

Medicare Contracting Reform Industry Consultation with Provider Organization Representatives

The meeting took place in Washington, D.C. on June 15, 2005 with representatives of nine provider organizations. Questions on several issues related to CMS' contracting reform initiative were developed and shared in advance with meeting participants as a means of focusing the discussions. An overall feeling of the nine participants was that it is important for CMS and the associations to work together. The topics of discussion included provider customer service, provider education, audit and reimbursement, contractor advisory committees and an annual provider satisfaction survey. The general consensus of the group was that the response rate for the survey would be better if CMS worked with the associations to administer the survey. According to them,

Customer Service

- Inconsistent answers received from different customer service representatives of the same contractor.
- Long wait times for answers that need some research.
- Large percentage of the calls that provider associations receive from members is because of need to clear up wrong information received from contractors.

Provider Education

- Face to face education is important and beneficial
- Concerns that access to training opportunities offered by Medicare Administrative Contractors (MACs) will not be conveniently located because jurisdictions serviced by MACs comprise multiple states.
- Chance for web-based training should be stressed

Audit and Reimbursement

- Reimbursement needs to be timely
- Claims processing system seems to work well until there is an audit
- Often there is a miscommunication or misunderstanding between the auditor and the provider regarding just what is being looking for. Possible that more interaction is needed

Contractor Advisory Committees (CAC)

- Usefulness has depended on the area where they operate
- They usually are a strong communication link for providers
- One CAC per MAC jurisdiction would make it difficult to address local issues and put more pressure on a limited resource
- One CAC per state was preferred because of variations in practice that can occur across states.
- Ability to give local feedback to CACs is important.

Survey

- Keep it short
- Make it available for completion online
- CMS cooperation with associations would help make response rate better. Mailings received directly from CMS frequently are viewed suspiciously and are less likely to be opened and addressed.