

Centers for Medicare and Medicaid Services



2015 Customer Satisfaction Overall Results

Final Report



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Executive Summary

Executive Summary

- Overall satisfaction among the Medicare Administrative Contractors (MACs) is rated at a 61 on a 0-100 point scale in 2015.
 - Rating is on par with the Federal Government benchmark of 64.
 - Regulatory agencies typically have satisfaction levels in the 50s to 70s, placing MAC satisfaction generally inside of this range.
 - Individual MAC satisfaction varied, with J10-Cahaba reporting the lowest satisfaction score of 43 and J8-WPS giving the highest score of 71*.
 - There are few outliers at the individual MAC level, with a majority of MACs having a satisfaction score in the high-50s to low-60s.
- Data were collected from Part A, Part B and DME respondents.
 - Part A respondents represented 26% of the total number of completed surveys and had a satisfaction score of 57.
 - Part B respondents made up 59% of the completed surveys and had a satisfaction score of 62.
 - DME respondents accounted for the remaining 15% of the sample and had a collective satisfaction of 61.
 - Performance ratings of the various components of the satisfaction model are generally highest for Part B and DME respondents.
- At the aggregate level, one of the highest performance ratings was given to the *Electronic Data Interchange (EDI) Helpdesk* (71). This high score was highlighted by the helpdesk's impressive score for the support provided by the electronic claims interchange.
- The *Internet Self-Service Portal* was also given a score of 71, largely due to its high ratings for both its ease of navigating and usefulness.
- An analysis of certain key segments reveals particular actions or conditions that have a tendency to lead to higher (or lower) levels of satisfaction. Many of these segments are summarized below.
 - *Provider Telephone Inquiries*: The number of MAC provider calls made in the past six months is heavily correlated with the overall level of satisfaction.
 - Respondents who made no calls rated their collective satisfaction level at 65.
 - Respondents who made between 1-25 calls had a satisfaction score of 62.
 - Those who made more than 25 calls had a collective satisfaction level in the 50s.
 - *Internet Self-Service Portal*: Higher levels of activity are not correlated with declining satisfaction in terms of the number of MAC portal logins as they are with the number of calls made.
 - Respondents who have not logged into the portal in the past six months rated satisfaction a 59.
 - Those who have used the portal recently rated satisfaction in the low-60s.
 - *Provider Enrollment*: Individuals who follow up with their MAC on their application status shortly after the initial submission are associated with higher levels of satisfaction and clearly show that the longer an individual has to wait for the status of their enrollment, the lower their overall satisfaction will be.
 - When the first follow up was made within 15 days of the application submission, satisfaction was rated at a 67.
 - For those following up between 16 and 60 days, this rating dropped to 55 before falling all the way to 41 for those who contacted their MAC after more than 60 days of waiting.

*Due to an error in the sampling process, J5 results likely contain some responses meant for J8.

- The ACSI methodology produces quantitative values for each of the components measured in terms of the degree of influence each has onto the overall level of satisfaction.
 - The 2015 results find that the *Cost Report Audit and Reimbursement* as well as the *Provider Enrollment* aspects have the greatest amount of leverage onto satisfaction for respondents for those who provide such services.
 - *Claims Processing, Provider Outreach and Education* and *Provider Telephone Inquiries* also have relatively high impacts onto satisfaction at the aggregate level and should be prioritized over other aspects in terms of improving the overall level of MAC satisfaction.
 - *Provider Enrollment* represents the component of the satisfaction model that has both the highest impact onto satisfaction and the lowest rating and should be considered a top priority at the aggregate level.
- The areas of *Appeals* and the *Internet Self-Service Portal* have a more moderate level of influence onto satisfaction.
 - Improvements in these aspects will still be beneficial, though increases in their level of performance are not as likely to drive satisfaction higher at the same rate as the higher impact drivers mentioned.
- The remaining components of the satisfaction model – *Medical Review*, the *Electronic Data Interchange Helpdesk* and the *Self-Service IVR* have minimal impacts and should not be considered key areas for opportunity in improving satisfaction.
- Score and impact values among the individual MACs are generally in line with the results at the aggregate level with a few exceptions:
 - *Medical Review* is the second most influential driver of satisfaction for the J5-WPS MAC, behind only the *Provider Enrollment* component.
 - *Provider Telephone Inquiries* accounted for the most influential driver for five different MACs in 2015 (J8-WPS, J11-Palmetto, J15-CGS, JE-Noridian, JF-Noridian).
 - *Appeals* was the most influential driver of satisfaction for the JL-Novitas MAC.
- For Part A and Part B respondents, the *Provider Enrollment* process has the greatest impact onto satisfaction and should be considered a top priority in terms of resource allocation and improvement efforts.
 - This aspect accounts for the lowest component score at the aggregate level (53), with the range of scores among the individual MACs starting at 35 for J10-Cahaba and going no higher than a 61 for the J5-WPS MAC.
 - Demonstrating its importance in terms of driving satisfaction higher, *Provider Enrollment* accounts for the leading impact driver for five different MACs (J5-WPS, J10-Cahaba, JK-NGS, JL-Novitas, JN-FCSO).
- For DME respondents, *Provider Outreach and Education* has the greatest influence on satisfaction and should therefore be considered a top priority for devoting resources in an effort to increase its performance rating for this cohort.
 - Among DME respondents, this component is rated well, with a range of 66-71.
 - *Provider Outreach and Education* is the highest impact driver for three different MACs (JA-NHIC, JB-NGS, and JD-Noridian).

RESULTS

Introduction

This study was conducted by CFI Group using the methodology of the American Customer Satisfaction Index (ACSI). The ACSI is the national indicator of customer evaluations of the quality of goods and services available to U.S. residents. It is the only uniform, cross-industry/government measure of customer satisfaction. Since 1994, the ACSI has measured satisfaction, its causes, and its effects, for seven economic sectors, 41 industries, more than 200 private-sector companies, two types of local government services, the U.S. Postal Service, and the Internal Revenue Service.

The ACSI is widely used to measure customer satisfaction among government programs. This methodology has measured hundreds of programs of federal government agencies since 1999. This allows benchmarking between the public and private sectors and provides information unique to each agency on how its activities that interface with the public affect the satisfaction of customers. The effects of satisfaction are estimated, in turn, on specific objectives (such as public trust).

This report was produced by CFI Group. If you have any questions regarding this report, please contact CFI Group at 734-930-9090.

Segment Choice

This report is about providers' satisfaction with the performance of their MACs.

Customer Sample and Data Collection

Data collection was collected online. CFI Group provided CMS with 16 unique links to the survey – each correlating to an individual MAC contract. CMS then sent these links to the MACs for distribution to the appropriate audience, which provided respondents with access to the web-based survey, hosted by CFI Group. Data were collected from June 15, 2015 to July 31, 2015. A total of 8,038 completed surveys were collected and used for analysis.

Questionnaire and Reporting

CMS and CFI Group worked collaboratively to develop the questionnaire. While the questionnaire is agency-specific in terms of activities*, outcomes and introductions it follows a format common to all the federal agency questionnaires that allow cause-and-effect modeling using the ACSI model.

Most of the questions in the survey asked the respondent to rate items on a 1-to-10 scale, where “1” is “poor” and “10” is “excellent.” Scores are converted to a 0-to-100 scale for reporting purposes. Note that the scores reported are not percentages, but averages on a “0” to “100” scale where “0” is “poor” and “100” is “excellent.”

**DME MACs (4) did not receive questions regarding EDI, Provider Enrollment and Cost Report Audit and Reimbursement. Automatic skip functionality was programmed for Cost Report Audit and Reimbursement section for Part B providers*

Respondent Background

In addition to having respondents provide performance scores across a number of components, individuals also provided answers to several non-rated questions in order to segment the data and learn about the complete respondent profile of those completing the questionnaire.

