

# Medicare Administrative Contractor (MAC) Satisfaction Indicator (MSI) Questionnaire

## FINAL VERSION

The MSI is designed to measure your satisfaction as a Medicare provider with the performance of your Medicare Administrative Contractor (MAC).

The MSI will not measure your satisfaction with other Medicare contractor types such as the Railroad Retirement Board (RRB), Recovery Audit Contractors (RACs), Comprehensive Error Rate Testing (CERT) contractors, Zone Program Integrity Contractors (ZPICs), or Qualified Independent Contractors (QICs). This Questionnaire will take about 15 – 20 minutes to complete.

Your answers will remain anonymous, and your participation is voluntary.

This survey is authorized by Office of Management and Budget Control No. 1090-0007 which expires on March 31, 2015. This survey will take approximately 15-20 minutes.

*Note: Throughout this document, the term provider is used inclusive of provider types, provider specialties and suppliers. The questionnaire is to be completed by you, the Medicare provider or supplier. If any of the work described in the sections below are handled by other personnel, you may want to ask them for the answers to the questions in the applicable section(s).*

1. How long have you been enrolled as a Medicare provider?
  1. Less than 1 year
  2. Between 1 and 3 years
  3. More than 3 years
  
2. Approximately how many full-time (or full-time equivalent) employees are in your practice or facility?
  1. 1 to 9
  2. 10 to 24
  3. 25 to 50
  4. 51 to 100
  5. More than 100

## CLAIMS PROCESSING

Your MAC performs standard editing on Medicare claims from providers to determine whether the claims are complete and should be paid. This section contains questions regarding your experience working with your MAC in these areas.

3. What is the approximate number of **electronic claims submitted per month** to your MAC by you, your practice or facility? (Please give your best estimate.)
  1. None
  2. 1-100
  3. 101 - 500
  4. 501 - 1000
  5. 1001 - 5000
  6. More than 5000

**(IF 3 = NONE, DON'T ASK QUESTION #5)**

4. What is the approximate number of **paper claims submitted per month** to your MAC by you, your practice or facility? (Please give your best estimate.)
  1. None
  2. 1-100
  3. 101 - 500
  4. 501 - 1000
  5. 1001 - 5000
  6. More than 5000

**(IF 4 = NONE, DON'T ASK QUESTION #6)**

**(IF BOTH 3 AND 4 =NONE, SKIP TO NEXT SECTION)**

Think about the performance of your MAC with respect to Claims Processing. **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If an item does not apply, or if no claims were submitted in the **last 6 months**, please select N/A.

5. Timeliness of processing clean electronic claims within the statutory requirement (Please consider the statutory requirement of 30 calendar days after the date of receipt when no additional documentation or development is needed.)
6. Timeliness of processing clean paper claims within the statutory requirement (Please consider the statutory requirement of 30 calendar days after the date of receipt when no additional documentation or development is needed.)
7. Accuracy of the claims processed
8. Clarity of the adjustment or denial explanation provided on the remittance advice .

9. Do you receive an electronic remittance advice (ERA)?
- Yes
  - No

**(IF 9 = NO, ASK 10)**

10. Why do you still receive the standard paper remittance instead of the (ERA)? (open-ended)

<b>ELECTRONIC DATA INTERCHANGE (EDI) HELPDESK (DOES NOT APPLY TO DME SUPPLIERS)</b>
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Your MAC provides EDI helpdesk staff who have experience with the Accredited Standards Committee (ASC) X12 837, 276/277, 270/271, and 835 version 5010 transactions. This section contains questions regarding your experience working with your MAC in these areas.

Think about the performance of your MAC with respect to handling electronic data interchange. **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If an item does not apply, or if you haven't worked with your MAC's EDI staff in the last 6 months, please select N/A.

