	Don’t Know	Not Applicable
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		
<b>D8.</b>	The professionalism and courtesy of your Contractor’s representatives during the appeals process								
	<b>Can you tell me the difference between this question and “D7”.</b>	Not at all Satisfied					Completely Satisfied	Don’t Know	Not Applicable
	<b>What did you think about when answering these two items?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		

**Proposed New Questions**

**New D10.** The explanations for an appeal decisions are made clear by [theyour eContractor](#)

**What does this question mean to you?**

**What types of “explanations” do you think this is referring to?**

Not at all Satisfied						Completely Satisfied	Don’t Know	Not Applicable
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			

<b>New D11.</b> Your eContractor provides adequate training and educational material on appeals process	Not at all Satisfied  <b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Completely Satisfied  <b>6</b>	Don't Know	Not Applicable
---	--------------------------------------	----------	----------	----------	----------	--------------------------------------	------------	----------------

**What if I asked about inquiries for the last 12 months, rather than the last 6 months. Would that be a problem when trying to answer these questions? Would it be hard for you to remember back that far?**

**Take a look at each of the questions that are in this section. Which ones seem to ask about the issues that you are most concerned about when you evaluate (CONTRACTOR)?**

## **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 submit the appropriate CMS 855 Enrollment Application to their Medicare contractor. 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. This includes all of your interaction with the Medicare contractor including initial enrollment and updates to enrollment information — 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. Have you enrolled as a Medicare provider in the last one year?**

- Yes--- **PROCEED TO QUESTION E1 on PAGE E-2**
- No--- **(Go to NPI SECTION)**

**Your Ratings of [CONTRACTOR]'S  
Performance of PROVIDER ENROLLMENT**

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

<u>In the last year, how satisfied have you been with</u>	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.								
<b>E1.</b> The instructions and guidance your Contractor provided to you to complete and submit the 855 form.  <b>What were you thinking about when you answered this question</b>  <b>How did you come up with your answer?</b>	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>E2.</b> <del>The ability of your Contractor's representatives to answer your questions about the Form 855 application</del> <del>How easy it was to find someone who could answer your questions about the Form 855 application</del>	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>E3.</b> The consistency of your Contractor's responses or decisions  <b>What is the difference between this question and E1?</b>	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>E6.</b> The professionalism and courtesy of your Contractor's representatives during the Provider Enrollment process	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		

Proposed New Questions

<b>New E8.</b> Your Contractor's responsiveness, attentiveness, and availability during the process of enrollment  <b>In your own words, what do you think this question is asking?</b>	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>		
<b>New E9.</b> Your Contractor's ability to answer questions specific to your situation or specialty.  <b>In your own words, what do you think this question is asking?</b>  <b>What does the phrase “questions specific to your situation or specialty” mean to you?</b>	Not at all Satisfied	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>						<b>6</b>		
<b>New E10.</b> Once you were enrolled, the quality and thoroughness of the information from your contractor to get started (e.g., PPN, how to submit info, etc.)	Not at all Satisfied	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		Completely Satisfied	Don't Know	Not Applicable
<b>What does “information from your</b>	<b>1</b>						<b>6</b>		

<b>contractor to get started” mean to you?</b>								
<b>New E11.</b> Your contractor provides adequate training and educational material on the enrollment process	Not at all Satisfied <b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Completely Satisfied <b>6</b>	Don't Know	Not Applicable

**When did you enroll?**

**Was it difficult to remember what happened to answer these questions?**

**Take a look at each of the questions that are in this section. Which ones seem to ask about the issues that you are most concerned about when you evaluate (CONTRACTOR)?**

## NPI Supplement

<b>New NPI1.</b> Your contractor made you aware of the need to obtain a NPI.”	Not at all Satisfied					Completely Satisfied		
	1	2	3	4	5	6	Don't Know	Not Applicable

---

<b>New NPI2.</b> “Your contractor provided education and training to prepare you to obtain a NPI.”	Not at all Satisfied					Completely Satisfied		
	1	2	3	4	5	6	Don't Know	Not Applicable

---

<b>New NPI3.</b> Your Contractor’s responsiveness, attentiveness, and availability during the NPI process	Not at all Satisfied					Completely Satisfied		
	1	2	3	4	5	6	Don't Know	Not Applicable



## **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**

**Change to : {In the last one year/ Since {New contractor} has been your contractor} have you had a medical review ?**

- 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 **past one-year** involving Medical Review activities with your Contractor, [Contractor] ONLY (called “your Contractor” in the survey instrument).