When asked for their enrollment type, the results were fairly evenly split between institutional providers (22%), clinic/group practices (25%), physicians (22%) and those who selected "other" (24%). Only 6% selected "Non-Physician Practitioner" as their enrollment type. At 95%, the vast majority of respondents have submitted claims in the past six months.

For those eligible to answer, 45% of respondents said they had interacted with EDI helpdesk staff in the past six months.

A greater percentage indicate calling their MAC's provider contact center in the past six months with 58% having done so at least once but no more than 25 times. Another 9% made between 26-50 calls and 5% said they had made between 51 and 100 calls. Finally, 6% have made more than 100 calls, leaving 22% who said they had made no such calls in the past six months.

Of all respondents, 66% said they had logged on to their MAC's portal at least once in the last six months, while 13% said they have used the MAC portal more than 100 times over the past six months.

As for the MAC IVR usage – only 51% have used this tool in the past six months, made up of 34% who have used it between 1 and 25 times, 12% between 26 and 100 times, and finally 6% having used the IVR more than 100 times.

Just over half (55%) of respondents have received medical review determination or results letters in these same past six months.

At 56%, the majority of survey respondents have participated in or used an outreach and education activity/resource offered by their MAC. When those who have participated or used such an activity or resource were asked which is the most effective, more chose webinars (41%) than any other response. Other common options selected were in-person training or educational events (16%), teleconferences (10%) and the MAC websites (10%). Only 3% chose one-on-one training by MAC representatives.

The survey results also show that over half (57%) of respondents have submitted reopenings or redeterminations over the past six months.

Of those eligible to answer (Part A and B respondents only), 45% have gone through the Medicare enrollment process; and of those who have, 71% have checked their applications status, including 35% who have checked their status three or more times. For the respondents who have checked their status at least once, 22% did so within 15 days of submitting their application. Another 36% checked between 16 and 30 days after, 28% checked between 31 and 60 days and 15% waited more than 60 days before finally checking their application's status.

Finally, the survey results found that 56% of eligible respondents have submitted a Medicare cost report to their current MAC in the past 12 months.

Customer Satisfaction Index

The **Customer Satisfaction Index (CSI)** is a weighted average of three questions and represents the overall level of satisfaction had by respondents. The questions are answered on a 1-to-10 scale and converted to a 0-to-100 scale for reporting purposes. The three questions measure: Overall satisfaction (Q44); Satisfaction compared to expectations (Q45); and Satisfaction compared to an “ideal” organization (Q46). The model assigns the weights to each question in a way that maximizes the ability of the index to predict changes in satisfaction.

The 2015 Customer Satisfaction Index (CSI) for all MACs as a whole is 61. This is in the middle range of regulatory agencies and is 3 points below the latest federal government average (64). *The confidence interval for the customer satisfaction index at a 90% level of confidence is +/- 0.5 points. This means that there is a 90% likelihood that the true score of the customer satisfaction index is within plus or minus 0.5 points of the reported score.*

Customer Satisfaction Index



N=8,038

Below is a table with the Customer Satisfaction Index by MAC. The top three rated in terms of CSI are J8-WPS (71), J5-WPS (70) and DME JA-NHIC (65). These MACs exceeded the government average of 64 while DME JD-NHS, JK-NGS, JN-FCSO, JE-NHS and JF-NHS each had scores of over 60. All other MACs have a score in the 50s, except for J10-Cahaba, with a score of 43.

	DME A – NHIC	DME B – NGS	DME C – CGS	DME D – NHS	6 – NGS	K (formerly J13 and J14) – NGS	H – Novitas	L (formerly J12) – Novitas	N (formerly J9) – FCSO	10 – Cahaba	11 – Palmetto	E – NHS	F – NHS	5 – WPS	8 – WPS	15 – CGS
Sample Size	260	157	351	440	607	496	421	336	238	214	842	1,158	1,049	634	163	672
Customer Satisfaction	65	58	59	62	58	62	56	59	63	43	57	63	63	70	71	57
Overall satisfaction	69	62	62	64	61	65	59	62	67	46	61	64	66	73	74	61
Sat compared to expectations	64	58	58	61	57	62	55	58	62	42	57	62	62	70	70	56
Sat compared to ideal	61	55	56	60	56	58	54	58	61	40	54	61	61	68	69	55

MAC Customer Satisfaction Model – Overall

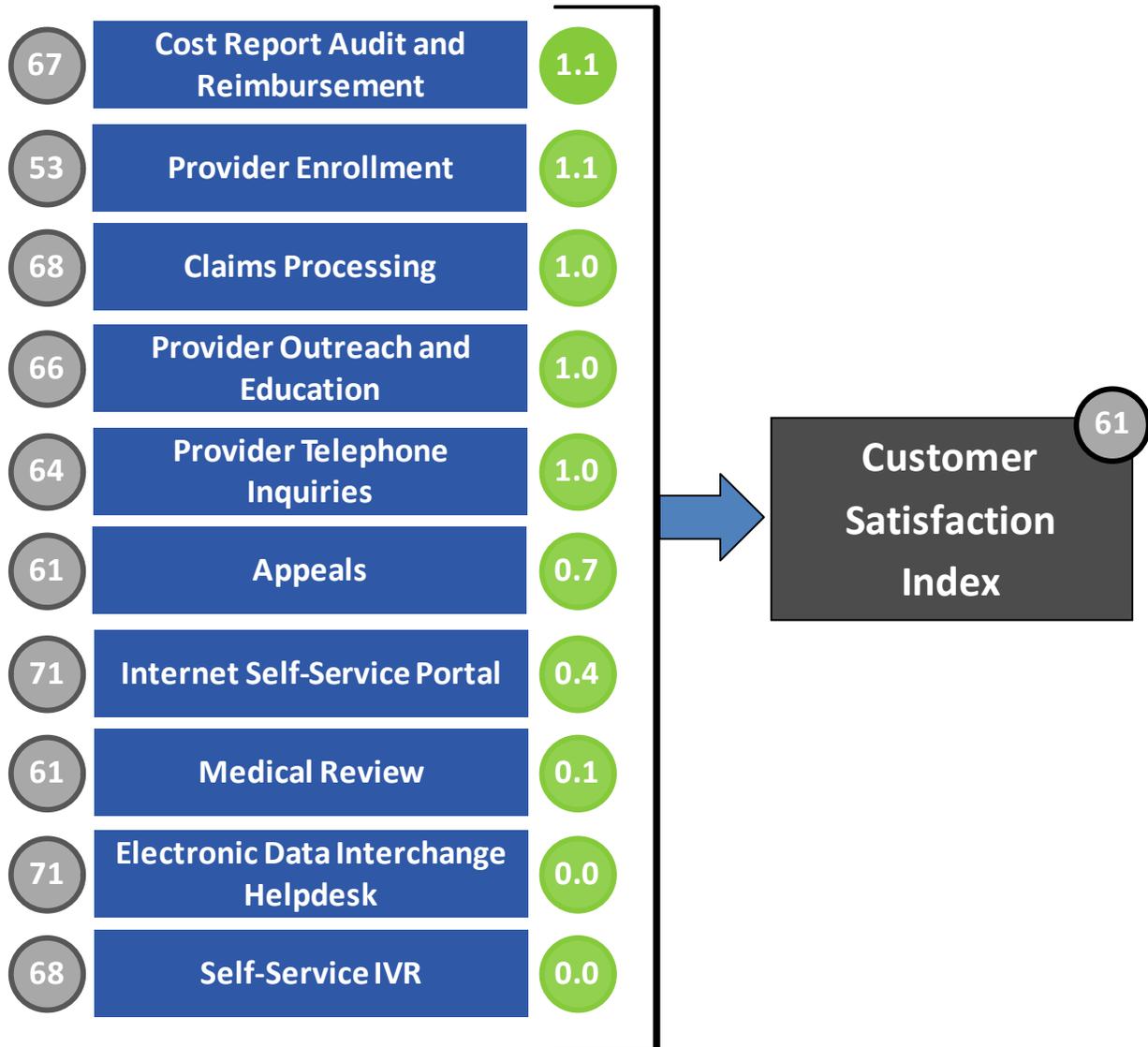
Attribute scores are the mean (average) respondent scores to each individual question that was asked in the survey. Respondents are asked to rate each item on a 1-to-10 scale with “1” being “poor” and “10” being “excellent.” CFI Group converts the mean responses to these items to a 0-to-100 scale for reporting purposes. It is important to note that these scores are averages, not percentages. The score is best thought of as an index, with 0 meaning “poor” and 100 meaning “excellent.”

