

Instructions to Complete the Survey Instrument

The attached MCPSS survey instrument includes the following seven key areas of the interface between you and your contractor, [CONTRACTOR NAME]:

Section A: Provider Inquiries
Section B: Provider Communications
Section C: Claims Processing
Section D: Appeals
{Section E: Provider Enrollment}
{Section F: Medical Review}
{Section G: Provider Audit and Reimbursement}

Most of the key areas pertain to your facility's interaction with your Medicare Contractor.

For each main section of the survey, you will have at least two choices:

- Complete the section yourself
- Forward the section to the person at your facility who interacts on a regular basis with your Medicare Contractor

Once complete, please mail the survey directly to:

Joshua Rubin
Westat
1650 Research Boulevard
Rm # RA 1153
Rockville, MD 20850

OR

Fax the completed survey instrument to Westat at 1-888-748-5820

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 0938-0915. The time required to complete this information collection is estimated to average 16-21 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to MCPSS@westat.com

MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Introduction

Medicare is listening! CMS has selected your facility to participate in a satisfaction survey. We know that your time is valuable and greatly appreciate your willingness to participate in this very important study to assess your satisfaction with your Contractor.

Your Office Manager or staff in the Billing Department might be the appropriate staff to complete the survey. Please note that your participation is voluntary. Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies you to anyone outside the study team, except as required by law. Thank you in advance for taking the time to complete the Medicare Contractor Provider Satisfaction Survey.

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to MCPSS@westat.com

Your Overall Satisfaction

Q1. {CONTRACTOR}, your Contractor, provides a number of services on behalf of Medicare to Medicare Providers in your area. Thinking about **ALL** your interactions with your Contractor, {CONTRACTOR}, in the last six months, how satisfied have you been with the with your Contractor's performance overall.

Please rate your level of satisfaction on a scale of 1 to 6, where 1 is “Not at all Satisfied” and 6 is “Completely Satisfied.”

- 1 NOT AT ALL SATISFIED
- 2
- 3
- 4
- 5
- 6 COMPLETELY SATISFIED
- Don't Know

Please continue to Section A

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section A: Provider Inquiries

[Contractor] has Provider Inquiry staff to answer questions from Providers via telephone, written correspondence or modem. You might use a toll-free number to call the Contractor's Provider Inquiries staff or use a "Call Center" or "Provider Hotline/ Help Line." Please note that Provider Inquiry activities related to this section of the survey instrument are NOT related to your "Provider Rep" or "Ombudsman" if you have one. For the purposes of this survey instrument, your "Contractor's Provider Inquiries performance" includes the activities and interactions that you have with [Contractor] related to asking questions and receiving answers from their Inquiries staff. It should take you approximately two (2) minutes to complete this section.

INSTRUCTIONS FOR SECTION A

You have two choices for Section A: Provider Inquiries:

- Complete Section A yourself ---**PROCEED TO QUESTION A1 on PAGE A-2**
- Forward Section A to the person at your facility who interacts on a regular basis with [CONTRACTOR NAME]---**PROCEED TO SECTION B on PAGE B-1**

Your Ratings of [CONTRACTOR]'S Performance of PROVIDER INQUIRIES

While answering the following questions, please think about your experiences in the last six (6) months involving Provider Inquiries you make to your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last <u>six months</u>, how satisfied have you been with	For each of the following items in the Provider Inquiries section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.								
A1. How quickly you can reach a representative to make a Provider Inquiry	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable
A2. How quickly you receive a response to the question you asked	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable
A3. Receiving the correct information	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable
A4. The clarity of the answers you receive	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable
A5. The consistency of responses that you get from different Provider Inquiries representatives	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable
A6. The knowledge of your Contractor's Provider Inquiries staff	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable
A7. The number of Inquiries your Contractor allows you to make in one call or letter	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable
A8. The effort your Contractor makes to make the Provider Inquiries process as easy as possible for you	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable
A9. The mechanisms that your Contractor offers for exchanging information with them about your Inquiries	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable
A10. The professionalism and courtesy of your Contractor's representatives throughout Provider Inquiries activities	Not at all Satisfied	1	2	3	4	5	Completely Satisfied	Don't Know	Not Applicable

