

**Supporting Statement A for the QIC  
Demonstration Evaluation Contractor  
(QDEC): Analyze Medicare Appeals to  
Conduct Formal Discussions and  
Reopenings with DME Suppliers and Part A  
Providers  
(CMS-10633/OMB control number: 0938-1348)**

**Attachment A: Web-Based Survey  
Instrument and Recruitment Materials**

**June 1, 2020**

Centers for Medicare & Medicaid Services

Center for Medicare (CM)

Medicare Enrollment and Appeals Group (MEAG)

Division of Appeals Operations (DAO)

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Baltimore, MD 21244

## Table of Contents

Attachment A: Web-Based Survey Instrument and Recruitment Materials.....	1
Appendix A. DME Survey Invite and Reminder Text.....	1
Initial Electronic Mail Invitation.....	1
First Reminder.....	2
Final Reminder.....	3
Appendix B. DME Satisfaction Survey Instruments .....	4
DME QIC Discussion Participant Satisfaction Survey .....	4
Appendix C. Part A Survey Invite and Reminder Text .....	9
Initial Electronic Mail Invitation .....	9
First Reminder.....	10
Final Reminder.....	11
Appendix D. Part A Satisfaction Survey Instrument .....	12

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# Appendix A. DME Survey Invite and Reminder Text

## Initial Electronic Mail Invitation

Dear [CONTACTNAME]

You were randomly selected from a list of suppliers who recently Discipated in the Centers for Medicare & Medicaid Services (CMS) Formal Telephone Discussion Demonstration. We need your help to refine and improve the Demonstration by responding to a brief survey.

Our records show that you participated in a telephone discussion related to a Medicare durable medical equipment (DME) claim on [DISCUSSION DATE]. CMS is interested in your experience with the Demonstration, the DME Qualified Independent Contractor, MAXIMUS, Inc. (“the QIC”), and your suggestions on how the Demonstration could be improved.

CMS has contracted with IMPAQ International to conduct a DME supplier satisfaction and experience survey. We invite you to take this short web-based survey, which will ask you about your **experience** with the telephone discussion, **satisfaction with timeliness and quality** of the telephone discussion, and **aspects** of the telephone discussion **that could be improved**. The survey is voluntary, and CMS and MAXIMUS will not know your identity, whether **you** respond, or your specific responses.

The survey should take between 5 to 10 minutes of your time, and can be taken using a mobile device or desktop computer.

Please follow the link to access the survey. [SURVEYLINK]

Please complete this survey by COB on [END FIELDING DATE]. If you have any questions please contact the Evaluation Team at [DME-Discussions@impaqint.com](mailto:DME-Discussions@impaqint.com). We appreciate your time and feedback.

Thank you,

Guido Cataife, Ph.D.  
Project Director | QIC Demonstration Evaluation Contractor (QDEC)  
IMPAQ International

## PRA Disclosure Statement

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 [NUMBER], **Expiration Date: [DATE]**.

## First Reminder

Dear [CONTACTNAME]

You were randomly selected from a list of suppliers who recently participated in the Centers for Medicare & Medicaid Services (CMS) Formal Telephone Discussion Demonstration. This is a reminder about your invitation to participate in a satisfaction survey. Your input is very important to CMS, and will be used to improve the telephone discussion process.

Our records show that you participated in a telephone discussion related to a Medicare durable medical equipment (DME) claim on [DISCUSSIONDATE]. CMS is interested in your experience with the Demonstration, the DME Qualified Independent Contractor, MAXIMUS, Inc. (“the QIC”), and your suggestions on how the Demonstration could be improved. CMS has contracted with IMPAQ International to conduct a DME supplier satisfaction and experience survey.

We invite you to take this short web-based survey, which will ask you about your **experience** with the telephone discussion, **satisfaction with timeliness and quality** of the telephone discussion, and **aspects** of the telephone discussion **that could be improved**. The survey is voluntary, and CMS and MAXIMUS will not know your identity, whether you respond, or your specific responses.

The survey should take between 5 to 10 minutes of your time, and can be taken using a mobile device or desktop computer.

Please follow the link to access the survey. [SURVEYLINK]

Please complete this survey by COB on **[END FIELDING DATE]**. If you have any questions please contact the Evaluation Team at [DME-Discussions@impaqint.com](mailto:DME-Discussions@impaqint.com). We appreciate your time and feedback.

Thank you,  
Guido Cataife, Ph.D.  
Project Director | QIC Demonstration Evaluation Contractor (QDEC)  
IMPAQ International

### PRA Disclosure Statement

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 **[NUMBER]**, **Expiration Date: [DATE]**.

