

Audit & Reimbursement - Letter Survey

* means a response is required to proceed

Introduction text:

We're looking for ways to improve your audit and reimbursement experience.

Please take a few minutes to share your thoughts with us.

Q1*. What jurisdiction is your feedback about?

- Jurisdiction A Durable Medical Equipment Supplier (DME Suppliers from CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)
- Jurisdiction D Durable Medical Equipment Supplier (DME Suppliers from AK, AS, AZ, CA, GU, HI, ID, IA, KS, MO, MT, ND, NE, NV, N. Mariana Islands, OR, SD, UT, WA, WY)
- Jurisdiction E (A/B Providers from AS, CA, GU, HI, NV, N. Mariana Islands)
- Jurisdiction F (A/B Providers from AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY)
- Jurisdiction 15 (A/B Providers from KY, OH)
- Jurisdiction 15 (HH+H Providers from CO, DC, DE, IA, KS, MD, MO, MT, ND, NE, PA, SD, UT, VA, WV, WY)
- Jurisdiction B Durable Medical Equipment Supplier (DME Suppliers from IL, IN, KY, MI, MN, OH, WI)
- Jurisdiction C Durable Medical Equipment Supplier (DME Suppliers from AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV)
- Jurisdiction 5 (A/B Providers from IA, KS, MO, NE)
- Jurisdiction 8 (A/B Providers from IN, MI)
- Jurisdiction L (A/B Providers from DC, DE, MD, NJ, PA)
- Jurisdiction H (A/B Providers from AR, CO, LA, MS, NM, OK, TX)
- Jurisdiction RRB (Part B Nationwide)
- Jurisdiction J (A/B Providers from AL, GA, TN)
- Jurisdiction M (A/B Providers from NC, SC, VA, WV)
- Jurisdiction M (HH+H Providers from AL, AK, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX)
- Jurisdiction K (A/B Providers from CT, MA, ME, NH, NY, RI, VT)
- Jurisdiction K (HH+H Providers from CT, MA, ME, NH, RI, VT)
- Jurisdiction K (FQHC Providers from CT, ME, MA, NH, RI, VT)
- Jurisdiction 6 (A/B Providers from IL, MN, WI)
- Jurisdiction 6 (HH+H Providers from AK, AS, AZ, CA, GU, HI, ID, MI, MN, NJ, NV, NY, N. Mariana Islands, OR, PR, VI, WA, WI)
- Jurisdiction 6 (FQHC Provider from AL, AK, AS, AR, CA, CO, DE, FL, GA, GU, HA, ID, IL, IN, IA, KS, KY, LA, MD, MI, MN, MS, MO, NE, NV, NJ, NM, NC, MP, OH, OK, OR, PA, PR, SC, TN, TX, VI, WA, DC, WV, WI, CT, ME, MA, NH, NY, RI, VT)
- Jurisdiction N (A/B Providers from FL, PR, VI)

Notes:

1. *This question is only presented to a survey respondent when a Medicare Administrative Contractor (MAC) is not able to pass embedded data to Qualtrics identifying the jurisdiction for which the respondent is providing feedback.*
2. *The answer choices represent the universe of MAC jurisdictions. However, the list will be filtered based on the jurisdiction and services of a particular MAC. For example, a survey respondent will only see Jurisdiction K or Jurisdiction 6 if they are responding to an NGS survey*

Q2*. Considering all services provided by [MAC Name], overall, how satisfied or dissatisfied are you with us?

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

Q3*. Which best describes you?

- Provider of medical services
- Supplier of medical equipment or supplies
- Staff of a provider of medical services
- Staff of a supplier of medical equipment or supplies
- Staff of a billing service, credentialing agency, or clearinghouse
- Consultant or attorney
- Other [open text box] *

Notes:

1. *If 'Provider of medical services' or 'Staff of a provider of medical services' is selected, show question 3a*
2. *If any other answer choice is selected, show Question 4*

Q3a*. What's your Medicare enrollment type or your practice or facility's enrollment type?

- Institutional Provider
- Clinic or Group Practice
- Physician
- Non-Physician Practitioner
- Home Health
- Hospice
- Other [open text box] *

Note:

This question only shows if 'Provider of medical services' or 'Staff of a provider of medical services' is selected in Question 3

Q4*. How satisfied or dissatisfied were you with how fast we responded to your questions, requests, and concerns?

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

Q4a* . **Why were you dissatisfied with our responsiveness?**

- [Open text box]

Notes:

This question only shows if 'Somewhat dissatisfied' or 'Extremely dissatisfied' is selected in Question 4

Q5* . **How satisfied or dissatisfied were you with our professionalism?**

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

Q5a* . **How can we be more professional?**

- [Open text box]

Notes:

This question only shows if 'Somewhat dissatisfied' or 'Extremely dissatisfied' is selected in Question 5

Q6. **Were our staff knowledgeable on the regulations used for the review?**

- Yes
- No

Q6a* . **What didn't our staff know?**

- [Open text box]

Notes:

This question only shows if 'No' is selected in Question 6

Q7* . **How satisfied or dissatisfied are you with your overall experience during the audit and reimbursement process?**

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied

- Extremely dissatisfied

Q8*. What could we do to make your next audit and reimbursement experience better?

This feature won't provide live support or result in immediate assistance. This is only for feedback and suggestions. **Don't** enter Protected Health Information (PHI) or Personally Identifiable Information (PII). Please use our resources such as the portal, IVR or contact center to resolve your questions.

- [Open text box]
- Nothing additional to share

Q9*. If we have questions about your feedback, can we contact you?

- Yes
- No

Q9a*. Please provide the following contact information:

- Name:
- Work email:
- NPI:

Notes:

1. *Question 9a only shows if 'Yes' is selected in Q9*

Custom End of Survey Messages

- **If "Somewhat dissatisfied" or "Extremely dissatisfied" is selected in Question 7 then the following response is provided:**
Thank you for taking our survey. We're sorry you didn't have a positive experience during the audit and reimbursement process, and we appreciate the time you took to share your feedback with us. We'll work to address your concerns.
- **If "Neither satisfied nor dissatisfied" is selected in Question 7 then the following response is provided:**
Thank you for taking our survey. We appreciate the time you took to share your experience with us.
- **If "Somewhat satisfied" or "Extremely satisfied" is selected in Question 7 then the following response is provided:**
Thank you for taking our survey. We're happy you had a positive experience during the audit and reimbursement process, and we appreciate the time you took to share your feedback with us.

PRA Disclosure Statement will be added as a link to the bottom of the survey

<https://www.cms.gov/files/document/pr-disclosure-statement>