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section B: Provider Communication (Education and Training)

[Contractor] offers Providers Education and Training in a variety of ways including seminars, on-site training, demonstrations, CD's, videos, newsletters, emails, reference materials, bulletins, web-based training, etc. Your organization might also have a "Provider Rep" or "Ombudsman" that acts as a liaison for education issues or as an actual trainer. For the purposes of this survey instrument, your "Contractor's Education and Training performance" includes all of these ways that [Contractor] provides training and education to your organization. It should take you approximately two (2) minutes to complete this section.

INSTRUCTIONS FOR SECTION B

You have two choices for Section B: Provider Communication (Education and Training):

- Complete Section B yourself ---**PROCEED TO QUESTION B_1A BELOW**
- Forward Section B to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME]---**PROCEED TO SECTION C on PAGE C-1**

B_1A. Did your facility receive services in the area of Provider Communication? Please check only one.

- Yes---**PROCEED TO QUESTION B1 on PAGE B-2**
- No--- **PROCEED TO SECTION C on PAGE C-1**

**Your Ratings of [CONTRACTOR]'S
Performance of PROVIDER COMMUNICATION
(Formerly EDUCATION AND TRAINING)**

While answering the following questions, please think about your experiences in the last six (6) months involving the Provider Communication (formerly Education and Training) provided by your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last <u>six months</u>, how satisfied have you been with		For each of the following items in the Provider Communication (Education and Training) section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.								
B1.	The amount of training and educational opportunities available	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
B2.	Notifications about training and education opportunities that are available	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
B3.	The detail in which topics are covered	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
B4.	The cost of training and education	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
B5.	The quality of all education and training materials that you are familiar with, not only those provided at seminars or in-person training	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
B6.	The tailoring of training or education for people with different levels of experience	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
B7.	The helpfulness and responsiveness of provider education and training staff	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
B8.	The topics being up-to-date and relevant to your organization's needs	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
B9.	The accessibility of education and training material from your Contractor	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
B10.	The expertise of the provider education and training staff	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section C: Claims Processing

[Contractor] has procedures and regulations associated with how they receive, process and pay claims that Providers submit. For the purposes of this survey instrument, your “Contractor’s Claims Processing performance” includes the activities and interactions that you have with [Contractor] throughout the lifecycle of a claim submission to payment or denial. It should take you approximately three (3) minutes to complete this section.

INSTRUCTIONS FOR SECTION C

You have two choices for Section C: Claims Processing:

- Complete Section C yourself ---**PROCEED TO QUESTION C1 on PAGE C-2**
- Forward Section C to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME]---**PROCEED TO SECTION D on PAGE D-1**

**Your Ratings of [CONTRACTOR]'S
Performance of CLAIMS PROCESSING**

While answering the following questions, please think about your experiences in the last six (6) months involving Claims Processing activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last <u>six months</u>, how satisfied have you been with	For each of the following items in the Claims Processing section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.								
C1. The clarity of your Contractor's instructions about Medicare billing regulations or codes	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
C2. How quickly you receive payments	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
C3. The accuracy of the payments that you receive, according to the Medicare Pay Schedule	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
C4. The accuracy of your Contractor's claims editing	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
C5. The timeliness of notification that a claim will not be paid, including denied, returned or unprocessed claims	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
C6. The accuracy of remittal advices	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
C7. The ease of submitting electronic claims	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
C8. The availability of representatives to address claims-related issues	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
C9. Your Contractor's claims information being up-to-date (e.g., codes and regulations)	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
C10. How reasonable your Contractor's requests are throughout the Claims Processing process, including the time you are given to submit documentation and the methods you are given for submitting those documents	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section D: Appeals

[Contractor] has procedures and regulations associated with how and when it addresses Appeals, makes determinations about Appeals and communicates with Providers about Appeals decisions. For the purposes of this survey instrument, your “Contractor’s Appeals performance” includes the activities and interactions that you have with [Contractor] throughout the lifecycle of a first-level Appeal—from when you first receive a denial of a claim to when [Contractor] states its decision to reverse or uphold its decision about paying the claim. It should take you approximately two (2) minutes to complete this section.

