

Medicare Contractor Provider Satisfaction Survey Frequently Asked Questions

1. What is the Medicare Contractor Provider Satisfaction Survey?

The Medicare Contractor Provider Satisfaction Survey (MCPSS) is an annual survey designed to collect quantifiable data on health care provider satisfaction with key services performed by Medicare fee-for-service contractors. The MCPSS is one of the tools CMS uses to measure health care provider satisfaction levels, a requirement of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA).

Each year, a new random sample of Medicare fee-for-service providers is selected to participate in the survey. CMS urges all Medicare health care providers who are selected to complete and return their surveys. The views of every health care provider asked to participate are very important to the success of this study, as each one represents many other organizations that are similar in size, practice type, and geographical location.

2. When is the Medicare Contractor Provider Satisfaction Survey conducted?

Annually, the MCPSS is administered to randomly selected Medicare fee-for-service providers.

3. Who is surveyed in the Medicare Contractor Provider Satisfaction Survey?

The sample includes physicians, suppliers, healthcare practitioners and institutional facilities who serve Medicare beneficiaries across the country. This group reliably represents the national community of 1.5 million Medicare providers. Specifically, CMS will consider the following 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, and Other Part A and Part B providers.

4. Who can respond to the MCPSS?

CMS understands that providers and suppliers themselves may not be able to respond directly to the survey, but may have a staff member who can act as a proxy to respond on their behalf. The respondent can be anyone within the provider's organization that is knowledgeable of the Medicare claims process and is designated to respond to the MCPSS.

5. How long does it take to respond to the MCPSS?

The MCPSS should take approximately 20 minutes via Internet, mail, fax, or telephone.

6. Will CMS survey the same providers every year in the Medicare Contractor Provider Satisfaction Survey?

No. CMS will randomly select a new sample each year. The survey data is reliable only if the respondents are randomly selected and all Medicare provider types are represented. In some cases, where contractors serve a relatively small population of providers, providers sampled in previous years may be sampled again.

7. What does CMS ask in the Medicare Contractor Provider Satisfaction Survey?

CMS queries respondents on the seven business functions of the provider-contractor relationship: provider outreach and education, provider inquiries, claims processing, appeals, provider enrollment, medical review, and provider audit and reimbursement.

Respondents are asked to rate their contractors using a fully anchored five-point vertical scale on each of the business functions, with “1” representing “very dissatisfied” and “5” representing “very satisfied.”

8. What are the results of the Medicare Contractor Provider Satisfaction Survey?

CMS posts findings to the CMS website (www.cms.hhs.gov/MCPSS) detailing results such as provider satisfaction by contractor type; satisfaction of contractor group by provider types; and business function scores by contractor type.

9. What has CMS learned from the Medicare Contractor Provider Satisfaction Survey and the results?

Based on the results of the MCPSS, CMS is able to identify the contractor business functions that providers value highest, as well as areas that need improvement. Individual results are then shared with contractors. Contractors are able to use the information to support their efforts to improve processes and enhance service to providers. With each administration of the MCPSS, satisfaction trends emerge.

10. How will CMS use the Medicare Contractor Provider Satisfaction Survey results?

The MCPSS allows providers the opportunity to influence CMS’ understanding of Medicare contractor performance. As part of their contract requirements, Medicare Administrative Contractors (MACs) 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 individual standard to improve upon year after year.

In addition to monitoring MACs' performance, CMS will use the results for monitoring trends, to improve oversight and increase efficiency of the Medicare program.

11. Where can I find a sample of the Medicare Contractor Provider Satisfaction Survey instrument?

A sample survey instrument is available via the Internet at www.cms.hhs.gov/MCPSS.

12. Who do I contact for questions or to comment on the Medicare Contractor Provider Satisfaction Survey?

You can submit questions or comments via email at mcpss@scimetrika.com. CMS will review all questions and comments.