SURVEY OF MEDICARE PROVIDERS TO EVALUATE THE IMPACT OF THE RAC DEMONSTRATION INITIATIVE (CONTROL 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 MAC Requests

In your state, (insert MAC names) serve as the Medicare Affiliated Contractors.

1. Have you been contacted by (insert MAC names) about an erroneous Medicare payment in the past 8 months?
   1) Yes go to 2
   2) No go to Script A.

Section B: Satisfaction with the Medicare Affiliated Contractor

2. The next set of questions asks about your experiences with (insert name of the MAC). I am going to 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

2a. Thinking about the representatives from (insert MAC name) with whom you have communicated, how satisfied are you with their ability to address your inquiries?

2b. How satisfied are you with the level of understanding that (insert MAC name) representatives have about medical coding standards and Medicare policies as they apply to your health care setting?

2c. When following up with (insert MAC name) about a previous communication, how satisfied are you with the level of awareness that their representatives have about that previous communication?

2d. How satisfied are you with the professionalism and courtesy of (insert MAC name) representatives?

3. Have you received a demand letter from (insert MAC name) in the past 8 months? (IF YES, READ FOLLOWING PARAGRAPH AND PROCEED TO 3a. IF NO, GO TO Q4)

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

3a. When determining that one or more overpayments had been made, the (insert MAC name) reviewers accurately applied the coding guidelines set forth by the American Hospital Association or by (insert other relevant coding authorities/systems.)

3b. When determining that one or more overpayments had been made, the (insert MAC name) reviewers correctly applied the Medicare policies and regulations that were in place the year the claims were filed.

3c. Generally, the overpayment determinations seemed accurate in identifying erroneous payments issued by CMS.

Section E: Provider Characteristics (ALL RESPONDENTS)

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

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

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

6. 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 F: Impact of MACs on Medicare Providers (CONTROL GROUP ONLY)

7. For these next few questions, I would like you to think about your experiences with (insert MAC name) specifically in relation to overpayment activities.

7a. On a scale from 1 to 10, please rate the overall level of burden you feel (insert MAC name)'s overpayment review process has placed on Medicare providers, with 1 representing little to no burden and 10 representing a very large burden.

7b. Using the same scale, please rate the level of administrative burden you feel that (insert MAC name)'s overpayment review process 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.

7c. 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 (insert MAC name)'s overpayment review process has placed on your hospital, organization or practice.

Script A

Is there someone else at this location that might have been contacted by (insert MAC name(s) 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.