

## The goals of the MCPSS are to:

- Provide feedback from you to Medicare FFS contractors so they may implement process-improvement initiatives;
- Establish a uniform measure of provider satisfaction with contractor performance; and
- Satisfy requirements of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) to measure provider satisfaction levels.

The Centers for Medicare & Medicaid Services (CMS) is listening and wants to hear from you about the services provided by the Medicare Fee-for-Service (FFS) contractor responsible for processing and paying your Medicare claims. The MCPSS is a survey that offers you, as a Medicare FFS provider or supplier, the opportunity to provide feedback on your interactions with your Medicare contractor. The feedback is related to seven key business functions:

- Provider Inquiries
- Provider Outreach & Education
- Claims Processing
- Appeals
- Provider Enrollment
- Medical Review
- Provider Audit & Reimbursement

## WHO IS SURVEYED IN THE MCPSS?

The survey is sent to a random sample of approximately 30,000 Medicare FFS providers and suppliers during each survey administration. The sample includes physicians, suppliers, healthcare practitioners and institutional facilities who serve Medicare beneficiaries across the country, and who represent the national community of more than two million Medicare providers. Specifically,





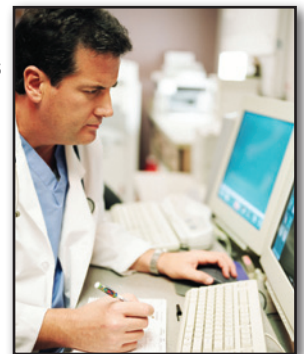
You may have a staff member who can act as a proxy to respond on your behalf. The respondent can be anyone within your organization who has knowledge of the Medicare claims process. The proxy may include, but not be limited to, your Business Office Manager, Revenue Cycle Director, or Medicare Biller.

### HOW WILL CMS USE THE MCPSS RESULTS?

The MCPSS gives you the opportunity to influence CMS with regard to the performance of its Medicare FFS contractors. As part of their

contract requirements, contractors are required to achieve performance targets on the MCPSS.

The performance standard gives contractors a benchmark for comparisons with other contractors, as well as an annual individual standard to improve upon each year.



In addition to monitoring contractor performance, CMS will use the results for monitoring trends, improving oversight and increasing efficiency of the Medicare program.

If you are selected to participate, please take the time to complete this important survey. CMS encourages participation in the survey via a secure website on the Internet. Participation in the survey is also available via mail, fax, or telephone.

For more information about the MCPSS visit the CMS website at: <http://www.cms.hhs.gov/MCPSS>

CMS will consider the following provider/supplier groups for the sample:

- Physicians
- Limited Licensed Practitioners
- Labs
- Hospitals
- Skilled Nursing Facilities
- Rural Health Centers
- Home Health Agencies
- Federally Qualified Health Centers
- Hospice Facilities
- End Stage Renal Disease facilities
- Durable Medical Equipment Suppliers
- Ambulance Service Providers
- Other Part A and Part B Providers



### WHO CAN RESPOND TO THE MCPSS?

CMS understands that you, as an individual provider or supplier, may not be able to respond directly to the survey.

**This CMS MCPSS Factsheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This resource may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.**