



MAC Satisfaction Indicator

2017 Customer Satisfaction *Overall Report*

Final Report

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EXECUTIVE SUMMARY

Executive Summary

- Customer Satisfaction (the Customer Satisfaction Index or CSI) among the Medicare Administrative Contractors (MACs) is rated at a 62 on a 0-100 point scale in 2017.
 - The 2017 rating is 6 points lower than the most recent Federal Government Benchmark¹ score of 68 (measured in 2016).
 - Regulatory agencies typically have satisfaction levels in the 50s to 70s, placing MAC satisfaction inside of this range.
 - At the aggregate level, the majority of rated questions asked on the survey saw slight declines in score.
- Customer Satisfaction scores were also calculated for each individual MAC.
 - JF-Noridian had the highest score of any MAC at 69.
 - JA DME-Noridian had the lowest satisfaction score of 53.
- Data were collected from Part A, Part B and Durable Medical Equipment (DME) respondents.
 - Part A respondents represented 32% of the total number of completed surveys and had a satisfaction score of 60.
 - Part B respondents represented 59% of the completed surveys and had a satisfaction score of 64.
 - DME respondents represented the remaining 10% of the sample and had a satisfaction score of 59.
- The *Electronic Data Interchange (EDI) Helpdesk*, the *Internet Self-Service Portal* and *Cost Report Audit and Reimbursement* have the highest ratings of any driver of satisfaction at the aggregate level (71).
 - The *EDI Helpdesk* component continues to score well for its electronic claims EDI support (72) and timeliness of EDI enrollment (69).
 - The *Internet Self-Service Portal* component received positive ratings for both its ease of navigating (70) and usefulness (71).
 - The *Cost Report Audit and Reimbursement* component is a measurement of the effectiveness of audit activities; it scored 71 for 2017.
- The American Customer Satisfaction Index (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 2017 data shows that *Provider Outreach and Education* as well as *Provider Enrollment* have the greatest impact on satisfaction. *Provider Telephone Inquiries* also have a relatively high impact on satisfaction.
 - Improvements in these higher impact components offer the greatest opportunity for raising the overall level of satisfaction and should therefore be prioritized over less impactful components.
 - *Claims Processing* and *Cost Report Audit and Reimbursement* have moderate impacts on satisfaction. Improvements in these components will still be beneficial, though not as likely to drive satisfaction higher at the same rate as the priority components mentioned above.
 - The remaining components of the satisfaction model – *Medical Review*, the *Electronic Data Interchange Helpdesk*, *Internet Self-Service Portal*, *Redeterminations (Appeals)* and the *MAC IVRs* have minimal impacts and should not be considered key areas for opportunity in improving satisfaction at the aggregate level.
 - Individual MAC-impacts have also been calculated in 2017. MACs will be able to analyze their data to determine the necessity of investment or resource allocation decisions.

¹ The Federal Government Benchmark as measured by the American Customer Satisfaction Index is a satisfaction rating of Federal Government services. It is a comprehensive rating of agencies serving citizens nationwide.

RESULTS

Introduction

This study was conducted by CFI Group using the methodology of the American Customer Satisfaction Index (ACSI). The ACSI is a 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 gives information unique to each agency on how its activities that interface with the public affect the satisfaction of customers.

This report was produced by CFI Group on behalf of CMS. If you have any questions regarding this report, please contact CMS at MSI@cms.hhs.gov

Segment Choice

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

Customer Sample and Data Collection

Data was collected online. CFI Group gave CMS 16 unique links to the survey – each correlating to an individual MAC jurisdiction. 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 collection took place from April 5, 2017 to May 24, 2017. A total of 7,519 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 components, outcomes and introductions it follows a format common to all the federal agency questionnaires that allow cause-and-effect modeling using the ACSI model. The MSI survey asks respondents to rate the performance of 10 different aspects (referred to as “components” throughout the report) of their experiences with a MAC. The component scores are weighted averages based on the ratings of specific questions that capture the essence of each component (referred to as “attributes” throughout the report) of each. For example, the *Provider Telephone Inquiries* component is comprised of ratings for the consistency of information given by representatives, the ability of representatives to resolve issues on a single call, and the service given by the Contact Center.