A component score is the weighted average of the individual attribute ratings given by each respondent to the questions presented in the survey. A score is a relative measure of performance for a component, as given for a particular set of respondents. In the model illustrated on the next page, the component area *Provider Enrollment* is an index of the ratings for the application status process and the enrollment application guidance.

Impacts should be read as the effect on the subsequent component if the initial driver (component) were to be improved or decreased by five points. For example, if the score for *Provider Enrollment* increased by five points (53 to 58), Customer Satisfaction would increase by the amount of its impact, 1.1 points, (from 61 to 62.1). If the driver increases by less than or more than five points, the resulting change in satisfaction would be the corresponding fraction of the original impact. Impacts are additive. Thus, if multiple areas were to each improve by five points, the related improvement in satisfaction will be the sum of the impacts.

As with scores, impacts are also relative to one another. A low impact does not mean a component is unimportant. Rather, it means that a five-point change in that one component is unlikely to result in much improvement in Satisfaction at this time. Therefore, components with higher impacts are generally recommended for improvement first, especially if scores are lower for those components.

MAC Customer Satisfaction Model – Overall (continued)



N=8,038

Confidence interval for the customer satisfaction index at a 90% level of confidence is +/- 0.5 points.

Drivers of Satisfaction

Cost Report Audit and Reimbursement

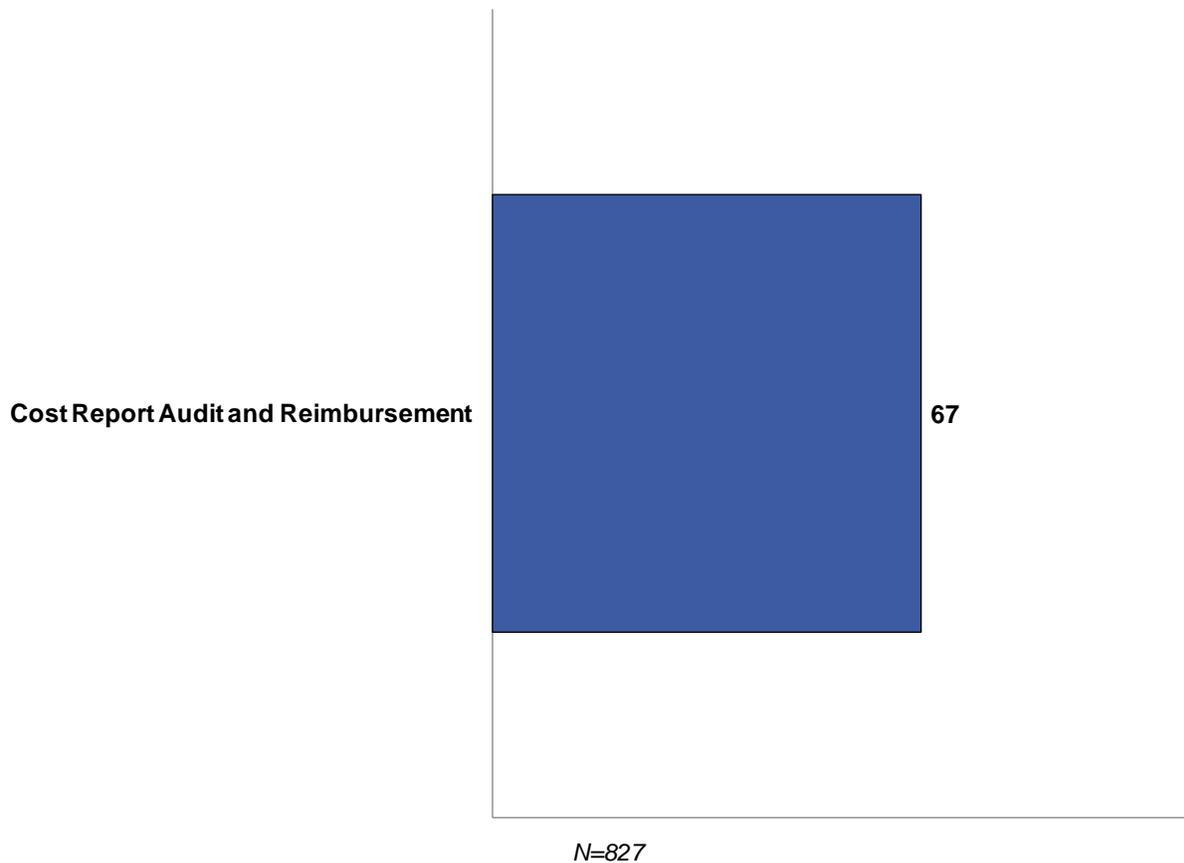
Impact 1.1

The *Cost Report and Reimbursement* rating was asked only of Part A Institutional respondents. Additionally, a score was given by only those who had submitted a Medicare cost report to their current MAC within the past year.

The aggregate score of the 827 eligible respondents was 67, placing this component towards the upper range of the component scores as a whole. The respondents were asked specifically to rate the effectiveness of their MAC's provider audit activities and the resulting score indicates that while the activities are generally meeting the needs of those submitting Medicare cost reports, there is some room for improvement.

Given its high impact onto satisfaction, focusing improvements on this area is recommended as the return on satisfaction will be relatively higher than increases in many other aspects of the satisfaction model.

