

DATE: April 16, 2008

TO: CMM Director

FROM: Group Director
PCG

SUBJECT: Record of Information Collection Clearance for the 4th year administration of Medicare Contractor Provider Satisfaction Survey -

Action Requested by: 04/18/08

ISSUE:

We submit for your signature the Record of Information Collection Clearance Form for the 4th year administration of the annual Medicare Contractor Provider Satisfaction Survey (MCPSS).

DISCUSSION:

CMS is submitting to the Office and Management & Budget a request for clearance for the national administration of the 2009 Medicare Contractor Provider Satisfaction Survey. The submission constitutes a revision to a currently approved collection and includes the following three minor changes:

- The first is that two new questions will be added about CMS education efforts on both preventive medical services and the Competitive Bidding Program.
- The second change is that the "open ended" questions (where respondents may provide general comments) will have slightly revised wording.
- The third change is a revised definition of a completed survey. In prior years the definition of a complete was one item answered in section C of the survey (Claims Processing) and one item answered in any other survey section. Moving forward surveys will be considered "complete" if three core items are answered. It was determined that three key questions in the survey were the primary predictors of overall provider satisfaction.

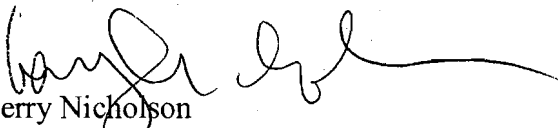
BACKGROUND:

The Centers for Medicare & Medicaid Services (CMS) will obtain feedback from over 25,000 Medicare Providers via a survey about satisfaction, attitudes and perceptions regarding the services provided by Medicare Fee-for-Service (FFS) and Medicare Administrative Contractors. The survey focuses on basic business functions provided by the Medicare Contractors such as Inquiries, Provider Outreach and Education, Claims Processing, Appeals, Provider Enrollment, Medical Review and Provider Audit & Reimbursement. CMS uses the survey to monitor its Contractors and to provide incentives for improved performance.

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The survey is conducted yearly and annual reports of the survey results will be available via an online reporting system for use by CMS and Medicare Contractors. A summary results report is available to the public. Under the Medicare Prescription Drug, Improvement & Modernization Act (2003), Title IX, Subtitle B, Section 911 CMS is required to measure provider levels.

ACTION: Please sign the “Record of Information Collection Clearance Form”. The complete package with attachments is available upon request.



Gerry Nicholson
PCG Director