

Medicare Contractor Provider Satisfaction Survey 2010

Modified: July 21, 2010

INTRODUCTION

Medicare is listening! The Centers for Medicare & Medicaid Services (CMS) has selected your practice or 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 the Medicare Contractor, {Contractor Name} (called "your Contractor" in the survey).

Your organization has been chosen at random to participate in the Medicare Contractor Provider Satisfaction Survey (MCPSS) on behalf of the providers your organization represents. You were identified as the individual who interacts on a regular basis with {Contractor Name}. Please note that your participation is voluntary. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual, practice, or facility. We will not provide information that identifies you or your practice or facility to anyone outside the study team, except as required by law.

The attached Medicare Contractor Provider* Satisfaction Survey (MCPSS) includes the following seven key areas of the interface between you and the Contractor, {Contractor Name}:

- Section A: Provider Inquiries
- Section B: Provider Outreach and Education
- 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 practice or facility's interaction with your Medicare Contractor.

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 1-800-835-7012 or send an e-mail to MCPSS@scimetrika.com.

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; it expires 11/30/2012. The time required to complete this information collection is estimated to average approximately 20 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, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Throughout this survey, the term "provider" applies to all Medicare provider and supplier types, unless otherwise noted.

About Your Practice or Facility and Overall Satisfaction with Your Contractor

Q0. 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

Q1. 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, in the **last 12 months**, how satisfied have you been with your Contractor's performance overall?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- Don't know

Q2. Thinking about the size of your provider's practice/facility, please answer the following: (answer only those questions that apply to your practice/facility)

| | YES | NO |
|---|--------------------------|--------------------------|
| a. If you are a provider, do you have fewer than 25 full-time employees in your practice/facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If you are a supplier of medical equipment, does your organization have fewer than 10 full-time employees? | <input type="checkbox"/> | <input type="checkbox"/> |

c. Do you consider yourself to be a small provider?

- YES
- NO → **GO TO SECTION A**

c1. Please check the group below which best applies to you:

- Physician
- Non-physician practitioner
- DMEPOS supplier
- Other (i.e., rural health clinic, federally qualified health center, etc.)

- _____
Don't know

Section A: Provider Inquiries

Your Ratings of Your Contractor's Performance of Provider Inquiries

While answering the following questions, please think about your practice or facility's experiences in the **last 12 months** involving provider inquiries you and any other persons in your practice or facility make to your Contractor **ONLY**.

| In the last 12 months , how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A1a. How quickly you can reach a representative to make a provider inquiry by telephone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1b. Receiving the correct information over the phone from a representative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1c. The consistency of written responses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1d. The modes of communication that are offered by your Contractor to exchange information with it about inquiries? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1e. Your Contractor's ability to fully resolve problems without you having to make multiple inquiries? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1f. The information made available through your Contractor's automated telephone system (IVR) meeting your needs, if accessed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1g. The ease of obtaining information through your Contractor's automated telephone system (IVR), if accessed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next few questions are about methods you use to communicate with your Contractor.

A2. In the **last 12 months**, which method(s) have you used to communicate with your Contractor?
(CHECK ALL THAT APPLY).

- Telephone call with your Contractor's representative
- Automated telephone system (IVR)
- Web
- E-mail
- Mail
- Fax
- Other _____

◆ _____ ◆

A3. In the **last 12 months**, which method have you used most often to communicate with your Contractor?

- Telephone call with your Contractor's representative
- Automated telephone system (IVR)
- Web
- E-mail
- Mail
- Fax
- Other _____

A4. In the **last 12 months**, what is your overall satisfaction with your Contractor's provider inquiry activities?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- Don't know
- N/A

A5. We are interested in any general comments you have about your Contractor's handling of provider inquiry activities. In what ways (if any) do you think this service could be improved?

Section B: Provider Outreach and Education

Your Ratings of Your Contractor's Performance of Provider Outreach and Education

While answering the following questions, please think about your experiences in the **last 12 months** involving the types of training resources provided by your Contractor ONLY. These resources include web-based training, newsletters, bulletins, workshops/seminars, videos, on-site training, demonstrations, reference materials, CDs, Contractor website, e-mail/listserv, etc.