- 11. The technical knowledge of your MAC's EDI staff on HIPAA X12 transactions
- 12. Service received from your MAC's EDI enrollment staff
- 13. Assistance with transmission of 837 claims transactions
- 14. Technical support on the MAC's free billing software
- 15. Assistance with understanding and interpreting 5010 transactions
- 16. Timeliness of completing the EDI enrollment processing (Includes turnaround for additions, corrections, deletes or new installations)

## PROVIDER TELEPHONE INQUIRIES

Your MAC is responsible for handling all Medicare-related inquiries from providers and suppliers. This section contains questions about telephone inquiries that you have made to your MAC's provider contact center regarding billing, claims and payment.

17. In the **last 6 months** how many times have you called your MAC's provider contact center?
1. None
  2. 1 - 25
  3. 26 – 50
  4. 51 – 100
  5. More than 100

**(IF 17= NONE, SKIP TO NEXT SECTION)**

Think about the performance of your MAC's Customer Service Representatives (CSRs) with respect to handling Provider Inquiries. **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If any item does not apply, or if no calls were made in the last 6 months, please select N/A.

18. Time on hold when answering your calls
19. Timeliness of receiving callbacks to general telephone inquiries within the required time (Please consider the requirement is within 10 business days.)
20. Professionalism and courtesy
21. Accuracy of information
22. Consistency of information received from multiple CSRs on the same topic (If you have not spoken with multiple CSRs on the same topic, please select N/A.)
23. Promptness of receiving the status on claims-related issues
24. Ability to direct you to quality references (i.e., websites, manuals, statutes) to sufficiently answer your question
25. Ability to resolve your issue or to answer your question in one call

Now, think about the performance of your MAC's interactive voice response (IVR) unit with respect to handling Provider Inquiries. **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If any item does not apply, or if the IVR was not used within the last 6 months, please select N/A.

26. Ease of navigating the IVR
27. Number of menu options you had to select in order to get the information you needed
28. Information provided on the IVR to completely resolve your general issues or inquiries

### **SELF-SERVICE PORTAL**

Your MAC has the option of developing and maintaining an Internet self-service portal that allows providers to, at a minimum, access the same eligibility and claim status functionality as the Interactive Voice Response (IVR) units as well as conducting various healthcare transactions. This section contains questions regarding your experience with using your MACs Internet self-service portal.

29. Does your MAC have an Internet self-service portal?

1. Yes
2. No
3. Don't know

**(IF 29=YES, GO TO 30 ELSE SKIP TO NEXT SECTION Q36)**

30. Have you used your MAC's Internet self-service portal?

1. Yes
2. No

**(IF 30= NO, SKIP TO NEXT SECTION Q36)**

31. Have the range of options available in your MAC's Internet portal decreased your use of IVR and/or provider inquiries to the Provider Contact Center?

1. Yes
2. No
3. Don't know

Think about your MAC's Internet self-service portal. **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If an item does not apply, or if your MAC does not have a portal, or if the Internet portal was not used in the last 6 months, please select N/A.

32. Ease of logging into the portal
33. Ease of navigating the portal to obtain information (once you are logged into the portal)
34. Usefulness of the information provided by the portal
35. What additional functionality or features would you like to see in your MAC's portal? (OPEN ENDED)

## **MEDICAL REVIEW**

Your MAC conducts medical reviews to promote a structured approach in the interpretation and implementation of Medicare policy, most often requiring the evaluation of medical records to determine the medical necessity of items and services reported in Medicare claims. This section contains questions regarding your experience working with your MAC in this area.

36. In the **last 6 months** how many Additional Documentation Request (ADR) letters for pre-payment or post-payment medical review have you received from the MAC?
  1. None
  2. 1
  3. 2-9
  4. 10-25
  5. More than 25

**(IF 36= NONE, SKIP TO NEXT SECTION Q44)**

Think about the performance of your MAC with respect to handling Medical Reviews. **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If an item does not apply, or if no Additional Documentation Request (ADR) letters were received within the last 6 months, please select N/A.