<b>In the last one year, how satisfied have you been with</b>		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.								
<b>F1.</b>	The clarity of the notification (letter, phone call, etc.) <u>from your Contractor received</u> that your claims were selected for Medical Review	Not at all Satisfied						Completely Satisfied		
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		Don't Know	Not Applicable
<b>F3.</b>	Your Contractor's handling of documentation during Medical Review									
	<b>What does this question mean to you?</b>	Not at all Satisfied						Completely Satisfied		
	<b>What does “handling of documentation” mean to you?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		Don't Know	Not Applicable
<b>F5.</b>	The clarity of the explanations of your Contractor's Medical Review decisions									
	<b>What were you thinking about when you answered this question</b>									
	<b>How did you come up with your answer?</b>	Not at all Satisfied						Completely Satisfied		
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		Don't Know	Not Applicable
<b>F6.</b>	<u>Receiving timely local Medical Review policy changes and updates that affect your organization from your Contractor</u> <del>Receiving timely local Medical Review policy changes and updates that affect your organization</del>	Not at all Satisfied						Completely Satisfied		
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		Don't Know	Not Applicable
<b>F8.</b>	The follow through that your Contractor provided after Medical Review decisions									
	<b>What does this question mean to you?</b>	Not at all Satisfied						Completely Satisfied		
	<b>What does “follow through” mean to you?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		Don't Know	Not Applicable
<b>F9.</b>	The knowledge of your Contractor's Medical Reviewers	Not at all Satisfied						Completely Satisfied		
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		Don't Know	Not Applicable
<b>F10.</b>	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		
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		Don't Know	Not Applicable

**In the last one year, 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.

<p><b>F11.</b> The consistency of your Contractor’s Medical Review decisions and answers to your questions</p> <p><b>What were you thinking about when you answered this question</b></p> <p><b>How did you come up with your answer?</b></p>	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don’t Know	Not Applicable
<p><b>F12.</b> The professionalism and courtesy of your Contractor representatives throughout the medical review process</p>	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don’t Know	Not Applicable

**Proposed New Questions**

<p><b>New F14.</b> Your Contractor provides adequate training and educational material on the medical review process</p>	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don’t Know	Not Applicable
--	----------------------	---	---	---	---	---	----------------------	------------	----------------

**What period were you thinking about? When you answered these questions, which medical reviews were you thinking about? When did they happen?**

**What do you think about asking someone to remember back for 12 months?**

**Take a look at each of the questions that are in this section. Which ones seem to ask about the issues that you are most concerned about when you evaluate (CONTRACTOR)?**

**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. In the last one year, have you submitted a cost report to {Contractor}?**

- Yes--- **PROCEED TO QUESTION G1 on PAGE G-2 When was the last time?**
- 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 one year involving Audit and Reimbursement activities with your Contractor, [Contractor] ONLY (called “your Contractor” in the survey instrument).

**In the last one year, 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.

<b>G1.</b> <u>Availability of timely updates from your Contractor on Medicare policy (regulations, manuals and other instructions) that affect Provider Audit and Reimbursement Availability of timely updates on Medicare policy (regulations, manuals and other instructions) that affect Provider Audit and Reimbursement.</u>	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			
<b>G2.</b> The responsiveness of your Contractor to your reimbursement and other questions throughout all Provider Audit and Reimbursement activities.	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			
<b>G3.</b> The consistency of your Contractor's answers to your questions throughout all Provider Audit and Reimbursement activities.  <b>What does “consistency” mean to you?</b>  <b>How did you come up with your answer to this question?</b>	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			
<b>G4.</b> The professionalism and courtesy of your Contractor representatives throughout all Provider Audit and Reimbursement activities.	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			
<b>G5.</b> How well your Contractor makes an effort to make things as easy and as fair as possible for you during Cost Report settlement activities.  <b>How does this question differ from G2?</b>	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			
<b>G6.</b> Your Contractor's interpretations of CMS' rules for Cost Report and payment policies.	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			
<b>G7.</b> The knowledge of your Contractor's Cost Report Auditors	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>			