B1. In the **last 12 months**, what education and training resources of your Contractor have you used?
(CHECK ALL THAT APPLY)

- Web-based training
- Contractor website
- In-person training/workshops
- Teleconferences
- Hard copy materials
- Electronic mail (e-mail) materials
- Listserv information
- Other _____
- None used

The next few questions are about your satisfaction with your Contractor's communication (Outreach and Education).

| In the last 12 months , how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| B2a. The expertise of your Contractor's provider education and training staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2b. Your Contractor's communication with you about changes that have been or are being made to Medicare policies and regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2c. The professionalism and courtesy of your Contractor's training and education representatives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B3. For which of the following topics would you like to see more training and education materials?
(CHECK ALL THAT APPLY)

- Claims processing
- Payment policy
- Local coverage determination
- Enrollment
- Appeals
- Audit and reimbursement
- Other _____

The next few questions are about your satisfaction with your Contractor's communication (Outreach and Education) in the following categories: (a) face-to-face training, (b) non face-to-face training (i.e., webinars, "Ask the Contractor" Teleconferences) and (c) educational materials/information resource availability.

Face-to-Face Training

| If you have received in-person training, how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| B4a. Availability of training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B4b. Clarity of information presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B4c. Detail of topics covered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B4d. The relevance of the training to meet your specific needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Non Face-To-Face Training

| If you have participated in non face-to-face training (i.e., webinars, "Ask the Contractor" Teleconferences), how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| B5a. Availability of training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B5b. Clarity of information presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B5c. Detail of topics covered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B5d. The relevance of the training to meet your specific needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Educational Materials/Information Resource Availability

| If you have received educational materials/information resources from your Contractor, how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| B6a. Amount of educational materials/information resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B6b. Accessibility of educational materials/information resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B6c. Clarity of information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B6d. The relevance of the educational materials and information resources to meet your specific needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Educational Materials/Information Resource Availability (continued)

| If you have received educational materials/information resources from your Contractor, how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| B6e. The usefulness of your Contractor's listserv (e-mail) messages in notifying you about new Medicare program information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B6f. The usefulness of your Contractor's frequently asked questions (FAQs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B7. What is your overall satisfaction with your Contractor's outreach and educational activities?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- Don't know

B8. We are interested in any general comments you have about your Contractor's handling of provider outreach and education activities. In what ways (if any) do you think this service could be improved?

B9. How often do you use the Medicare Learning Network (MLN) products and services?

- Am familiar with, but have never used
- Not familiar with these products/services
- Once a week or more
- Once every two weeks
- Once per month
- Less than once per month
- Don't know

B10 How would you rate CMS' outreach on _____?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- Don't know
- N/A

◆ _____ ◆
B11. In the **last 12 months**, how satisfied have you been with CMS' educational and outreach efforts on DME Competitive Bidding?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- Don't know

Section C: Claims Processing

Your Ratings of Your Contractor's Performance of Claims Processing

While answering the following questions, please think about your experiences in the **last 12 months** involving claims processing activities with your Contractor ONLY.

| In the last 12 months , how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| C1a. The ease of submitting electronic claims? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1b. The accuracy of your Contractor's claims editing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1c. The timeliness of notification from your Contractor that a claim will not be paid, including denied, returned, or unprocessed claims? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1d. The clarity of remittance advices you receive from your Contractor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1e. The promptness of your Contractor in resolving claims-related issues brought to its attention? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1f. The ease of correcting claims, such as correcting claims online or requesting a change over the phone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1g. The correctness of the information provided to you by your Contractor in response to claims-related issues raised by you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1h. The overall performance of your Contractor's claims processing activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C2. We are interested in any general comments you have about your Contractor's handling of claims processing activities. In what ways (if any) do you think this service could be improved?

Section D: Appeals

Your Ratings of Your Contractor's Performance of Appeals

While answering the following questions, please think about your experiences in the **last 12 months** involving first-level appeals activities with your Contractor ONLY.

D1. In the **last 12 months** has your practice or facility had a first-level appeal?

Yes

No → **GO TO SECTION E**

| In the last 12 months , how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| D2a. The consistency of your Contractor's first-level appeals decisions for claims that have been denied? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2b. The mechanisms that your Contractor offers for exchanging information with it about first-level appeals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2c. Your Contractor's responsiveness, attentiveness, and availability during the process of first-level appeals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2d. Your average telephone hold time before talking to a live person? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2e. If leaving a message, the average time before receiving a return call? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2f. The professionalism and courtesy of your Contractor's representatives during the first-level appeals process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2g. The clarity of explanations of first-level appeal decisions made by your Contractor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2h. The overall performance of your Contractor's first-level appeals activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D3. We are interested in any general comments you have about your Contractor's handling of first-level appeals activities. In what ways (if any) do you think this service could be improved?