The Customer Satisfaction Index is measured independently of the components, using three attribute-level questions of its own: overall satisfaction, a comparison to expectations and a comparison to an “ideal” MAC.

Throughout the report, some score differences are called “significant”. All score changes are tested for statistically significant differences, which is a function of sample size, standard deviation and the magnitude of the score difference itself. Due to the nature of the testing being sensitive to sample sizes, it is possible that smaller score changes (where corresponding sample sizes are high) of 1 or 2 points can be determined to be significant while greater changes (where corresponding sample sizes are low) are not considered significant.

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.”

Respondent Background

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

Part A and Part B respondents made up a total of 90% of all completed surveys, leaving 10% of surveys coming from DME respondents. This is a shift from 2016, where DME responses accounted for 18% of all completed surveys.

The following results are largely consistent with the 2016 results. However, the “home health” and “hospice” response options are new to the 2017 questionnaire.

- 23% reported their Medicare enrollment type as a clinic/group practice
- 21% reported as physicians
- 17% reported as institutional providers
- 11% reported as home health providers
- 8% reported as DME Supplier/DMEPOS
- 5% reported as hospice providers
- 4% reported as non-physician practitioner
- 11% reported as “other”

At 94%, the vast majority of respondents indicated they have submitted claims in the past six months, a 1 percentage point increase from 2016.

EDI Helpdesk staff interaction has fallen in each of the past two years. In 2017, 39% of those eligible to answer said they had interacted with staff in the past six months, down from 41% from year ago.

Nearly three-quarters (74%) of respondents said they have called their MAC’s provider contact center in the past six months. This equates to a 4 percentage point increase from last year, when 70% of respondents indicated they had called their MAC’s provider contact center.

MAC portal logins have also increased this year as 66% said they have logged into the portal in the past six months, compared to 59% in the 2016 study. Frequent portal usage has also increased with 13% of all respondents indicating they have logged on more than 100 times in the past, a 3 percentage point increase from a year ago.

Consistent with this year’s findings of increased MAC interaction, more respondents reported using their MAC’s IVR in 2017 as well. Fifty percent of this year’s respondents used their MAC’s IVR - a 4 percentage point increase from 2016.

There was a slight uptick in the percentage of respondents who have received medical review determinations or results letters, with 53% having received such documentation in the past six months, a 2 percentage point increase.

The survey also measures participation in outreach and education activities offered by the MACs. In 2017, 49% reported participating in such outreach activities, with 11% of all respondents having participated in six or more over the past six months. This represents a slight increase of outreach participation from last year. The CSI among those who have participated in outreach sessions or educational activities is 4 points higher than those who have not. Webinars (45%) were once again chosen as the most effective resource/activity, followed by in-person training (13%), the MAC’s website (10%) and teleconferences (9%).

Of those eligible to answer (Part A and B respondents only), 42% have gone through the Medicare enrollment process in the past six months, an 8 percentage point increase from the 2016 survey results. Of

those providing feedback on their experience with the enrollment process, 64% said they checked the status of their application. This is made up of 19% who checked just once, 15% who checked twice, and 30% who checked at least three times.