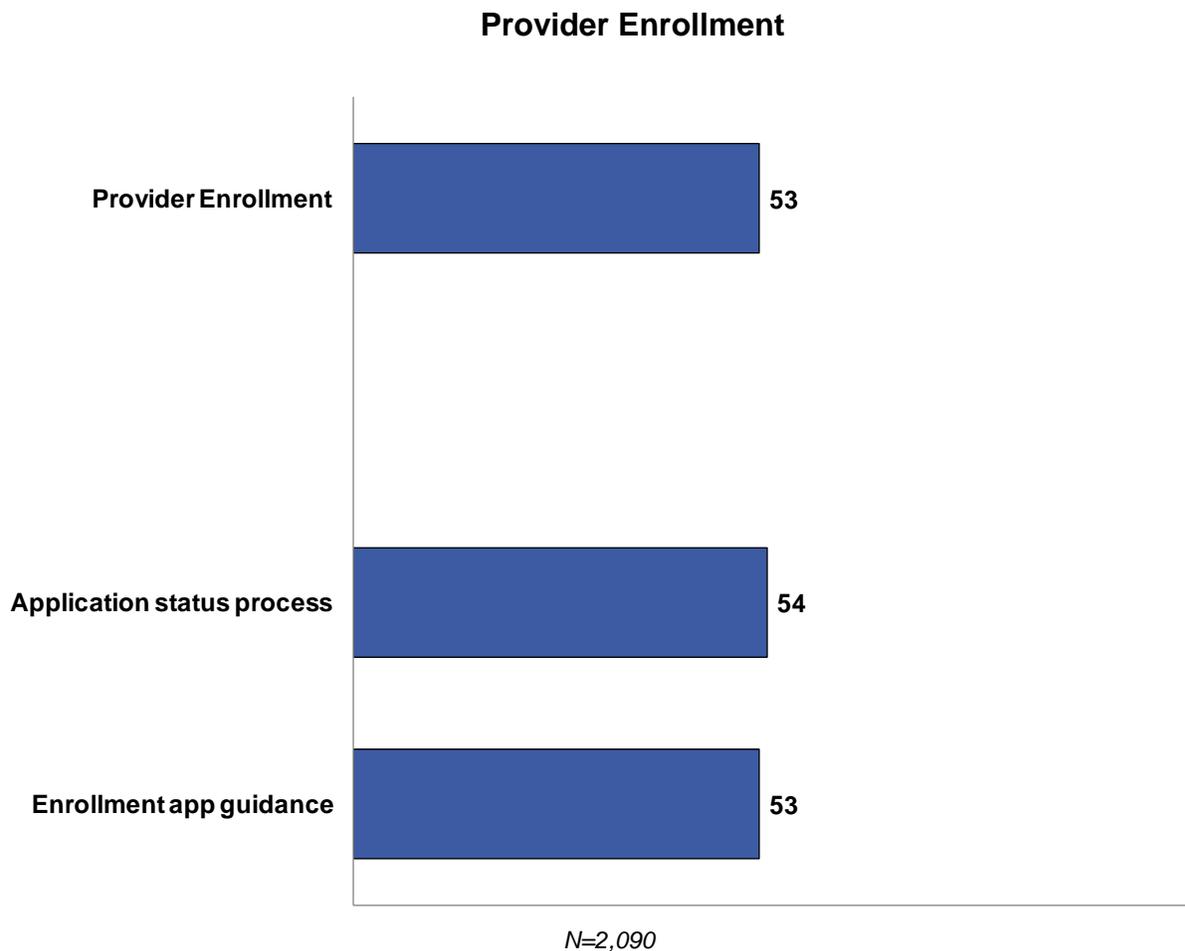
Cost Report Audit and Reimbursement



Provider Enrollment
Impact 1.1

The *Provider Enrollment* ratings were provided by Part A and Part B respondents who had gone through the Medicare enrollment process in the last six months and then followed up on the status of their application at least once. Its component score of 53 makes the enrollment process the lowest scoring area by a considerable margin. It is important to note that these particular rated questions were asked only of those who called or wrote their MAC regarding their application status. This condition inherently lends itself to collecting relatively lower scores as those who did not feel compelled to reach out to their MAC can safely be assumed to be a more satisfied group and would have likely caused an increased *Provider Enrollment* score had they been asked to provide ratings as well.

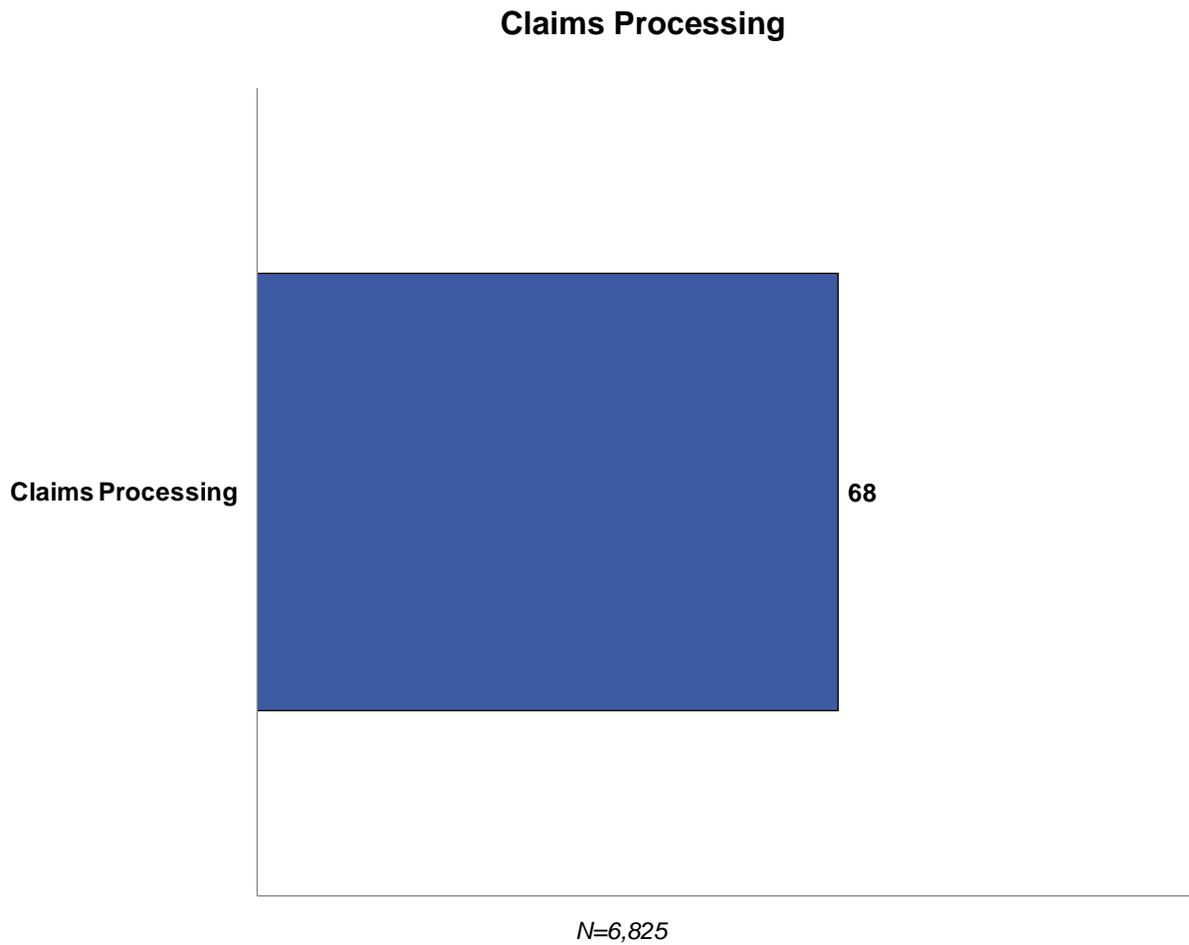
Similar ratings were given for the two attributes that comprise the overall *Provider Enrollment* score – the process used to provide the application status (54) and the guidance provided by the MAC (53). With its high impact and lower score, improvements in this area emerge as a top priority in terms of driving the overall level of satisfaction higher.



Claims Processing
Impact 1.0

All respondents whose practice or facility had submitted claims within the past six months were asked to provide rating of the communication received regarding claims processing issues to calculate the *Claims Processing* component score. The 2015 score of 68 demonstrates that this communication is satisfactory in general but that there is an opportunity for improvement.

With an impact value of 1.0 along with this area's high exposure across the total surveyed population, increases in the performance of *Claims Processing* will have a positive effect on satisfaction.