Section E: Provider Enrollment

Your Ratings of Your Contractor's Performance of Provider Enrollment

While answering the following questions, please think about your experiences in the **last 12 months** involving provider enrollment activities with your Contractor ONLY.

E1. In the **last 12 months**, have you gone through the Medicare enrollment process including updates to enrollment information?

- Yes
 No → **GO TO SECTION F**

| In the last 12 months , how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E2a. The ability of your Contractor's representative to respond to your questions about the Medicare enrollment application, CMS Form 855? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E2b. The consistency of your Contractor's responses or decisions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E2c. The professionalism and courtesy of your Contractor's representatives during the provider enrollment process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E2d. Your Contractor's responsiveness, attentiveness, and availability during the process of enrollment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E2e. Your Contractor's ability to answer questions specific to your situation or specialty? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E3. In the **last 12 months**, how satisfied have you been with the information provided by your Contractor to enable you to start billing for services?

- Very dissatisfied
 Dissatisfied
 Neither satisfied nor dissatisfied
 Satisfied
 Very satisfied
 Don't know
 N/A

◆ _____ ◆
E4. What is your overall satisfaction with your Contractor's provider enrollment activities?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- Don't know
- N/A

E5. We are interested in any general comments you have about your Contractor's handling of provider enrollment activities. In what ways (if any) do you think this service could be improved?

Section F: Medical Review

Your Ratings of Your Contractor's Performance of Medical Review

While answering the following questions, think about your experiences in the **last 12 months** involving medical review activities with your Contractor ONLY.

F1. In the **last 12 months**, have you had a medical review?

Yes

No → **GO TO SECTION G**

| In the last 12 months , how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| F2a. The clarity of the notification (letter, phone call, etc.) from your Contractor that your claims were selected for medical review? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2b. The clarity of the explanations of your Contractor's medical review decisions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2c. Receiving timely local medical review policy changes and updates that affect your practice or facility from your Contractor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2d. The follow through that your Contractor provided after medical review decisions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2e. The knowledge of your Contractor's medical reviewers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2f. How well your Contractor makes an effort to make things as easy as possible for your medical review? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2g. The consistency of your Contractor's medical review decisions and answers to your questions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2h. The professionalism and courtesy of your Contractor's representatives throughout the medical review process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F3. What is your overall satisfaction with your Contractor's medical review activities?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- Don't know
- N/A

F4. We are interested in any general comments you have about your Contractor's handling of medical review activities. In what ways (if any) do you think this service could be improved?

Section G: Provider Audit and Reimbursement

Your Ratings of Your Contractor's Performance of Provider Audit and Reimbursement

While answering the following questions, think about your experiences in the **last 12 months** involving provider audit and reimbursement activities with your Contractor **ONLY**.

G1. In the **last 12 months**, have you submitted a cost report to your Contractor?

- Yes
 No → **GO TO END**

| In the last 12 months , how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| G2a. The availability of timely updates from your Contractor on Medicare policy (regulations, manuals and other instructions) that affect provider audit and reimbursement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2b. The professionalism and courtesy of your Contractor's representatives throughout all provider audit and reimbursement activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2c. How well your Contractor makes an effort to make things as easy as possible for you during cost report settlement activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2d. Your Contractor's interpretations of CMS' rules for cost report and payment policies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2e. The knowledge of your Contractor's cost report auditors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2f. The timeliness of your Contractor's audit of your cost report? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2g. The timeliness of your Contractor's settlement of your cost report? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2h. The overall communication between you and your Contractor about adjustments and cost reports/cost report audits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| In the last 12 months , how satisfied have you been with... | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | Don't know | N/A |
|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| G2i. The clarity of your Contractor's instructions for the process of requesting a review and adjustment to your interim payments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2j. The reasonableness of your Contractor's requests during its 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2k. The clarity of your Contractor's explanations for decisions about adjustments to your interim payments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2l. The timeliness of your Contractor's decisions about adjustments to your interim payments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2m. The overall performance of your Contractor's provider audit and reimbursement activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G3. We are interested in any general comments you have about your Contractor's handling of provider audit and reimbursement activities. In what ways (if any) do you think this service could be improved?

◆

THANK YOU FOR COMPLETING THIS SURVEY.

When you are done, please use the enclosed prepaid envelope to mail the questionnaire to:

SciMetrika, LLC
100 Capitola Drive, Suite 104
Research Triangle Park, NC 27713