INSTRUCTIONS FOR SECTION D

You have two choices for Section D: Appeals:

- Complete Section D yourself ---**PROCEED TO QUESTION D_1A BELOW**
- Forward Section D to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME]---**PROCEED TO SECTION E on PAGE E-1**

D_1A. Did your facility receive services in the area of Appeals? Please check only one.

- Yes--- **PROCEED TO QUESTION D1 on PAGE D-2**
- No---**PROCEED TO SECTION E on PAGE E-1**

**Your Ratings of [CONTRACTOR]'S
Performance of APPEALS**

While answering the following questions, please think about your experiences in the last six (6) months involving Appeals activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with	For each of the following items in the Appeals section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.								
D1. The timeliness of your Contractor's first-level appeals decisions	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
D2. The reasonableness of your Contractor's deviations from the claims Appeals process (e.g., delay in conducting a review or making a decision)	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
D3. The accuracy of your Contractor's reasons for their first-level appeals decisions	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
D4. The consistency of your Contractor's decisions about first-level appeals for claims that have been denied	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
D5. Your Contractor's communication with you about changes that have been made to Medicare policies or regulations	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
D6. The mechanisms that your Contractor offers for exchanging information with them about first-level appeals	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
D7. How well your Contractor makes an effort to make things as easy and as fair as possible for you during the process of first-level appeals	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
D8. The professionalism and courtesy of your Contractor's representatives during the appeals process	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section E: Provider Enrollment

[Contractor] has procedures and regulations associated with how and when they require and make determinations about applications for Provider Enrollment in the Medicare program. Providers new to Medicare since 1997, as well as established Providers with new changes in their qualifications or in payment assignments since 1997 (as in mergers or acquisitions), are required to apply for Provider Enrollment with their Medicare Contractor using some type of 855 application form. For the purposes of this survey instrument, your “Contractor’s Provider Enrollment performance” includes the activities and interactions that you have with [Contractor] regarding enrolling your organization as a Provider with the Medicare program (or re-validating your organization as a Medicare Provider)—from the first contact you made with [Contractor] since 1997 through your assignment of a Provider number. It should take you approximately one (1) minute to complete this section.

INSTRUCTIONS FOR SECTION E

You have two choices for Section E: Provider Enrollment:

- Complete Section E yourself ---**PROCEED TO QUESTION E_1A BELOW**
- Forward Section E to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME]---**PROCEED TO SECTION F on PAGE F-1**

E_1A. Did your facility receive services in the area of Provider Enrollment? Please check only one.

- Yes--- **PROCEED TO QUESTION E1 on PAGE E-2**
- No---**PROCEED TO SECTION F on PAGE F-1**

**Your Ratings of [CONTRACTOR]'S
Performance of PROVIDER ENROLLMENT**

While answering the following questions, please think about your experiences in the last six (6) months involving Provider Enrollment activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with For each of the following items in the Provider Enrollment section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.

E1.	The instructions and guidance your Contractor provided to you through the Provider Enrollment process, including completion and submission of the 855 form and relevant Medicare regulations	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
E2.	How easy it was to find someone who could answer your questions about the Form 855 application	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
E3.	The consistency of your Contractor's responses or decisions	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
E4.	The fairness of your Contractor's decisions about your 855 application(s)	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
E5.	The timeliness of receiving your Medicare Provider number	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			
E6.	The professionalism and courtesy of your Contractor's representatives during the Provider Enrollment process	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
		1	2	3	4	5	6			

E7. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Enrollment activities. Do you have any comments you would like to share with CMS and with your Contractor about this topic?