## Final Reminder

Dear [CONTACTNAME]

You were randomly selected from a list of suppliers who recently participated in the Centers for Medicare & Medicaid Services (CMS) Formal Telephone Discussion Demonstration. This is a final reminder about your invitation to participate in a satisfaction survey. Your input is very important to CMS, and will be used to improve the telephone discussion process.

Our records show that you participated in a telephone discussion related to a Medicare durable medical equipment (DME) claim on [DISCUSSIONDATE]. CMS is interested in your experience with the Demonstration, the DME Qualified Independent Contractor, MAXIMUS, Inc. (“the QIC”), and your suggestions on how the Demonstration could be improved.

CMS has contracted with IMPAQ International to conduct a DME supplier satisfaction and experience survey. We invite you to take this short web-based survey, which will ask you about your **experience** with the telephone discussion, **satisfaction with timeliness and quality** of the telephone discussion, and **aspects** of the telephone discussion **that could be improved**. The survey is voluntary, and CMS and MAXIMUS will not know your identity, whether you respond, or your specific responses.

The survey should take between 5 to 10 minutes of your time, and can be taken using a mobile device or desktop computer.

Please follow the link to access the survey. [SURVEYLINK]

Please complete this survey by COB on **[END FIELDING DATE]**. If you have any questions, please contact the Evaluation Team at [DME-Discussions@impaqint.com](mailto:DME-Discussions@impaqint.com). We appreciate your time and feedback.

Thank you,  
Guido Cataife, Ph.D.  
Project Director | QIC Demonstration Evaluation Contractor (QDEC) IMPAQ International

### PRA Disclosure Statement

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# Appendix B. DME Satisfaction Survey Instruments

## DME QIC Discussion Participant Satisfaction Survey

CMS is conducting a Formal Telephone Discussion Demonstration with Durable Medical Equipment (DME) Suppliers that submit Medicare Fee-For-Service claims.

As part of the Demonstration, CMS is assessing provider experiences with the formal telephone discussion conducted by the DME Qualified Independent Contractor, MAXIMUS, Inc. (the QIC).

Our records show that you participated in a formal telephone discussion related to one or more pending DME claims on **[DISCUSSIONDATE]**. To help improve the Demonstration, please take 10 minutes to provide CMS feedback on your recent experience.

1. **Considering your participation in the formal telephone discussion that occurred on [DISCUSSIONDATE], please tell us whether you agree or disagree with each of the following statements.**
  - a. **The QIC clearly explained why the claim was originally denied by the Medicare Appeals Contractor (MAC).**
    - Strongly Disagree
    - Disagree
    - Agree
    - Strongly Agree
  - b. **The QIC clearly explained Medicare requirements that apply to the claims.**
    - Strongly Disagree
    - Disagree
    - Agree
    - Strongly Agree
  - c. **The QIC clearly explained Medicare policies that apply to the claims.**
    - Strongly Disagree
    - Disagree
    - Agree
    - Strongly Agree
  - d. **The QIC identified additional documentation needed for the reconsideration review (or, stated that no further documentation was needed).**
    - Strongly Disagree
    - Disagree
    - Agree
    - Strongly Agree
  - e. **The information given by the QIC helps me or my company to submit more complete or accurate claims.**

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

**2. How satisfied were you with the formal telephone discussion experience overall?**

Very dissatisfied  
Dissatisfied  
Satisfied  
Very satisfied

**3. Did the QIC provide enough information before the discussion so that you could adequately prepare?**

- Yes (skip to Q4)
- No (skip to 3a)
- Not Sure (skip to Q4)

**a. What information from the QIC would have been useful to help you prepare for the formal telephone discussion?**

Type answer here: [open ended text box]

**4. Considering your experience with the formal telephone discussion that occurred on [DISCUSSIONDATE], please tell us whether you agree or disagree with each of the following statements.**

**a. The formal telephone discussion provided adequate opportunity to give verbal testimony in support of the case.**

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

**b. The formal telephone discussion process is better than the traditional on-the-record review process.**

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

**5. Please tell us how satisfied you were with each of the following aspects of the formal telephone discussion that took place on [DISCUSSIONDATE].**

