

Medicare Administrative Contractor (MAC) Satisfaction Survey

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The survey is designed to measure your satisfaction with the performance of your Medicare Administrative Contractor (MAC). It is not measuring satisfaction with other Medicare contractor types such as Recovery Audit Contractors (RAC), Comprehensive Error Rate (CERT) contractors, Zone Program Integrity Contractors (ZPIC), or Qualified Independent Contractors (QIC). This survey will take about 15 minutes to complete and is authorized by Office of Management and Budget Control No. 1090-0007.

1. How long have you been working with Medicare either as a provider or on behalf of a provider(s)?
 1. Less than 1 year
 2. Between 1 and 3 years
 3. More than 3 years

2. What State(s) do you or your provider render the majority of services to Medicare beneficiaries?
(Select all that apply)

3. Which type of provider are you?
 1. Physician
 2. Hospital/Inpatient Clinic
 3. Skilled Nursing Facility
 4. Ambulance
 5. End Stage Renal Disease Facility
 6. Federally Qualified Health Center

7. Rural Health Clinic
8. Clinical Laboratory
9. Other

4. What is your job title?

1. Provider
2. Billing agency representative
3. Front office billing staff/ billing manager
4. Compliance officer
5. Chief Financial Officer
6. Other

CLAIMS PROCESSING

Think about the performance of your Medicare Administrative Contractor with respect to Claims Processing. Please use a 10-point scale, where 1 is poor and 10 is excellent to rate them on the following ... If an item does not apply, please select N/A.

5. The accuracy of your MAC's claims processing activities.
6. The timeliness of your MAC's claims processing activities.
7. The promptness of your MAC in providing status on claims-related issues brought to its attention.
8. The promptness of your MAC in resolving claims-related issues brought to its attention.
9. The correctness of the information provided to you by your MAC in response to claims-related issues raised by you.
10. The combinations of the industry-standard remittance advice reason and remark codes used by your MAC to explain an adjustment or denial.

PROVIDER INQUIRIES

11. In the **last 12 months** how many times have you called the contact center?

1. None
2. 1 - 11
3. 12 – 49
4. 50 – 100
5. More than 100

IF Q11 = 1 None SKIP TO Q19 ELSE CONTINUE TO Q12

Think about the performance of your Medicare Administrative Contractor CSRs with respect to handling Provider Inquiries. Please use a 10-point scale, where 1 is poor and 10 is excellent to rate them on the following ... If an item does not apply, please select N/A.

12. The accuracy of the information you received from your MAC's telephone CSRs.

13. The consistency of information you received when speaking with multiple telephone CSRs on the same topic. (Note: If you did not speak with multiple telephone CSRs on the same topic, please select N/A)

14. The professionalism and courtesy of your MAC's CSRs.

15. Is your MAC telephone customer service representatives' (CSR) usually able to resolve your issue(s) within one call?

1. Yes
2. No

Now, think about the performance of your Medicare Administrative Contractor interactive voice response unit (IVR) with respect to handling Provider Inquiries. Please use a 10-point scale, where 1 is poor and 10 is excellent to rate them on the following ... If an item does not apply, please select N/A.

16. The choices of information available on your MAC's interactive voice response unit (IVR), meeting your needs.

17. The ease of obtaining information through your MAC's IVR.

18. The accuracy of information you received from your MAC's IVR.

MEDICAL REVIEW

19. In the **last 12 months** how many times have you experienced one of more claims that underwent a specific medical review probe by the MAC?

1. None
2. 1
3. 2-9
4. 10-25
5. More than 25

IF Q19 = 1 None SKIP TO Q24 ELSE CONTINUE TO Q20

Think about the performance of your Medicare Administrative Contractor with respect to handling Medical Reviews. Please use a 10-point scale, where 1 is poor and 10 is excellent to rate them on the following ... If an item does not apply, please select N/A.

20. The consistency of your MAC's medical review decisions.

21. The consistency of your MAC's medical review staff answers to your medical review questions.

22. Timeliness of information from your MAC about new local coverage determinations (LCD) or changes and updates to existing LCDs that affect your practice or facility.