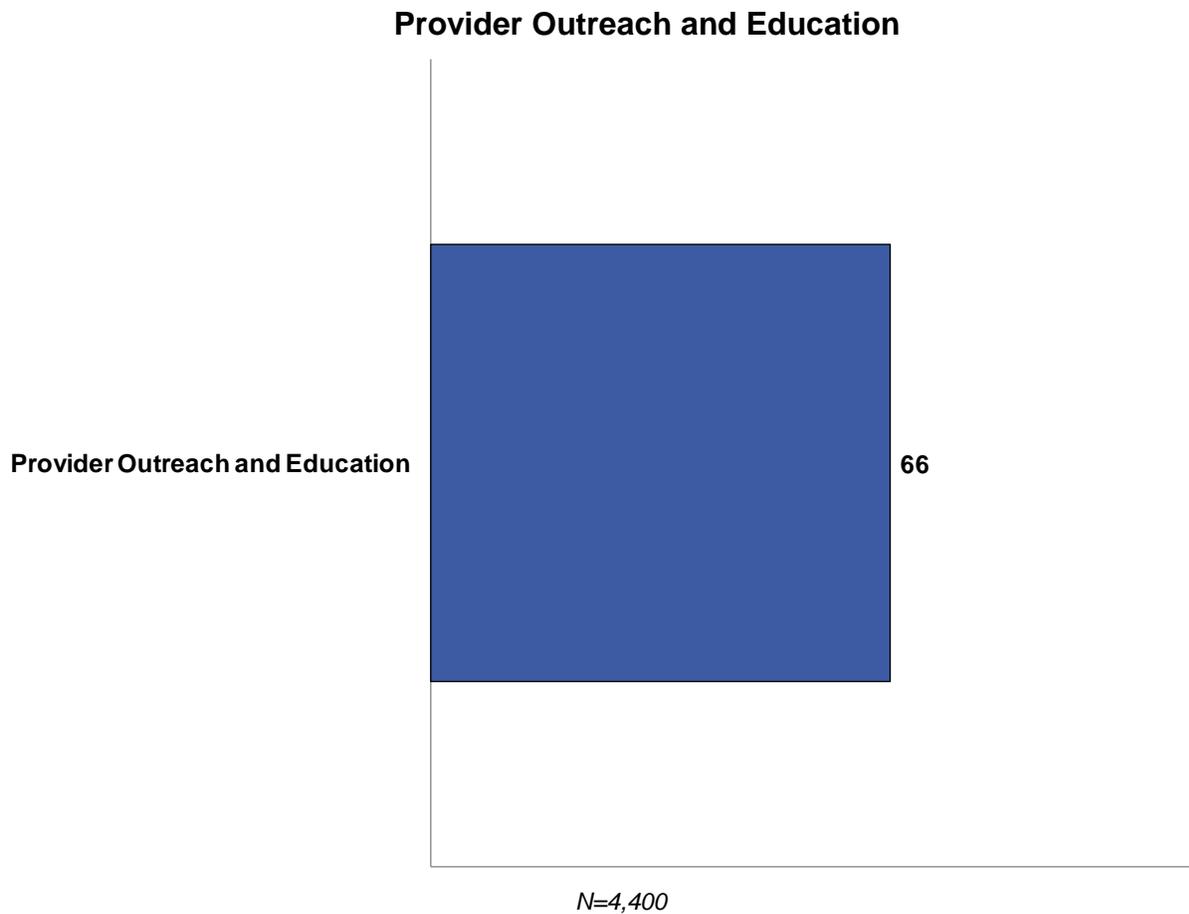
Provider Outreach and Education

Impact 1.0

The *Provider Outreach and Education* score of 66 was provided by the 56% of respondents who indicated they had participated in or used an outreach activity or resource offered by their MAC at least once in the past six months. This score can be characterized as fair and shows that these activities and resources provide value to those who take advantage of their availability.

The vast majority of those who participate in the outreach activities or use the resources do so just a few times throughout the year, though 12% of the total sample reported their usage at more than six times in as many months, further demonstrating the outreach resource value.

As another aspect with a relatively high impact, improvements in this area can be expected to drive satisfaction higher.



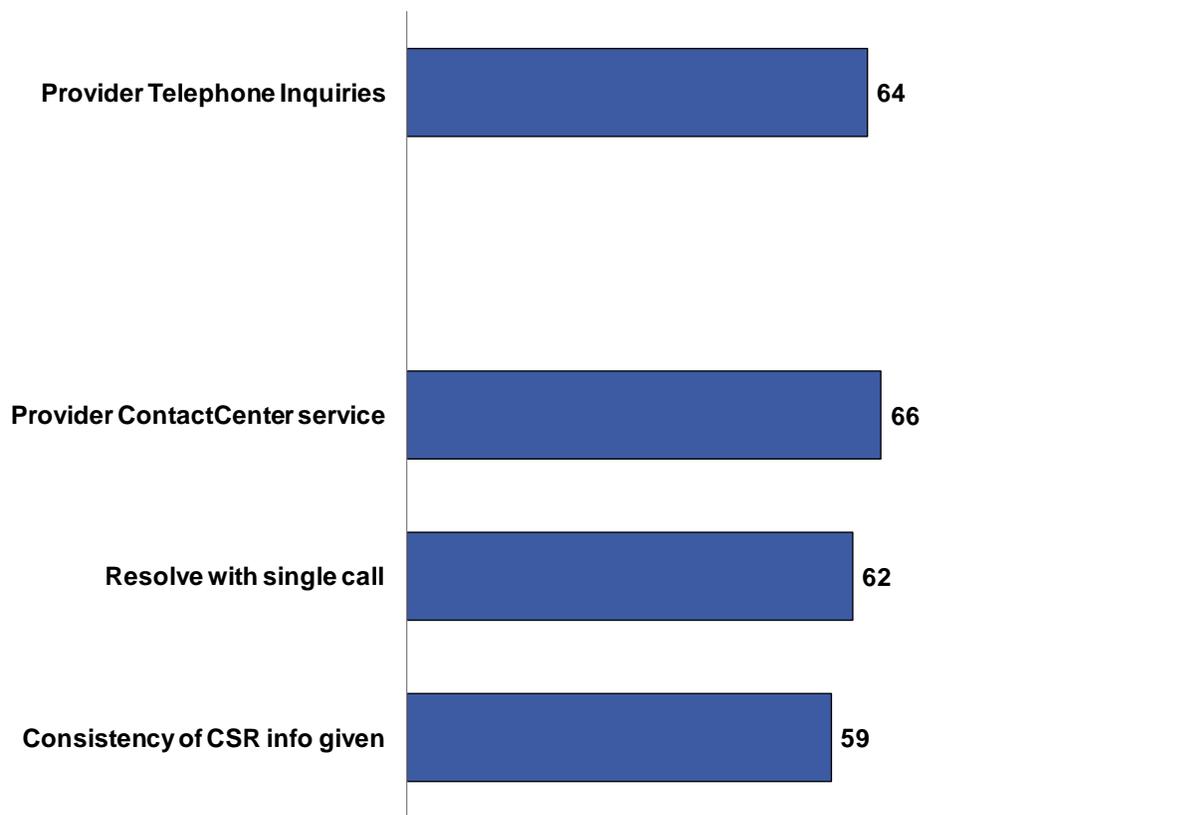
Provider Telephone Inquiries

Impact 1.0

The 78% of respondents who said they had made at least one call to their MAC's provider contact center in the past six months rated *Provider Telephone Inquiries* at a 64, made up of three individual attribute scores. The score for the service in general provided by the Provider Contact Center was 66, somewhat higher than the score of 62 for the customer service representatives' (CSRs) ability to resolve issues or questions in a single call. Finally, the relatively lower score for the consistency of information provided by multiple agents on the same question of 59 indicates the top priority for improvement in this area.

The ability of CSRs to resolve issues or questions efficiently is paramount to a high level of satisfaction. When contact with multiple agents is necessary, it is important that the information given is consistent. When the message from multiple agents changes it often leads to confusion and a diminished level of confidence in the MAC for those calling.

