



MLN Matters Number: SE1005

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

Providers Randomly Selected to Participate in the Medicare Contractor Provider Satisfaction Survey (MCPSS) Urged to Respond

Note: This article was updated on September 4, 2012, to reflect current Web addresses. All other information remains the same.

Provider Types Affected

Medicare fee-for-service (FFS) physicians, providers, suppliers, and other health care practitioners that received a letter indicating they were randomly selected to participate in the 2010 Medicare Contractor Provider Satisfaction Survey (MCPSS) should review this article.

Provider Action Needed

This Special Edition article alerts providers that the Centers for Medicare & Medicaid Services (CMS) has launched the fifth annual national administration of the MCPSS. If you received a letter indicating you were randomly selected to participate in the 2010 MCPSS, CMS urges you to take a few minutes to go online and complete this important survey via a secure Internet website. Responding online is a convenient, easy, and quick way to provide CMS with your feedback on the performance of your FFS contractor. Survey questionnaires can also be submitted by mail, secure fax, and over the telephone.

Background

CMS is responsible for the administration of the FFS Medicare program and does so primarily through its Medicare FFS contractors. As Medicare's agents, these contractors are responsible for executing the daily operational aspects of the FFS Medicare program by processing and paying the more than \$370 billion in Medicare claims each year and performing other related business functions that support regular daily interactions with Medicare FFS providers.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article 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.

The MCPSS that is conducted annually by CMS is designed to collect quantifiable data on provider satisfaction with the performance of Medicare FFS contractors. The MCPSS offers Medicare FFS providers an opportunity to give CMS valuable feedback on their satisfaction, attitudes, perceptions, and opinions about the services provided by their respective contractor. Survey questions focus on seven key business functions of the provider-contractor relationship:

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

The MCPSS is a result of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, which mandated CMS to develop contract performance requirements, including measuring health care provider satisfaction with Medicare contractors. The MCPSS enables CMS to hear provider concerns, monitor trends, improve contractor oversight, and increase efficiency of the Medicare program. The MCPSS provides contractors with more insight into their provider communities and allows them to make process improvements based on provider feedback.

The 2010 MCPSS Study

Sample Selection

Each year, a new random sample of Medicare FFS providers is selected to participate in the MCPSS. For the 2010 MCPSS study, CMS will ask approximately 30,000 Medicare FFS providers and suppliers to participate in the MCPSS. The sample is scientifically designed, and then randomly selected, to represent the community of more than 1.5 million Medicare providers nationwide who serve Medicare beneficiaries across the country. The sample includes Medicare FFS physicians, limited licensed practitioners (LLP), labs, hospitals, skilled nursing facilities (SNF), rural health clinics (RHC), home health agencies (HHA), federally qualified health centers (FQHC), hospice facilities, end-stage renal disease (ESRD) facilities, durable medical equipment (DME) suppliers, ambulance service providers, and other Part A institutional facilities and Part B health care practitioners. Those health care providers randomly selected to participate in the 2010 MCPSS were notified in January.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article 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.

Web-based Survey Questionnaire

CMS continues to make completing and returning the survey simple by migrating to an easy to use Web-based survey. Providers selected to participate in the 2010 study will have access to an online Web-based survey tool where they can rate their contractor's performance and complete and submit their survey questionnaire over a secure Internet website. The Internet is a quick, convenient, and environmentally friendly way for providers to contribute directly to CMS' understanding of contractor performance. CMS encourages all participants with Internet access to submit their completed survey online. Participants may also submit their completed survey questionnaire via mail, secure fax, and over the telephone. The 2010 MCPSS takes approximately 20 minutes to complete.

New Satisfaction Rating Scale

The 2010 survey questions use a fully-labeled five-point Likert response scale with "1" representing "Very Dissatisfied" and "5" representing "Very Satisfied". In contrast to previous years' surveys which used a six-point scale, where only the end-points were labeled, this new scale assigns words to every answer category and includes a neutral category. The change will allow CMS to communicate a well-defined message about the performance of the Medicare contractors. While only health care providers selected to participate in the 2010 MCPSS may complete and return the survey questionnaire.

Reporting Results

CMS will analyze the 2010 MCPSS data and release a summary report on the CMS website in the summer of 2010. The report prepared for this study will summarize findings across the sample and will not associate responses with a specific individual, practice, or facility. CMS has contracted with SciMetrika, a public health consulting firm, to administer this important survey and report statistical data to CMS.

Provider Participation Key to Success of Study

Participation in the MCPSS is voluntary, however, the survey offers providers the opportunity to contribute directly to CMS' understanding of Medicare contractor performance, as well as aid future process improvement efforts at the contractor level. The views of every health care provider asked to participate in the 2010 study 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.

The feedback captured through the MCPSS is important. CMS urges all providers selected to participate in the 2010 study to take this opportunity to provide CMS with their feedback on the performance of the Medicare FFS contractor that processes and pays their Medicare claims. CMS requests that you complete your survey questionnaire as quickly as possible when you receive it.

CMS is listening and wants to hear from you.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article 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.

Additional Information

For more information about the MCPSS, including results of the 2009 MCPSS, please visit <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ActiveProjectReports/Active-Projects-Reports-Items/CMS1187458.html> on the CMS website.

Copyright © 2017, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com

The American Hospital Association (the “AHA”) has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article 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