SURVEY OF MEDICARE PROVIDERS
TO EVALUATE THE IMPACT OF THE RAC DEMONSTRATION INITIATIVE (TEST GROUP)

Survey will include a screener aimed at identifying the most knowledgeable respondent, and obtaining a completed interview from that person.

Once the intended respondent is on the phone, the interviewer will read a brief introduction explaining the survey's purpose and will provide all necessary information about the Privacy Act.

Survey Questions

Section A: Preliminary questions about CMS
I am going to read you some statements about the RAC demonstration project. After I read each statement, please tell me how much you agree or disagree with the statement, using the following scale:

1 for strongly agree
2 for agree
3 for neither agree nor disagree
4 for disagree
5 for strongly disagree

i. CMS' efforts to recoup overpayments are fair and reasonable.

ii. CMS makes a good faith effort to work with providers.

iii. The RAC demonstration project will help ensure more accurate billing practices among Medicare providers.

iv. The RAC demonstration project seems to duplicate processes that are already being handled by other CMS contractors.

Section B: Satisfaction with RAC Requests

In your state, (insert RAC name) serves as the Recovery Audit Contractor.

1. Have you been contacted by (insert RAC name) in the past 8 months?
   1) Yes go to text preceding 2, followed by Question 2
   2) No go to Script A

First I'd like to ask you about your experiences with (insert RAC name) regarding demand letters or requests for medical records you may have received.

2. Have you received any written requests for medical records from (insert RAC)?
   1) Yes go to 3
   2) No go to 4
   3) DK

3. Now I am going to read you a few statements about the request(s) for medical records that you received from (insert RAC name). After I read each statement, please tell me how much you agree or disagree with the statement, using the following scale:

   1 for strongly agree
   2 for agree
   3 for neither agree nor disagree
   4 for disagree
   5 for strongly disagree

3a. The letter (or letters) requesting medical records included enough information to identify and provide the selected records.

3b. The records requested by (insert RAC name) could be collected and submitted in a reasonable amount of time.

4. Have you received any demand letters from (insert RAC)? [IF NECESSARY, EXPLAIN THAT A DEMAND LETTER IS A WRITTEN REQUEST FOR PAYMENT OF A CLAIM THAT WAS PREVIOUSLY PAID TO THE PROVIDER.]

   1) Yes go to 4a after reading preliminary instructions about the scale
   2) No if Q2= no and Q4 =no, recode Q1 as no; if Q2=yes and Q4=no, go to Q5)

Now I am going to read you a few statements about the demand letters that you received from (insert RAC name). After I read each statement, please tell me how much you agree or disagree with the statement, using the following scale:

1 for strongly agree
2 for agree
3 for neither agree nor disagree
4 for disagree
5 for strongly disagree

4a. The demand letter (or letters) included enough information to identify the records or claims for which an overpayment had been determined.

4b. The information in the demand letter (or letters) was accurate (e.g., dates of service, provider name and beneficiary information, if included).

4c. The demand letter (or letters) clearly explained how the overpayment was determined.

4d. The demand letter (or letters) clearly explained deadlines for responding and repayment options.

4e. The demand letter (or letters) clearly stated the provider's rights and responsibilities with respect to filing an appeal.

For this next set of statements, I would like you to consider the overpayment determinations that resulted in a demand letter. Again, please tell me how much you agree or disagree with each statement, using the same scale as before. (If needed, repeat the scale.)

4f. When determining that one or more overpayments had been made, the (insert RAC name) reviewers accurately applied the coding guidelines set forth by the American Hospital Association or by (insert other relevant coding authorities/systems.)

4g. When determining that one or more overpayments had been made, the (insert RAC name) reviewers correctly applied the Medicare policies and regulations that were in place the year the claims were filed.

4h. Generally, the overpayment determinations seemed accurate in identifying erroneous payments issued by CMS.

Section C: Satisfaction with RAC Customer Service

5. Next, I am going to ask you to rate your satisfaction with (insert RAC name)'s performance and their customer service. I will read a number of items and for each item, please indicate your level of satisfaction using the following scale:

1=Very Satisfied
2=Satisfied
3=Neither satisfied nor dissatisfied
4=Dissatisfied
5=Very dissatisfied

5a. Thinking about the representatives from (insert RAC name) with whom you have communicated, how satisfied are you with their ability to address your inquiries?

5b. How satisfied are you with the level of understanding that (insert RAC name)'s representatives have about medical coding standards and Medicare policies as they apply to your health care setting?

5c. When following up with (insert RAC name) about a previous communication, how satisfied are you with the level of awareness that their representatives have about that previous communication?

5d. How satisfied are you with the professionalism and courtesy of (insert RAC name) representatives?

Section D: Provider Characteristics

The next few questions are about the health care setting where you work.

6. Are you:
   1) a Physician
   2) a billing representative for a physician
   3) a hospital billing administrator

7. How many individuals (approximately) are employed at your practice or hospital? (use ranges or allow for an open-ended response)

8. How large is your practice or hospital in terms of patients or revenues per year? (use ranges or allow for an open-ended response)

Section E: Impact of RAC Initiative on Medicare Providers

9. The next questions ask about the impact of the RAC initiative on Medicare providers.

9a. On a scale from 1 to 10, please rate the overall level of burden you feel the RAC initiative has placed on Medicare providers, with 1 representing little to no burden and 10 representing a very large burden.

9b. Using the same scale, please rate the level of administrative burden you feel that the RAC initiative has placed on Medicare providers, including the time and effort that has been spent on responding to requests, obtaining records, filing any appeals, and managing the appeals process.

9c. Again, using the same 10 point scale, where 1 represents little to no burden and 10 represents a very large burden, please rate the level of financial burden that this initiative has placed on your hospital, organization or practice. **GO TO End.**

Script A

Is there someone else at this location that might have been contacted by (insert RAC name) about an erroneous Medicare payment since (insert date)?

Yes go to A1
No go to A2

A1. Can you give me the name of that person and a phone number where he or she can be reached? (Record name and phone number).

A2. Thank you for your time. (Record as ineligible.)

End

That completes our survey. Thank you for your time.