37. Clarity of A D R letters?
38. Clarity of medical review determinations involving prepayments
39. Clarity of medical review determinations involving postpayments

40. Timeliness of information about new local coverage determinations (LCD) (Includes changes and updates to existing LCDs that affect your practice or facility.)
41. Usefulness of information in educational links and resources in medical review results letters

**Provided the documentation is received within 45 calendar days of the date of the Additional Documentation Request...**

42. Does your MAC usually make **prepayment** review determinations within 60 calendar days of receiving all requested documentation?
  1. Yes
  2. No
  3. Don't know
43. Does your MAC usually make **postpayment** review determinations, and send review results notification letters within 60 calendar days of receiving all documentation?
  1. Yes
  2. No
  3. Don't know

**PROVIDER OUTREACH AND EDUCATION**

Your MAC educates and trains providers about the fundamentals of the Medicare program, policies, procedures, new Medicare initiatives, significant changes to the Medicare program, and identified billing issues. These outreach and education efforts are aimed at reducing the number of provider inquiries and claims submission errors. This section contains questions regarding your experience with your MAC's outreach and education efforts.

44. In the **last 6 months** how many times have you participated in an outreach and education activity arranged by your MAC?
  1. None
  2. 1-5
  3. 6-10
  4. More than 10

**IF 44=NONE, THEN SKIP TO NEXT SECTION Q52**

45. Which provider outreach and education media type offered by your MAC have you used (check all that apply)?
  1. In-person training or education event
  2. Teleconferences, including Ask-the-Contractor Teleconferences
  3. Webinar(s)
  4. Self-paced education (computer-based training, interactive tool, podcast, other)
  5. Electronic mailing list messages
  6. MAC's website (i.e., materials displayed on or downloaded from the website)

7. One-on-one training from MAC Provider Outreach and Education reps
8. Other, please specify \_\_\_\_\_
9. None

46. Which resource do you find most effective (select one)?

1. In-person training or education event
2. Teleconferences, including Ask-the-Contractor Teleconferences
3. Webinar(s)
4. Self-paced education (computer-based training, interactive tool, podcast, other)
5. Electronic mailing list messages
6. MAC's website (i.e., materials displayed on or downloaded from the website)
7. One-on-one training from MAC Provider Outreach and Education reps
8. Other, please specify \_\_\_\_\_
9. None

47. Why do you find this resource the most effective? (OPEN END)

Think about the performance of your MAC with respect to **all** Outreach and Education that you have used or attended in the past 6 months. **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If an item does not apply, or if you did not participate in any outreach and education activity in the last 6 months, please select N/A.

48. Expertise of outreach and education representatives during a MAC-led workshop, webinar, teleconference, or other educational event
49. Professionalism and courtesy of outreach and education representatives during MAC-led workshop, webinar, teleconference, or other educational event
50. Usefulness of information conveyed in outreach and education to help you correctly bill Medicare.
51. Timeliness of disseminating information about changes in Medicare policies and regulations to help you correctly bill Medicare.



## REOPENINGS AND REDETERMINATIONS (APPEALS)

Your MAC, when appropriate, has the ability to do a reopening or a redetermination to review a payment or coverage decision. This section contains questions regarding your experience working with your MAC in this area.

52. In the last 6 months, how many **reopenings** 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 52=NONE, DON'T ASK QUESTION 54)**

53. In the last 6 months, how many **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 53=NONE, DON'T ASK QUESTIONS 55 AND 56)**

Think about the performance of your MAC with respect to Appeals. **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If an item does not apply, or if no appeals were submitted in the last 6 months, please select N/A.

54. Ease of adjusting/correcting your claims under the reopenings process

55. Clarity of explanations of first-level appeal (redetermination) decisions

56. The overall performance of your MAC's first-level of appeals (redeterminations) activities

## PROVIDER ENROLLMENT

Your MAC works to ensure that only qualified individuals and organizations are enrolled or maintain their enrollment in the Medicare program. This section contains questions regarding your experience working with your MAC in this area.