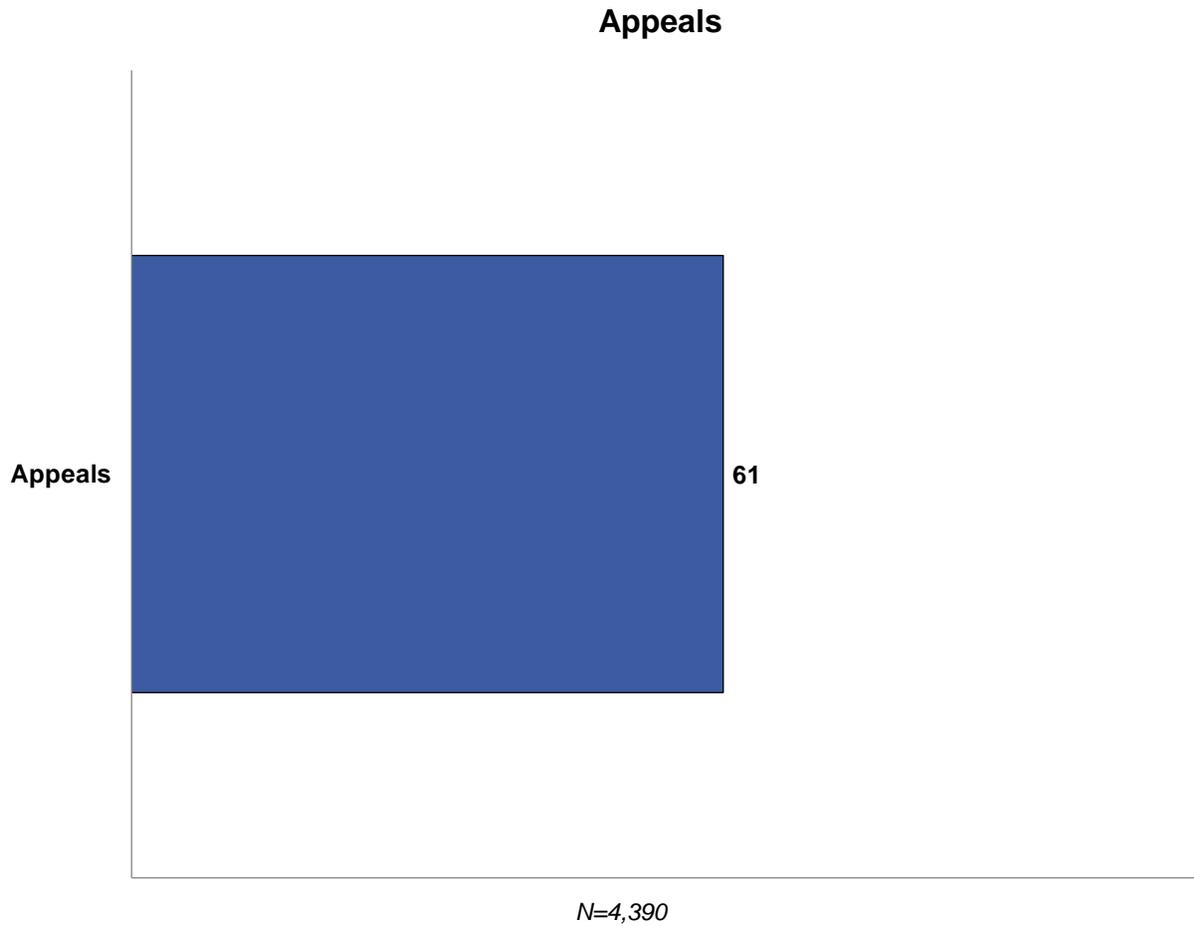
Provider Telephone Inquiries



N=6,152

Appeals
Impact 0.7

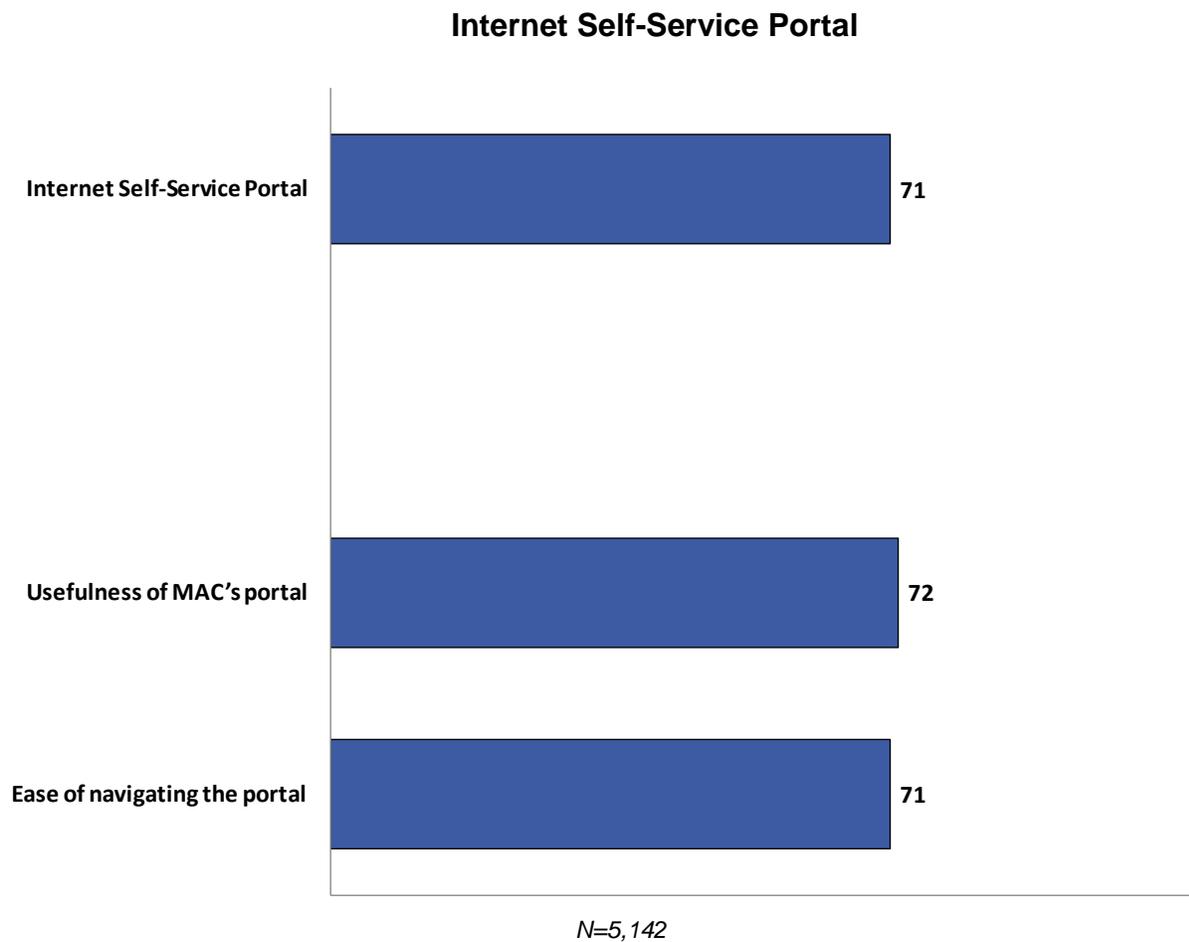
The *Appeals* rating was given by the 55% of respondents who had submitted a reopening or redetermination in the past six months. The score of 61 represents the rating provided for the clarity of explanation of first level appeals decisions and shows that there is some level confusion for respondents.



Internet Self-Service Portal
Impact 0.4

With a score of 71, the *Internet Self-Service Portal* is tied for the component with the highest score in the 2015 results. Two-thirds of respondents have used the portal in the past six months, and the high rating they have given the portal speaks to its value and usefulness.