Thank you for completing this section of the survey instrument.

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to MCPSS@westat.com

MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section F: Medical Review

[Contractor] has procedures and regulations that require them to sometimes perform Medical Review of Providers' records. For the purposes of this survey instrument, your "Contractor's Medical Review performance" includes the activities and interactions that you have with [Contractor] during Pre-Pay and/or Post-Pay Medical Review. Please note that Medical Review activities in this section of the survey instrument are NOT related to fraud investigations, overpayments, or appeals. It should take you approximately three (3) minutes to complete this section.

INSTRUCTIONS FOR SECTION F

You have two choices for Section F: Medical Review:

- Complete Section F yourself ---**PROCEED TO QUESTION F_1A BELOW**
- Forward Section F to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME]---**PROCEED TO SECTION G on PAGE G-1**

F_1A. Did your facility receive services in the area of Medical Review? Please check only one.

- Yes---**PROCEED TO QUESTION F1 on PAGE F-2**
- No---**PROCEED TO SECTION G on PAGE G-1**

**Your Ratings of [CONTRACTOR]'S
Performance of MEDICAL REVIEW**

While answering the following questions, think about your experiences in the last six (6) months involving Medical Review activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last <u>six months</u>, how satisfied have you been with	For each of the following items in the Medical Review section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.								
F1. The clarity of the notification (letter, phone call, etc.) received that your claims were selected for Medical Review	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
F2. The reasonableness of the requests the Contractor makes of you during the Medical Review process, including the time you are given to submit documentation	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
F3. Your Contractor's handling of documentation during Medical Review	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
F4. The timeliness of the Medical Review decisions	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
F5. The clarity of the explanations of your Contractor's Medical Review decisions	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
F6. Receiving timely local Medical Review policy changes and updates that affect your organization	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
F7. The appropriateness of verbal and written communications provided by your Contractor throughout Medical Review	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
F8. The follow through that your Contractor provided after Medical Review decisions	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
F9. The knowledge of your Contractor's Medical Reviewers	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
F10. How well your Contractor makes an effort to make things as easy and as fair as possible for you	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY

Section G: Provider Audit and Reimbursement

[Contractor] has procedures and regulations that require them to work with Providers who are paid on either a cost reimbursement or prospective payment basis for treating Medicare patients. For the purposes of this survey instrument, your “Contractor’s Provider Audit and Reimbursement activities” includes all interactions with [Contractor] related to how they decide and make adjustments to what Medicare has paid or is supposed to pay your organization, cost report audit activities you may participate in each year, and interim payments you receive. Please note that Audit and Provider Reimbursement activities in this section of the survey instrument are NOT related to the direct payment or denial of claims or to appeals activities related to claims. It should take you approximately three (3) minutes to complete this section.

INSTRUCTIONS FOR SECTION G

You have two choices for Section G: Provider Audit and Reimbursement:

- Complete Section G yourself ---**PROCEED TO QUESTION G_1A BELOW**
- Forward Section G to the person at your facility who interacts on a regular basis with your [CONTRACTOR NAME]

G_1A. Did your facility receive services in the area of Provider Audit and Reimbursement? Please check only one.

- Yes--- **PROCEED TO QUESTION G1 on PAGE G-2**
- No--- **THANK YOU FOR COMPLETING THE MCPSS SURVEY INSTRUMENT. PLEASE REFER THE LAST PAGE FOR INSTRUCTIONS FOR SUBMITTING YOUR COMPLETED SURVEY.**

**Your Ratings of [CONTRACTOR]'S
Performance of PROVIDER AUDIT AND REIMBURSEMENT**

While answering the following questions, think about your experiences in the last six (6) months involving Audit and Reimbursement activities with your Contractor, [Contractor] ONLY (called "your Contractor" in the survey instrument).