57. In the **last 6 months**, have you gone through the Medicare enrollment process (i.e., initially enrolling, revalidating or providing updates to your current enrollment information)?
1. Yes
  2. No

**(IF 57 = NO, SKIP TO NEXT SECTION Q66)**

58. Thinking only about the electronic enrollments or enrollment updates that you submitted via Internet-based PECOS in the **last 6 months**, approximately how long (in calendar days) did the process usually take from the time your MAC received a signed certification statement or e-signature from you to the time the update or enrollment was complete? Your best estimate is fine.
1. Fewer than 30 days
  2. 31-45 days
  3. 46-60 days
  4. 61-90 days
  5. More than 90 days
  6. I did not use Internet-based PECOS in the last 6 months
59. For your most recent application submission, how many times did you call or write your MAC regarding the status of your application? Choose from one of the following responses:
1. None
  2. Once
  3. Twice
  4. Three or more times

Think about the performance of your MAC with respect to Provider Enrollment. **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If an item does not apply, or if you did not have contact with your MAC's enrollment analysts within the last 6 months, please select N/A.

60. The ability of your MAC's enrollment analysts to provide guidance to you about the Medicare paper enrollment application, Form CMS 855 or Internet-based PECOS?
61. Accuracy of your MAC's enrollment analysts' responses and decisions
62. Professionalism and courtesy of your MAC's enrollment analysts during the provider enrollment or enrollment update process
63. Amount of time it took to complete the enrollment process
64. Process used to provide the status of your enrollment application
65. Timeliness of resolving enrollment process questions

## **COST REPORT AUDIT AND REIMBURSEMENT**

Your MAC is responsible for performing cost report acceptance, desk reviews, rate reviews, audits, settlements, reopenings, and cost report appeals, and interim rate activities for institutional providers and related home offices to provide assurance that all payments are based on Medicare reimbursement principles. This section contains questions regarding your experience working with your MAC in this area.

66. In the **last 12 months**, have you submitted a Medicare cost report to your MAC?
  1. Yes
  2. No
  3. A cost report is not required to be submitted for my provider/supplier type

**(IF 66= NO or "A COST REPORT IS NOT REQUIRED...", SKIP TO NEXT SECTION Q72)**

Think about the performance of your MAC with respect to Provider Audit and Reimbursement (cost report audits, interim rate reviews, etc). **Please use a 10-point scale, where 1 is poor and 10 is excellent to rate your MAC on the following ...**

If an item does not apply, or if your provider/supplier type is not required to submit a cost report, or if you did not submit a cost report within the last 12 months, please select N/A.

- 67. Professionalism of the audit/or reimbursement staff during the review of your cost report
- 68. Accuracy of the information about cost report audit process inquiries
- 69. Accuracy of the information about interim rate review process inquiries
- 70. Accuracy of the information about desk review and audit process inquiries
- 71. The overall performance of your MAC's provider audit activities

## GENERAL QUESTIONS

Now think about the overall performance of your MAC to rate the following...

- 72. Using a scale from 1 to 10, where 1 is Very dissatisfied and 10 is very satisfied; please rate your overall satisfaction with this MAC.
- 73. Using a scale from 1 to 10, where 1 is falls short of your expectations and 10 is exceeds your expectations; please rate the extent to which the service provided by this MAC falls short of or exceeds your expectations.
- 74. Now, forget about the MAC that you deal with and think about what the ideal would be like. Using a scale from 1 to 10, where 1 is **not** very close to the ideal and 10 is very close to the ideal; How does your MAC compare to your idea of an ideal MAC?
- 75. We are interested in any specific comments you have about your MAC's performance and any rationale for your ratings in this questionnaire. If you have suggestions about the positive experiences you have had with your MAC or how your MAC's performance can be improved for a particular function or overall, please include your comments here.
- 76. If you want your MAC to contact you about your responses to this questionnaire, please include your contact information below Submission of this information is voluntary and will not be used by your MAC for any purpose other than to discuss your responses.
  - o Name: \_\_\_\_\_
  - o Telephone Number: \_\_\_\_\_

- o Email: \_\_\_\_\_
- o Other: \_\_\_\_\_

Thank you for your time today. We appreciate your feedback and will use the information to improve how we serve you.

DRAFT