**a. Timeliness of communication from the QIC about scheduling the formal discussion**

Very satisfied  
Satisfied  
Dissatisfied  
Very dissatisfied

- b. **The QIC’s knowledge of CMS regulations applicable to the claim under formal telephone discussion**  
 Very satisfied  
 Satisfied  
 Dissatisfied  
 Very dissatisfied
- c. **The way the QIC listened to you during the formal telephone discussion**  
 Very satisfied  
 Satisfied  
 Dissatisfied  
 Very dissatisfied
- d. **The professionalism of the QIC in handling the formal telephone discussion process**  
 Very satisfied  
 Satisfied  
 Dissatisfied  
 Very dissatisfied
- e. **Timeliness of communication from the QIC about the outcomes of the formal telephone discussion**  
 Very satisfied  
 Satisfied  
 Dissatisfied  
 Very dissatisfied
- f. **Thoroughness of communication from the QIC regarding the formal telephone discussion decision letter**  
 Very satisfied  
 Satisfied  
 Dissatisfied  
 Very dissatisfied

6. Did you find the following aspects of the formal telephone discussion beneficial?

Aspects of Discussion	Beneficial	Not Beneficial
Opportunity to present verbal testimony	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to learn more about Medicare policies and requirements applicable to the case	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to provide additional documentation	<input type="checkbox"/>	<input type="checkbox"/>
Speed of resolving the case compared to going through the OMHA process	<input type="checkbox"/>	<input type="checkbox"/>

7. During or after your formal telephone discussion on [DISCUSSIONDATE], did the QIC offer to reopen any cases that are currently pending at the Office of Medicare Hearings and Appeals (OMHA)?



- Yes (go to Q7a)
- No (skip to Q9)
- Not Sure (skip to Q9)

a. Did you participate in the reopening?

- Yes
- No (skip to Q9)
- Not Sure (skip to Q9)

8. Considering your experience with the reopenings process that accompanied your formal discussion on [DISCUSSIONDATE], please tell us whether you agree or disagree with each of the following statements.

a. The QIC clearly explained how the reopenings process works

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

b. The QIC provided a list of documents necessary to reopen the case(s)

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

c. The time provided to submit necessary documentation for the reopened case(s) (14 days) was adequate.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

d. If you answered strongly disagree or disagree to 8c., enter the number of days you feel would be adequate.

[response box] days

e. [If provider indicated they participated in a reopening] Please tell us what about the reopenings process could be improved.

[Text Box]

9. How likely is it that you would recommend participating in a formal discussion to other DME suppliers?

Not at all Likely					Neutral						Extremely Likely
0	1	2	3	4	5	6	7	8	9	10	

10. How likely is it that you would participate in another formal discussion?

Not at all  
Likely

Neutral

Extremely  
Likely

1 1 2 3 4 5 6 7 8 9 10

11. Please tell us what about the formal discussions process could be improved.

[Text Box]

12. Have you made changes to your billing and documentation practices after participating in the formal telephone discussion?

- Yes (skip to 12a)
- No (skip to Q13)
- Not Sure (skip to Q13)

a. Please describe the changes you made to billing and documentation practices after participating in the formal telephone discussion.

Please type your answer in the box below.

[Text Box]

13. Do you have any other comments about the formal telephone discussion process, reopenings process, or this survey itself?

[Text Box]

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# Appendix C. Part A Survey Invite and Reminder Text

## Initial Electronic Mail Invitation

Dear [CONTACTNAME]

You were randomly selected from a list of providers who recently participated in the Centers for Medicare & Medicaid Services (CMS) Formal Telephone Discussion Demonstration. We need your help to refine and improve the Demonstration by responding to a brief survey.

Our records show that you participated in a formal telephone discussion related to a Medicare Part A claim on [DISCUSSIONDATE]. CMS is interested in your experience with the Demonstration, the Part A East Qualified Independent Contractor (“the QIC”), C2C Innovative Solutions, Inc., and your suggestions on how the Demonstration could be improved.

CMS has contracted with IMPAQ International to conduct a provider satisfaction and experience survey. We invite you to take this short web-based survey, which will ask you about your **experience** with the formal telephone discussion, **satisfaction with timeliness and quality** of the formal telephone discussion, and **aspects** of the formal telephone discussion **that could be improved**. The survey is voluntary, and CMS and C2C will not know your identity, whether you respond, or your specific responses.

The survey should take between 5 to 10 minutes of your time and can be taken using a mobile device or desktop computer.

Please follow the link to access the survey. [SURVEYLINK]

Please complete this survey by COB on [END FIELDING DATE]. If you have any questions please contact the Evaluation Team at [PartA-Discussions@impagint.com](mailto:PartA-Discussions@impagint.com). We appreciate your time and feedback.

