

**Provider Compliance Group
Provider Customer Satisfaction Survey 2018
Draft 4**

(Items in **BOLD** are programming instructions, and are not intended to be read to the client)
(Items marked *for example* should only be read if respondent needs clarification)

Introduction (Do not read)

The CMS Provider Compliance Group (PCG) is conducting a survey which will take approximately 10 minutes. The survey will use the American Customer Satisfaction Index to determine how well their medical review contractors, specifically the Medicare Fee-for-Service Recovery Audit Contractors (RACs), are servicing providers. PCG will use this feedback to improve services to you and others like you.

Your answers are voluntary, but your opinions are very important. You will not be asked questions about confidential information. Your responses will be anonymous, and you will never be identified by name. This survey is authorized by Office of Management and Budget Control No. 1090-0007 which expires on **August 31, 2018**.

For further information regarding the purpose of the survey, please contact Ashley Badami at Ashley.Badami@cms.hhs.gov.

Screener and Introductory Questions (Do not show)

SQ1. Are you involved in Medicare RAC correspondence and documentation requests for your facility? Your involvement may include: receipt of correspondence, collection of requested medical records, handling of appeals, or other related tasks.

- a. Yes (**SKIP TO SQ3**)
- b. No (**CONTINUE TO SQ2**)
- c. Don't Know (**CONTINUE TO SQ2**)

SQ2 If you know the name and email address of the person who is best positioned to respond to this survey, please provide it here:

NAME: <**OPEN TEXT BOX**>

EMAIL: <**OPEN TEXT BOX**>

(TERMINATE SURVEY) Thank you for your time. That is all the questions we have today

SQ4 Is your job title designated as a dedicated RAC Coordinator? (This may include receipt of correspondence, collection of requested medical records, handling of appeals, or any other related tasks that involve interaction with the RAC)?

- a. Yes
- b. No

SQ5. What is your job title? <**OPEN TEXT BOX**>

SQ6. Are you employed by the provider/facility that is reviewed by the RAC or are you employed by a third-party (a third party maybe a company that's hired to manage Medicare claims submission, medical record requests, etc.)?

- a. I am employed by the provider/facility
- b. I am employed by a third-party

SQ7. Which is your current Medicare Fee for Service (FFS) Recovery Audit Contractor (RAC)?

- a. Region 1 – Performant
- b. Region 2 – Cotiviti
- c. Region 3 – Cotiviti
- d. Region 4 – HMS
- e. Region 5 – Performant
- d. Don't know **(TERMINATE. Thank you for your time. That is all the questions we have today.)**

SQ8. Prior to the award of the current RAC contracts in late 2016, which Medicare FFS RAC did your facility previously receive audits from?

- a. Region A – Performant
- b. Region B – CGI
- c. Region C – Connolly
- d. Region D – HDI
- e. None of the above
- Don't know

SQ9. Who is your Medicare Administrative Contractor or MAC?

- a. JA Noridian
- b. JB CGS
- c. JC CGS
- d. JD Noridian
- e. JE Noridian
- f. JF Noridian
- g. JH Novitas
- h. JJ Palmetto
- i. JK NGS
- j. JL Novitas
- k. JM Palmetto
- l. JN First Coast
- m. J5 WPS
- n. J6 NGS
- o. J8 WPS
- p. J15 CGS
- q. Don't know

Documentation (Do not show)

D1. Are you involved in any tasks associated with responding to Medicare Fee-for-Service (FFS) RAC Additional Documentation Requests (ADRs)?

- a. Yes, I handle most/all ADRs for my facility.
- b. Yes, I have some knowledge of or involvement in ADRs for my facility.
- c. No, I do not have knowledge of nor involvement in ADRs for my facility [**skip to next section**]

D2. What type of information is typically included when documentation is supplied as part of an ADR?
<OPEN TEXT BOX>

D3 What method does your facility typically use to respond to requests for additional documentation?

- a. Fax
- b. Hard copy mail
- c. Electronic Submission of Medical Documentation (esMD)

D4. How much money does your organization spend per month on responding to documentation requests from your Medicare FFS RACs?

- a. Less than \$500
- b. \$500 - \$1,000
- c. \$1,000 - \$1,500
- d. Greater than \$1,500
- e. Other (please specify)

D5. How does this level of monthly spending compare to requests from other CMS medical review contractors (i.e. MACs)?