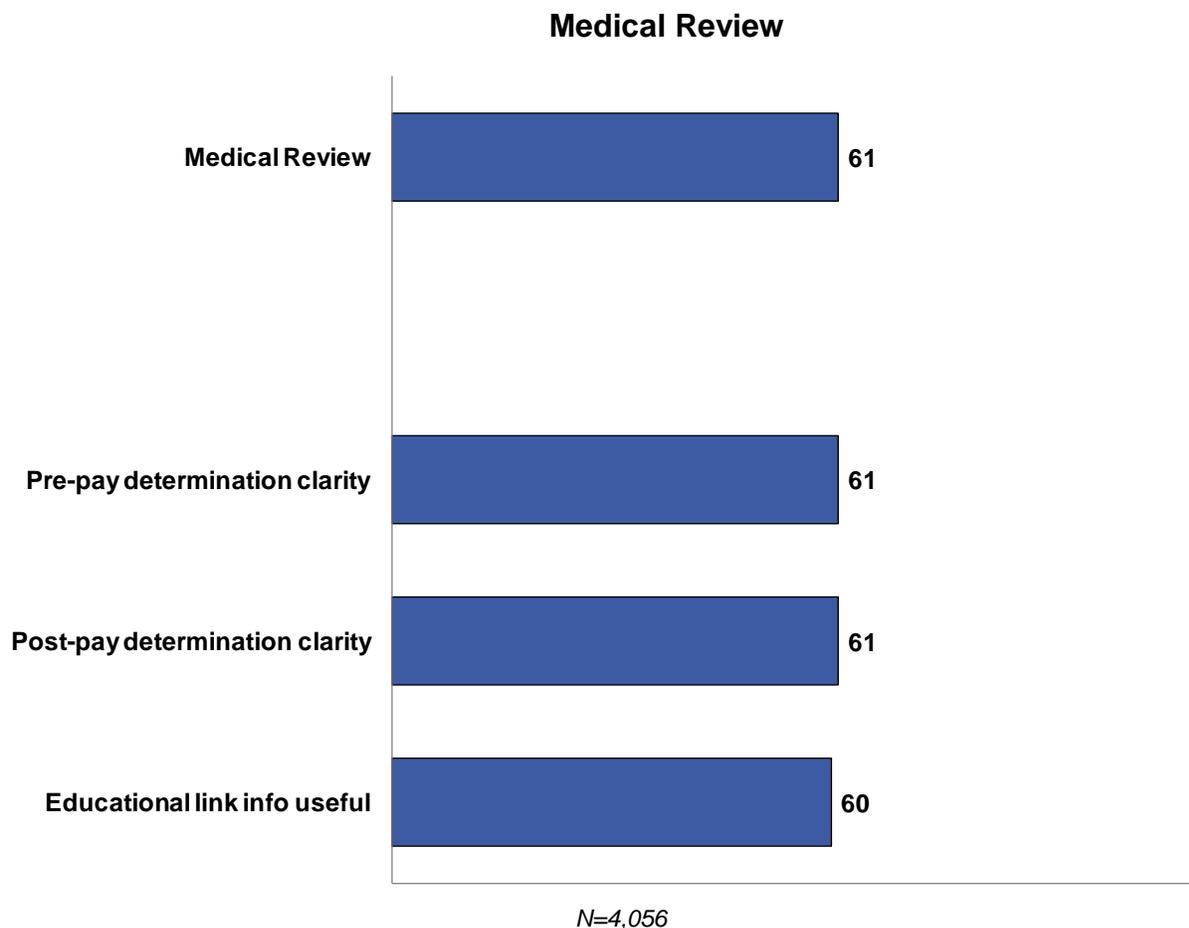
Specifically, the usefulness of the portal was rated at a 72 while the ease of its navigation had a score of 71. These scores illustrate that the portal is doing a fine job of meeting the needs of its users and given its moderate impact, it is not recommended to focus extensive efforts for improvement in this area. Rather, the focus in terms of the portal should be on maintaining its performance.



Medical Review
Impact 0.1

The handling of *Medical Reviews* was given a score of 61 this year, with very similar scores provided for all three of its attributes. The clarity of both pre-payment and post-payment determinations was rated at a 61 while the usefulness of information in educational links and resources in medical review results letters was given a score of 60.

With all three individual attribute ratings being within a point of each other, the opportunity for improvement lies in a general enhancement to the entire *Medical Review* process, rather than a specific area. However, since this component has a minimal impact onto satisfaction, improvements to the *Medical Review* handling should not be expected to result in a significant increase in the overall satisfaction level of respondents.

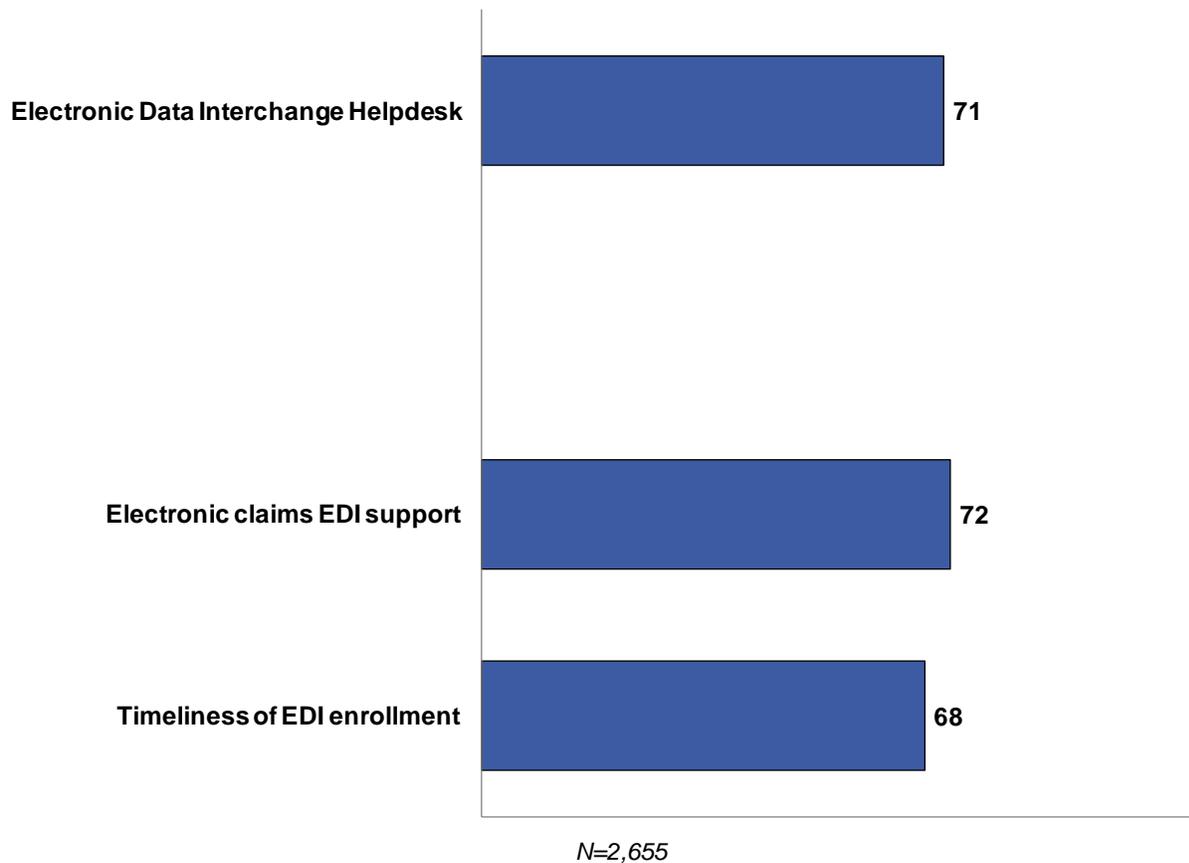


Electronic Data Interchange Helpdesk
Impact 0.0

The *EDI Helpdesk* set of questions applied to Part A and Part B MAC respondents only and just those who interacted with the helpdesk in the last six months were asked to provide subsequent ratings. The resulting score of 71 makes this component the other area tied for the highest score of the satisfaction model.

The overall score of 71 is made up of a rating of 72 for the EDI support on electronic claims related transactions and a 68 for the timeliness of completing the EDI enrollment processing. Timeliness ratings often lag behind other related attributes, making the *EDI Helpdesk* scores somewhat conventional in this context.