Thank you,

Guido Cataife, Ph.D.  
Project Director | QIC Demonstration Evaluation Contractor (QDEC)  
IMPAQ International

### PRA Disclosure Statement

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## First Reminder

Dear [CONTACTNAME]

You were randomly selected from a list of providers who recently participated in the Centers for Medicare & Medicaid Services (CMS) Formal Telephone Discussion Demonstration. This is a reminder about your invitation to participate in a satisfaction survey. Your input is very important to CMS, and will be used to improve the formal telephone discussion process.

Our records show that you participated in a formal telephone discussion related to a Medicare Part A claim on [DISCUSSIONDATE]. CMS is interested in your experience with the Demonstration, the Part A East Qualified Independent Contractor (“the QIC”), C2C Innovative Solutions, Inc., and your suggestions on how the Demonstration could be improved.

CMS has contracted with IMPAQ International to conduct a Part A provider satisfaction and experience survey. We invite you to take this short web-based survey, which will ask you about your **experience** with the formal telephone discussion, **satisfaction with timeliness and quality** of the formal telephone discussion, and **aspects** of the formal telephone discussion **that could be improved**. The survey is voluntary, and CMS and C2C will not know your identity, whether you respond, or your specific responses.

The survey should take between 5 to 10 minutes of your time, and can be taken using a mobile device or desktop computer.

Please follow the link to access the survey. [SURVEYLINK]

Please complete this survey by COB on **[END FIELDING DATE]**. If you have any questions please contact the Evaluation Team at [PartA-Discussions@impagint.com](mailto:PartA-Discussions@impagint.com). We appreciate your time and feedback.

Thank you,

Guido Cataife, Ph.D.  
Project Director | QIC Demonstration Evaluation Contractor (QDEC)  
IMPAQ International

### PRA Disclosure Statement

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 **[Number]**, **Expiration Date: [Date]**.

## Final Reminder

Dear [CONTACTNAME]

You were randomly selected from a list of suppliers who recently participated in the Centers for Medicare & Medicaid Services (CMS) Formal Telephone Discussion Demonstration. This is a final reminder about your invitation to participate in a satisfaction survey. Your input is very important to CMS, and will be used to improve the telephone discussion process.

Our records show that you participated in a formal telephone discussion related to a Medicare Part A claim on [DISCUSSIONDATE]. CMS is interested in your experience with the Demonstration, the Part A East Qualified Independent Contractor (“the QIC”), C2C Innovative Solutions, Inc., and your suggestions on how the Demonstration could be improved.

CMS has contracted with IMPAQ International to conduct a Part A provider satisfaction and experience survey. We invite you to take this short web-based survey, which will ask you about your **experience** with the telephone discussion, **satisfaction with timeliness and quality** of the telephone discussion, and **aspects** of the telephone discussion **that could be improved**. The survey is voluntary, and CMS and C2C will not know your identity, whether you respond, or your specific responses.

The survey should take between 5 to 10 minutes of your time, and can be taken using a mobile device or desktop computer.

Please follow the link to access the survey. [LINK]

Please complete this survey by COB on **[END FIELDING DATE]**. If you have any questions, please contact the Evaluation Team at [PartA-Discussions@impaqint.com](mailto:PartA-Discussions@impaqint.com). We appreciate your time and feedback.

Thank you,  
Guido Cataife, Ph.D.  
Project Director | QIC Demonstration Evaluation Contractor (QDEC) IMPAQ International

### PRA Disclosure Statement

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# Appendix D. Part A Satisfaction Survey Instrument

CMS is conducting a Formal Telephone Discussion Demonstration with Part A East Suppliers that submit Medicare Fee-For-Service claims.

As part of the Demonstration, CMS is assessing supplier experiences with the telephone discussion conducted by the Part A East Qualified Independent Contractor, **C2C Innovative Solutions**, Inc. (the QIC).

Our records show that you participated in a telephone discussion related to one or more pending Part A claims on **[DISCUSSION DATE]**. To help improve the Demonstration, please take 10 minutes to provide CMS feedback on your recent experience.