23. Usefulness of information in educational links and resources in medical review result letters.

PROVIDER OUTREACH AND EDUCATION

24. Which provider outreach and education resources from your MAC have you used (check all that apply)?

1. Web-based trainings (webinars)
2. Electronic mailing list messages
3. MAC's website (i.e., materials displayed on or downloaded from the website)
4. In-person trainings and workshops
5. Teleconferences

6. Paper materials mailed by your MAC
7. Other, please specify _____
8. None

IF Q24=8 None SKIP TO Q31 ELSE CONTINUE TO Q25

25. In the **last 12 months** how many times have participated in an outreach and education activity?

1. None
2. 1-5
3. 6-10
4. More than 10

Think about the performance of your Medicare Administrative Contractor with respect to Outreach and Education. Please use a 10-point scale, where 1 is poor and 10 is excellent to rate them on the following ...
If an item does not apply, please select N/A.

26. The expertise of your MAC's provider outreach and education representatives during a MAC-led workshop, webinar, teleconference, or other educational event.
27. The professionalism and courtesy of your MAC's provider outreach and education representatives.
28. The timeliness of the information that your MAC makes available to help you correctly bill Medicare.
29. The quality of the information that your MAC makes available to help you correctly bill Medicare.
30. The effectiveness of approaches used for dissemination of information about Medicare policies and regulations to help you correctly bill Medicare.

APPEALS

31. In the **last 12 months** how many first-level appeals (redeterminations) has your practice or facility submitted?

1. None
2. 1 – 5
3. 6 – 20
4. 21 – 50
5. 51 – 100
6. More than 100

IF Q31 = 1 None SKIP TO Q34 ELSE CONTINUE TO Q32

Think about the performance of your Medicare Administrative Contractor with respect to Appeals. Please use a 10-point scale, where 1 is poor and 10 is excellent to rate them on the following ... If an item does not apply, please select N/A.

32. The clarity of explanations of first-level appeal decisions made by your MAC.

33. The overall performance of your MAC's first-level appeals activities.

PROVIDER ENROLLMENT

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

1. Yes
2. No

IF Q34 = 1 YES CONTINUE TO Q35 ELSE SKIP TO Q38

Think about the performance of your Medicare Administrative Contractor with respect to Provider Enrollment. Please use a 10-point scale, where 1 is poor and 10 is excellent to rate them on the following ... If an item does not apply, please select N/A.

35. The ability of your MAC's representative to answer your questions about the Medicare enrollment application, CMS Form 855.
36. The consistency of your MAC's responses and decisions.
37. The professionalism and courtesy of your MAC's provider enrollment analysts during the provider enrollment process.

PROVIDER AUDIT AND REIMBURSEMENT

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

1. Yes
2. No

IF Q38 = 1 YES CONTINUE TO Q39 ELSE SKIP TO Q40

Think about the performance of your Medicare Administrative Contractor with respect to Provider Audit and Reimbursement. Please use a 10-point scale, where 1 is poor and 10 is excellent to rate them on the following ... If an item does not apply, please select N/A.

39. The overall performance of your MAC's provider audit and reimbursement activities?

SELF-SERVICE PORTAL

40. Have you used your MAC's online provider self-service internet portal?

1. Yes
2. No

IF Q40 = 1 YES CONTINUE TO Q41 ELSE SKIP TO Q45

Think about the Medicare Administrative Contractor online provided self-service internet portal. Please use a 10-point scale, where 1 is poor and 10 is excellent to rate them on the following ... If an item does not apply, please select N/A.

41. The ease of obtaining information through the portal.

42. The accuracy of information received through the portal.

43. The range of options available in the portal.

44. What additional functionality would you like to see in your MAC's portal? _____

ACSI Core Questions

45. Using a scale from 1 to 10, where 1 is not very satisfied and 10 is very satisfied; please rate your overall satisfaction with this MAC.

46. Please rate the extent to which the service provided by this MAC falls short of or exceeds your expectations. Please use a 10-point scale on which 1 means falls short of your expectations and 10 means exceeds your expectations.

47. Now forget about the MAC that you deal with and think about the ideal Medicare Administrative Contractor. How does the MAC you deal with compare to your idea of an ideal MAC? Please use a 10-point scale where 1 means not very close to the ideal and 10 means very close to the ideal.

General

48. We are interested in any specific comments you have about your MAC's performance and any rationale for your ratings in this survey. If you have suggestions about how the performance can be improved, please include it here.

49. If you want to be contacted about your responses by your MAC, please include the contact information (telephone number, e-mail address). Submission of this information is voluntary and will not be used for any other purpose than to discuss the responses.