

## Medicare Contractor Provider Satisfaction Survey (MCPSS)

### *Fact Sheet*

October 17, 2005

### Survey Overview

The Medicare Contractor Provider Satisfaction Survey -- or MCPSS -- is designed to garner quantifiable data on provider satisfaction with the performance of Medicare Fee-for-Service (FFS) contractors. The MCPSS is /one/ of the tools CMS will use to carry-out the measurement of provider satisfaction levels, a requirement of the Medicare Modernization Act. Specifically, the survey will enable the Centers for Medicare & Medicaid Services (CMS) to gauge provider satisfaction with key services performed by the 42 contractors that process and pay the more than \$280 billion in Medicare claims each year. Contractors will use the results to improve their service. CMS will use the results to improve its oversight of and increase the efficiency of administration of the Medicare program.

### The Facts At-a-Glance

#### *Purpose & Goals*

- Purpose: Obtain **quantifiable data** to enable CMS to measure provider satisfaction with the performance of Medicare contractors
- Three **primary goals**:
  - Satisfy Medicare Modernization Act (2003) requirements to measure provider satisfaction levels
  - Provide feedback from providers to contractors so they may implement process improvement initiatives
  - Establish a uniform measure of provider satisfaction with contractor performance

#### *Survey Administration*

- First national administration will query **25,000 randomly selected providers** (physicians, healthcare practitioners, and facilities) out of the 1.2 million who serve Medicare beneficiaries
- Survey will include all **42 Medicare FFS contractors**, including:
  - Fiscal Intermediaries (FIs)
  - Carriers
  - Durable Medical Equipment Regional Carriers (DMERCs)
  - Regional Home Health Intermediaries (RHHIs)
- Questions will focus on **seven key areas of the provider-contractor interface**:
  - Provider communications
  - Provider inquiries
  - Claims processing
  - Appeals

- Provider enrollment
- Medical review
- Provider audit and reimbursement
- Seventy-six question survey can be completed in approximately **21 minutes**
- Survey responses may be submitted via **secure Web site, mail or fax**

### *Reporting of Results*

- Results: **Composite score** on each of the seven key areas and **aggregate overall score** for each contractor
- Individual **reports provided to each contractor** via an online reporting system
- **Online reporting** enables:
  - Contractors to perform individual analysis of their survey results
  - CMS to examine trends and use results for contractor oversight

### *Timeline*

- **National administration: January 2006**
- **Survey submission deadline: January 25, 2006**
- Contractor reports: *June 2006*
- Final reports: *July 2006*

For more information, please contact:

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