In the last six months, how satisfied have you been with

For each of the following items in the Provider Audit and Reimbursement section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied." Please circle the relevant number.

G1. Availability of timely updates on Medicare policy (regulations, manuals and other instructions) that affect Provider Audit and Reimbursement.	Not at all Satisfied	1	2	3	4	5	6	Completely Satisfied	Don't Know	Not Applicable
G2. The responsiveness of your Contractor to your reimbursement and other questions throughout all Provider Audit and Reimbursement activities.	Not at all Satisfied	1	2	3	4	5	6	Completely Satisfied	Don't Know	Not Applicable
G3. The consistency of your Contractor's answers to your questions throughout all Provider Audit and Reimbursement activities.	Not at all Satisfied	1	2	3	4	5	6	Completely Satisfied	Don't Know	Not Applicable
G4. The professionalism and courtesy of your Contractor representatives throughout all Provider Audit and Reimbursement activities.	Not at all Satisfied	1	2	3	4	5	6	Completely Satisfied	Don't Know	Not Applicable
G5. How well your Contractor makes an effort to make things as easy and as fair as possible for you during Cost Report settlement activities.	Not at all Satisfied	1	2	3	4	5	6	Completely Satisfied	Don't Know	Not Applicable
G6. Your Contractor's interpretations of CMS' rules for Cost Report and payment policies.	Not at all Satisfied	1	2	3	4	5	6	Completely Satisfied	Don't Know	Not Applicable
G7. The knowledge of your Contractor's Cost Report Auditors	Not at all Satisfied	1	2	3	4	5	6	Completely Satisfied	Don't Know	Not Applicable
G8. The appropriateness of your Contractor's responses if/when you requested assistance in completing a Cost Report	Not at all Satisfied	1	2	3	4	5	6	Completely Satisfied	Don't Know	Not Applicable

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In the last six months, how satisfied have you been with

For each of the following items in the Provider Audit and Reimbursement section, please rate your level of satisfaction on a scale of 1 to 6, where 1 is “Not at all Satisfied” and 6 is “Completely Satisfied.” Please circle the relevant number.

G9. The reasonableness of the requests the Contractor makes of you during the Cost Report audit, including the time you are given to submit documentation and the methods you are given for submitting those documents	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
G10. The timeliness of your Contractor's audit of your Cost Report, if one is conducted, and the final settlement.	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
G11. The overall communication between you and your Contractor about adjustments and Cost Reports/ Cost Report Audits	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			

The next few questions are about Interim Payments you receive from Your Contractor

G12. The clarity of the instructions given to you by your Contractor for the process of requesting a review and adjustment to your Interim Payments	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
G13. The reasonableness of the requests the Contractor makes of you during their consideration of an adjustment to your Interim Payments, including the time you are given to submit documentation and the methods you are given for submitting those documents	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
G14. The clarity of the explanations of your Contractor's decisions about adjustments to your Interim Payments	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			
G15. The timeliness of your Contractor's decisions about adjustments to your Interim Payments	Not at all Satisfied						Completely Satisfied	Don't Know	Not Applicable
	1	2	3	4	5	6			

If you have any questions or concerns, please call the MCPSS Provider Helpline at 1-888-863-3561 or send an email to MCPSS@westat.com

G16. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Audit and Reimbursement activities. Do you have any comments you would like to share with CMS and with your Contractor about this topic?

Thank you for completing this section of the survey instrument.

SAMPLE ONLY, DO NOT COMPLETE

Instructions for Submitting Your Completed Survey Instrument

Please mail your completed survey instrument directly to:

**Joshua Rubin
Westat
1650 Research Boulevard
Rm # RA 1153
Rockville, MD 20850**

OR

Fax the completed survey instrument to Westat at 1-888-748-5820

THANK YOU