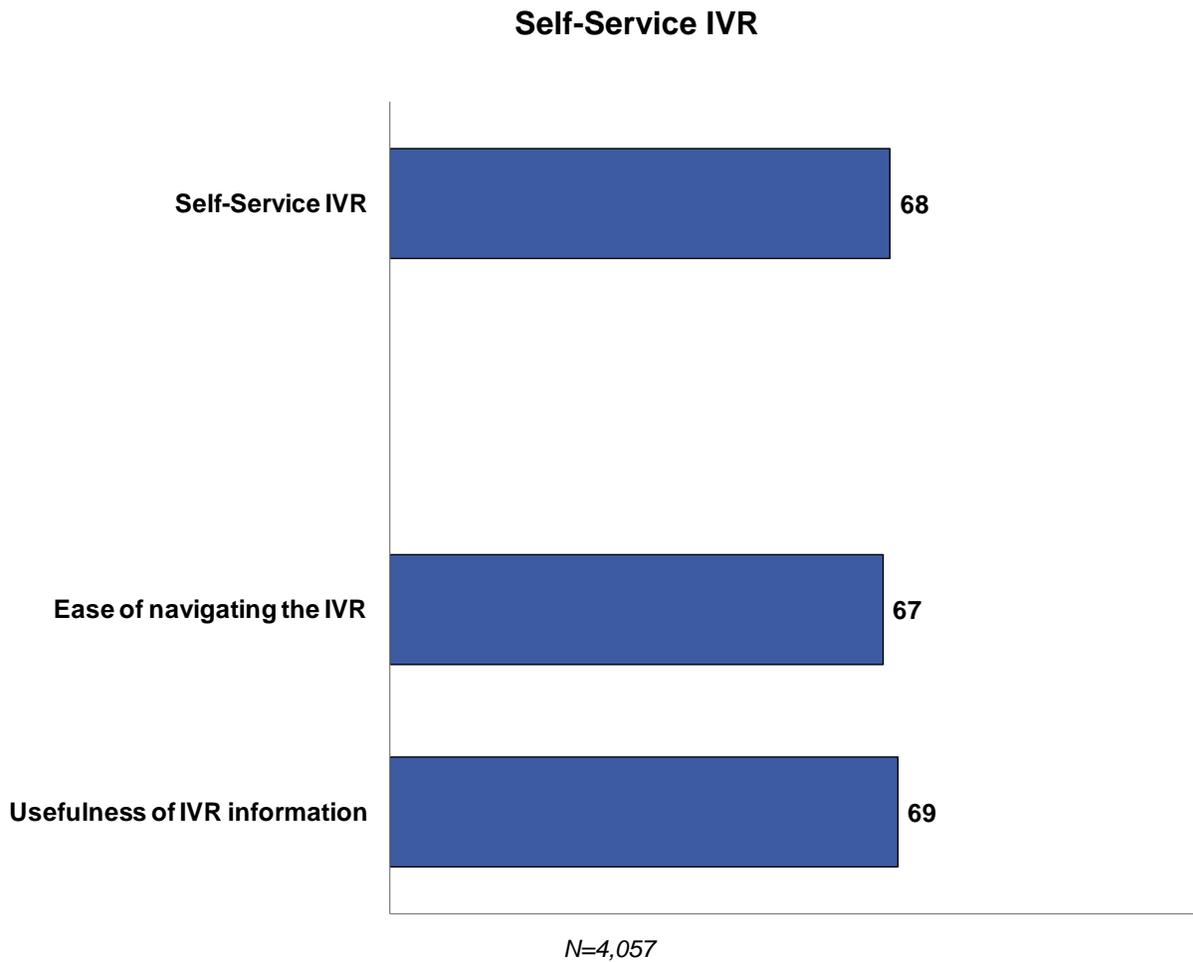
Electronic Data Interchange Helpdesk



Self-Service IVR
Impact 0.0

The *Self-Service IVR* was also given largely positive ratings, with an overall component score of 68. The usefulness of the IVR information was rated slightly more favorably (69) than the ease of navigation (67).

With a negligible impact onto satisfaction, the IVR is not a tool that requires significant improvements at this time as any score increases in its performance will do little in moving the needle in terms of the overall satisfaction level of respondents.



Segments/Recommendations

Analysis at the aggregate level shows certain relationships between categorical data and satisfaction.

Application Status

An efficient process of Medicare enrollment is essential to the overall level of satisfaction had by survey respondents. For those who submitted an application within the past six months, 71% had to call or write their MAC to check on its status. When just a single follow up was required, these individuals had a collective satisfaction score of 69, 8 points above the aggregate level. When a second follow up was made, satisfaction dropped to 61, equal to the aggregate. Finally, for the respondents who said three or more contacts were required, satisfaction dropped down to 46. Of the respondents who had gone through the enrollment process in the past six months, 35% reported contacting their MAC at least three times – more than any other category including those who did not follow up at all. Clearly, as the number of these contacts increases, satisfaction falls making it imperative that sufficient communication is had in order to set accurate expectations in terms of when individuals will receive notification of their application's status.

As for when individuals tend to reach out to their MAC to check their application status, the results found that 22% followed up within 15 days. This collective group had a satisfaction score of 67 and likely represent a group of people that simply require more notification. As evidenced by their relatively high satisfaction, this group's quick follow up is not necessarily a reflection of being frustrated with their MAC's sluggish response time, but rather their propensity to desire frequent updates. However, the group who reported contacting their MAC for a status check between 16 and 60 days after submitting have a satisfaction score of 55 indicating a longer wait time leads to a diminished level of dissatisfaction. Furthermore, the group who finally followed up with their MAC after 60 days has a satisfaction score of 41. This sharp decline in satisfaction as the time between application submission and follow up demonstrates the importance of a timely response by MACs or at a minimum, setting appropriate expectations with those going through the enrollment process to eliminate frustrations with delays that are perceived to be unreasonable.

Contact Frequency

High contact volume is also associated with lower levels of satisfaction as evidenced in the analysis of the number of calls made to the MAC Provider Contact Center. The 22% of respondents who did not make any calls to the contact center in the past six months had a satisfaction score of 65 – higher than the aggregate as well as any other category of call frequency. At 58% of the total sample, the majority of respondents had called their MAC at least once, but no more than 25 times. This group had a collective satisfaction score of 62, a single point higher than that of the aggregate. However, satisfaction drops sharply with additional contacts from that point. For those who called the MAC Provider Contact Center between 26 and 100 times in the past six months, satisfaction was 53 and just 51 for those calling more than 100 times.

The higher contact frequency for some providers could be a result of more complex issues that require multiple contacts or simply that the level of service available is unable to resolve issues brought forth efficiently. In any event, prioritizing an efficient process for those calling the contact center is likely to result in more providers falling into the lower range of contact frequency where higher levels of satisfaction are observed.

Reopenings and Redeterminations (Appeals)

The final key segment observed in where satisfaction levels differ is in the comparison of those who have submitted a reopening or redetermination within the past six months. For those who have, satisfaction is at 59 compared to 63 for those who have not. While this margin is not as drastic as some of the other segmentation analyses, the depressed satisfaction score for those with recent experience in this area suggests that the clarity of explanations of first level appeals decisions could be improved, which in turn, would drive satisfaction higher.

Score/Impact Analysis

Areas that have a high impact on satisfaction and are lower performing relative to other areas should be the primary focus of improvement initiatives. The graphic below shows the recommendations based on overall results. MAC-level recommendations are provided in individual reports. For many of the MACs, the overall findings and recommendations are the same.

At the aggregate level, *Provider Enrollment* sets itself apart as the lowest scoring component with a corresponding high impact. As such, it appears in the Top Priority quadrant of the priority matrix below.

There are several components with a relatively high impact and a score on par with many of the other areas measured. These components include: *Claims Processing*, *Cost Report Audit and Reimbursement*, *Provider Outreach and Education*, *Provider Telephone Inquiries* and *Appeals*.

The *Electronic Data Interchange Helpdesk*, *Internet Self-Service Portal* and *Self-Service IVR* are all associated with relatively low impacts with corresponding high scores. Finally, the *Medical Review* component lands in the Areas of Concern quadrant as it has a low score relative to the other aspects of the satisfaction but also a minimal impact.