1. **Considering your participation in the telephone discussion that occurred on [DISCUSSION DATE], please tell us whether you agree or disagree with each of the following statements.**
  - a. **The QIC clearly explained why the claim was originally denied by the Medicare Appeals Contractor (MAC).**
    - Strongly Disagree
    - Disagree
    - Agree
    - Strongly Agree
  - b. **The QIC clearly explained Medicare requirements that apply to the claims.**
    - Strongly Disagree
    - Disagree
    - Agree
    - Strongly Agree
  - c. **The QIC clearly explained Medicare policies that apply to the claims.**
    - Strongly Disagree
    - Disagree
    - Agree
    - Strongly Agree
  - d. **The QIC identified additional documentation needed for the reconsideration review or stated that no further documentation was needed.**

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

- e. The information given by the QIC helps me or my company to submit more complete or accurate claims.**

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

- 2. How satisfied were you with the telephone discussion experience overall?**

Very dissatisfied  
Dissatisfied  
Satisfied  
Very satisfied

- 3. Did the QIC provide enough information before the discussion so that you could adequately prepare?**

Yes (**skip to Q4**)  
No (**skip to 3a**)  
Not Sure (**skip to Q4**)

- a. What information from the QIC would have been useful to help you prepare for the telephone discussion?**

Type answer here: [open ended text box]

- 4. Considering your experience with the telephone discussion that occurred on [DISCUSSIONDATE], please tell us whether you agree or disagree with each of the following statements.**

- a. The telephone discussion provided adequate opportunity to give verbal testimony in support of the case.**

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

- b. The telephone discussion process is better than the traditional on-the-record review process.**

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

- 5. Please tell us how satisfied you were with each of the following aspects of the telephone discussion that took place on [DISCUSSIONDATE].**

- a. Timeliness of communication from the QIC about scheduling the formal discussion**

Very satisfied  
Satisfied  
Dissatisfied  
Very dissatisfied

- b. The QIC's knowledge of CMS regulations applicable to the claim under telephone discussion**

Very satisfied  
Satisfied  
Dissatisfied  
Very dissatisfied

- c. The way the QIC listened to you during the telephone discussion**

Very satisfied  
Satisfied  
Dissatisfied  
Very dissatisfied

- d. The professionalism of the QIC in handling the telephone discussion process**

Very satisfied  
Satisfied  
Dissatisfied  
Very dissatisfied

- e. Timeliness of communication from the QIC about the outcomes of the telephone discussion**

Very satisfied  
Satisfied



Dissatisfied  
Very dissatisfied

f. **Thoroughness of communication from the QIC about the telephone discussion decision letter**

Very satisfied  
Satisfied  
Dissatisfied  
Very dissatisfied

6. **Did you find the following aspects of the telephone discussion beneficial?**

Aspects of Discussion	Beneficial	Not Beneficial
Opportunity to present verbal testimony	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to learn more about Medicare policies and requirements applicable to the case	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to provide additional documentation	<input type="checkbox"/>	<input type="checkbox"/>
Speed of resolving the case compared to going through the OMHA process	<input type="checkbox"/>	<input type="checkbox"/>

7. **During or after your telephone discussion on [DISCUSSIONDATE], did the QIC offer to reopen any cases that are currently pending at the Office of Medicare Hearings and Appeals (OMHA)?**

Yes (go to Q7a)  
No (skip to Q9)  
Not Sure (skip to Q9)

a. **Did you participate in the reopening?**

Yes  
No (skip to Q9)  
Not Sure (skip to Q9)

8. **Considering your experience with the reopenings process that accompanied your formal discussion on [DISCUSSIONDATE], please tell us whether you agree or disagree with each of the following statements.**

a. **The QIC clearly explained how the reopenings process works**

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

b. **The QIC provided a list of documents necessary to reopen the case(s)**

Strongly Disagree

Disagree

Agree

Strongly Agree

c. **The time provided to submit necessary documentation for the reopened case(s) (14 days) was adequate.**

Strongly Disagree

Disagree

Agree

Strongly Agree

d. **If you answered strongly disagree or disagree to 8c., enter the number of days you feel would be adequate.**

[response box] days

e. **[If supplier indicated they participated in a reopening] Please tell us what about the reopenings process could be improved.**

[Text Box]

9. **How likely is it that you would recommend participating in a formal discussion to other Part A providers?**

Not at all  
Likely

Neutral

Extremely  
Likely

2 1 2 3 4 5 6 7 8 9 10

10. **How likely is it that you would participate in another formal discussion?**

Not at all  
Likely

Neutral

Extremely  
Likely

3 1 2 3 4 5 6 7 8 9 10

11. **Please tell us what about the formal discussions process could be improved.**

[Text Box]

**12. Have you made changes to your billing and documentation practices after participating in the formal telephone discussion?"**

- Yes (skip to 12a)
- No (skip to Q13)
- Not Sure (skip to Q13)

b. Please describe the changes you made to billing and documentation practices after participating in the formal telephone discussion.

Please type your answer in the box below.

**[Text Box]**

**13. Do you have any other comments about the telephone discussion process, reopenings process, or this survey itself?**

**[Text Box]**