- a. Much lower
- b. Somewhat lower
- c. About the same
- d. Somewhat higher
- e. Much higher
- f. NA/DK

D6. How many hours per month does your organization spend responding to documentation requests from your Medicare FFS RACs?

- a. Less than 5 hours
- b. 5 – 10 hours
- c. 10 – 20 hours
- d. Greater than 20 hours
- e. Other (please specify)

D7. How does this amount of time spent compare to other CMS medical review contractors (i.e. MACs)?

- a. Much lower
- b. Somewhat lower
- c. About the same
- d. Somewhat higher
- e. Much higher
- f. NA/DK

Using a 10-point scale, in which “1” means “poor” and “10” means “excellent,” how would you rate ...

D8. The directions provided by the RACs to respond to Additional Documentation Requests (ADRs).

D9. The ease of locating the requested documentation.

D10. The explanation provided by the RACs as to why your claims were selected for review.

D11. What could be done to improve the RAC ADR process? [OPEN END]

Recovery Auditor Process (Do not show)

RAP1. How often does your facility utilize the discussion period process afforded to providers after a RAC determination is made but before the determination is sent to the MAC for adjustment?

- a. Unaware of discussion period process **[skip to next section]**
- b. Never **[skip to next section]**
- c. 1% to 20% of the time
- d. 21% to 40% of the time
- e. 41% to 60% of the time
- f. 61% to 80% of the time
- g. 81% to 100% of the time

RAP2. How often does your facility submit additional documentation during the discussion period?

- a. Never
- b. 1% to 20% of the time
- c. 21% to 40% of the time
- d. 41% to 60% of the time
- e. 61% to 80% of the time
- f. 81% to 100% of the time

RAP3. How often does your facility request a discussion with the Contractor's Medical Director during the discussion period?

- a. Never
- b. 1% to 20% of the time
- c. 21% to 40% of the time
- d. 41% to 60% of the time
- e. 61% to 80% of the time
- f. 81% to 100% of the time

Consider your most recent experience with the RAC's medical review process. Using a 10-point scale, in which “1” means “poor” and “10” means “excellent,” how would you rate ...

RAP4. Frequency of claim review status updates made available by the RAC.

RAP5. Accuracy of the information provided in status updates provided by the RAC.

RAP6. The timeliness of the Review Results Letter or Informational Letter.

RAP7. Helpfulness of the Review Results Letter or Informational Letter, in understanding the RAC's reasoning for decision.

RAP8. How well the discussion period serves to reduce provider burden.

RAP9. Helpfulness of discussion period process (**ask if RAP1 <> Never**)

RAP10. Ease of scheduling the discussion meeting with Contractor's Medical Director (**ask if RAP3 <> Never**)

Recovery Auditor Customer Service (Do not show)

CC1. Have you called the RAC's call center in the last year?

- a. Yes
- b. No (**Skip to next section**)

Consider your most recent experience with the RAC's call center. Using a 10-point scale, in which "1" means "poor" and "10" means "excellent," how would you rate...

CC2. The ease of reaching the appropriate person

CC3. The time it took to reach the appropriate person

CC4. The respect shown by the staff

CC5. Staff's knowledge of the issue you called about

CC6. Did you require a follow up interaction?

- a. Yes
- b. No (**skip to CC9**)

CC7. Please rate the timeliness of this follow up

CC8. Were you satisfied with the outcome of your most recent experience with the RAC's call center?

- a. Yes
- b. No (please provided a brief explanation of what you are unsatisfied with)
- c. My inquiry is not yet resolved

CC9. Have you contacted your RAC via email in the last year?

- a. Yes
- b. No (**Skip to next section**)

Consider your most recent experience contacting the RAC via email. Using a 10-point scale, in which "1" means "poor" and "10" means "excellent," how would you rate...

CC10. The time it took to receive a response via email

CC11. Were you satisfied with the outcome of your most recent experience with the RAC's call center?

- a. Yes
- b. No (please provided a brief explanation of what you are unsatisfied with)
- c. My inquiry is not yet resolved

Recovery Auditor Website (Do not show)

W1. How frequently do you visit the RAC's website?