**In the last one year, 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.

**G8.** The appropriateness of your Contractor’s responses if/when you requested assistance in completing a Cost Report

**In your own words, can you tell me what you think this question is asking?**

Not at all Satisfied

Completely Satisfied

1 2 3 4 5 6 Don’t Know Not Applicable

**G9.** The reasonableness of your Contractor’s requests during the Cost Report audit, including the time you are given to submit documentation and the methods you are given for submitting those documents  
~~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~~

**In your own words, can you tell me what you think this question is asking?**

Not at all Satisfied

Completely Satisfied

**What does “reasonableness of requests” mean to you?**

1 2 3 4 5 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.

**In your own words, can you tell me what you think this question is asking?**

Not at all Satisfied

Completely Satisfied

**What does “reasonableness of requests” mean to you?**

1 2 3 4 5 6 Don’t Know Not Applicable

**G11.** The overall communication between you and your Contractor about adjustments and Cost Reports/ Cost Report Audits

**How does this question differ from G9?**

Not at all Satisfied

Completely Satisfied

1 2 3 4 5 6 Don’t Know Not Applicable

**The next few questions are about Interim Payments you receive from Your Contractor**

**G12.** The clarity of your Contractor’s instructions for the process of requesting a review and adjustment to your Interim Payments  
~~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

Completely Satisfied

1 2 3 4 5 6 Don’t Know Not Applicable

**In the last one year, 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.

<p><b>G13.</b> <u>The reasonableness of your Contractor’s requests 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</u>  <del>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</del></p> <p><b>What were you thinking about when you answered this question</b></p> <p><b>How did you come up with your answer?</b></p>	<p>Not at all Satisfied</p> <p><b>1</b></p>	<p><b>2</b></p>	<p><b>3</b></p>	<p><b>4</b></p>	<p><b>5</b></p>	<p>Completely Satisfied</p> <p><b>6</b></p>	<p>Don’t Know</p>	<p>Not Applicable</p>
<p><b>G14.</b> <u>The clarity of your Contractor’s explanations for decisions about adjustments to your Interim Payments</u>  <del>The clarity of the explanations of your Contractor’s decisions about adjustments to your Interim Payments</del></p>	<p>Not at all Satisfied</p> <p><b>1</b></p>	<p><b>2</b></p>	<p><b>3</b></p>	<p><b>4</b></p>	<p><b>5</b></p>	<p>Completely Satisfied</p> <p><b>6</b></p>	<p>Don’t Know</p>	<p>Not Applicable</p>
<p><b>G15.</b> The timeliness of your Contractor’s decisions about adjustments to your Interim Payments</p>	<p>Not at all Satisfied</p> <p><b>1</b></p>	<p><b>2</b></p>	<p><b>3</b></p>	<p><b>4</b></p>	<p><b>5</b></p>	<p>Completely Satisfied</p> <p><b>6</b></p>	<p>Don’t Know</p>	<p>Not Applicable</p>

**Proposed New Questions**

<p><b>New G17.</b> Your contractor provides adequate training and educational material on preparing cost reports.</p>	<p>Not at all Satisfied</p> <p><b>1</b></p>	<p><b>2</b></p>	<p><b>3</b></p>	<p><b>4</b></p>	<p><b>5</b></p>	<p>Completely Satisfied</p> <p><b>6</b></p>	<p>Don’t Know</p>	<p>Not Applicable</p>
---	---	-----------------	-----------------	-----------------	-----------------	---	-------------------	-----------------------

**What period were you thinking about? When did you have your last Audit and Reimbursement? Were you thinking about this time when you answered all of the above questions?**

**What do you think about asking someone to remember back for 12 months?**

**Take a look at each of the questions that are in this section. Which ones seem to ask about the issues that you are most concerned about when you evaluate (CONTRACTOR)?**

**Now I’d like you to look over each of the different sections. Which sections do you think are most important for you when you are evaluating (CONTRACTOR)?**

**Finally, is there anything else you would like to tell us about the survey? About what you think would be important to ask providers when evaluating the contractor?**