- a. Every day
- b. Once a week
- c. Once a month
- d. Every six months
- e. Once a year
- f. Never **(skip to next section)**
- g. Unaware of Recovery Auditor website **(skip to next section)**

W2 How do you use the Recovery Auditor website?

- a. To see what reviews are approved
- b. To check for RAC program updates
- c. To gain access to the RAC Provider Portal
- d. Other, please specify

Consider your most recent experience with the Recovery Auditor website. Using a 10-point scale, in which "1" means "poor" and "10" means "excellent," how would you rate ...

W3. The ease of navigating the site to find the information you need (i.e., number of clicks)

W4. The ease of understanding the necessary information

W5. The degree to which the information available is current and up to date

W6. What, if anything, could be done to improve the provider website? **[OPEN END]**

Recovery Auditor Provider Portals & Claims Status (Do not show)

PP1. How frequently do you use the RAC provider portal?

- a. Every day
- b. Once a week
- c. Once a month
- d. Every six months
- e. Once a year
- f. Never **(skip to next section)**
- g. Unaware of RAC provider portals **(skip to next section)**

PP2. How do you use the RAC provider portal?

- a. To view outcomes of determinations
- b. To update provider contact information
- c. To track claim status
- d. Other, please specify

Consider your most recent experience with the provider portals. Using a 10-point scale, in which "1" means "poor" and "10" means "excellent," how would you rate ...

PP2. The ease of navigating the portal to find the information you need (i.e., number of clicks)

PP3. The ease of understanding the necessary information

PP4. The degree to which the information available is current and up to date

PP5. What, if anything, could be done to improve the RAC provider portal? **[RECORD OPEN END]**

Claims Status (Do not show)

CS1. How does your facility receive status updates on claims in the review process?

- a. Website
- b. Portals
- c. Hardcopy correspondence
- d. Other, please specify

CS2. How does your facility prefer to receive status update on claims in the review process?

- a. Website
- b. Portals
- c. Hardcopy correspondence
- d. Other, please specify

Thinking about the communications you receive regarding the status of claims in the review process, using a 10-point scale, in which "1" means "poor" and "10" means "excellent," how would you rate ...

CS3. The timeliness of the communications

CS4. The accuracy of the communications

Appeals Process (Do not show)

AP1. Has your facility appealed a RAC determination in the past 12 months?

- a. Yes
- b. No **[skip to next section]**
- c. Don't know **[skip to next section]**

AP2. For your facility's most recent appeal, did you use the discussion period prior to appealing the decision?

- a. Yes
- b. No

ACSI Benchmark Questions (Do not show)

ACSI1. Using a 10-point scale on which "1" means "Very Dissatisfied" and "10" means "Very Satisfied," how satisfied are you with your interaction with the Medicare FFS RACs ?

ACSI2. Using a 10-point scale on which "1" now means "Falls Short of your Expectations" and "10" means "Exceeds your Expectations," to what extent have the services provided by the RACs fallen short of or exceeded your expectations?

ACSI3. Forget for a moment your experience with your current RAC. Now, imagine what an ideal RAC would be like. How well does your current RAC compare to the ideal? Please use a 10-point scale on which "1" means "Not very close to the ideal," and "10" means "Very close to the ideal."

Outcome Measures (Do not show)

OM1. Using a 10-point scale, on which "1" means "not very confident" and "10" means "very confident," how confident are you that your RAC will do a good job the next time you interact with him or her?

OM2. Have you contacted your RAC with a complaint within the past 3 months?

a. Yes

b. No **(skip to next section)**

OM3. How was your most recent complaint handled? Please use a 10-point scale on which "1" means "handled very poorly" and "10" means "handled very well".

Additional Questions (Do not read)

Thinking about your experiences working with your RAC, please rate your level of agreement with the following statements

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My RAC has increased its level of transparency					
My RAC has increased the accuracy of information it provides					
My RAC has reduced the amount of provider burden in working with recovery auditors					

AQ1. Please share your thoughts on enhancements that could be made to the RAC processes. Please provide specific examples.

AQ2. How could CMS continue to improve transparency within the RAC program? Please provide specific examples.

AQ3. Is there any additional information you would like to provide to help improve future RAC interaction with your facility?

Thank you for your time. The CMS Provider Compliance Group appreciates your input and will use this feedback to better serve its customers. Have a nice day!