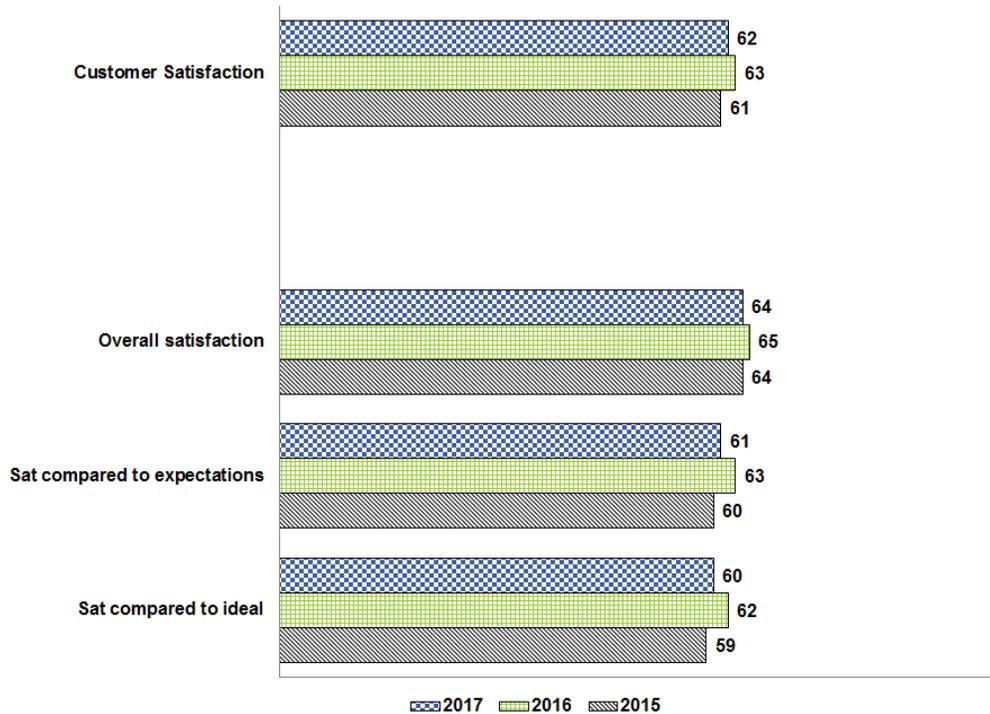
The survey also gauged the amount of time respondents typically wait before following up on the status of their application. For those who checked their application's status, 27% did so within 15 days of the date they submitted the application. The majority (60%) followed up between 16 and 60 days after submitting and 13% waited longer than 60 days before their first follow up.

The survey results also show that just over half (54%) of respondents have submitted redeterminations (appeals) over the past six months, up from 51% in 2016.

Finally, 50% of eligible respondents have submitted a Medicare cost report to their current MAC in the past 12 months – equal to the proportion of the 2016 survey.

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 (Q46); Satisfaction compared to expectations (Q47); and Satisfaction compared to an “ideal” organization (Q48). These same three questions are used across all ACSI surveys to give a multi-dimensional measure of satisfaction. Furthermore, the method of measuring satisfaction independently of the components allows for the cause-and-effect modeling to determine what components are the primary drivers of satisfaction. The model assigns the weights to each satisfaction question in a way that maximizes the ability of the index to predict changes in agency satisfaction.



The 2017 CSI for all MACs as a whole is 62, 1 point lower than last year’s measurement. This is in the middle range of regulatory agencies and is 6 points below the latest federal government average (68). *The confidence interval for the Customer Satisfaction Index at a 90% level of confidence is +/- 0.4 points. This means that there is a 90% likelihood that the true score of the Customer Satisfaction Index is within 0.4 points of the reported score.*

Below is a table with the CSI by MAC. There is a greater level of consistency across the individual MAC satisfaction scores this year, with ratings ranging from 53 to 69.

MAC Jurisdictions	J5 – WPS	J6 – NGS	J8 – WPS	J15 – CGS	JA DME – Noridian	JB DME – CGS	JC DME – CGS	JD DME – Noridian	JE – Noridian	JF – Noridian	JH – Novitas	JJ – Cahaba	JK – NGS	JL – Novitas	JM – Palmetto	JN – First Coast
Sample Size	369	385	317	625	148	180	238	153	214	304	670	520	652	568	1,946	230
Customer Satisfaction	65	62	67	63	53	57	65	60	67	69	61	57	63	65	60	65
Overall satisfaction	67	65	70	65	56	61	67	63	70	72	63	60	66	67	61	67
Sat compared to expectations	63	61	65	62	53	56	64	58	66	67	60	57	62	64	59	64
Sat compared to ideal	63	60	65	61	51	54	64	58	65	67	60	55	61	63	59	64

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 question on a 1-to-10 scale with “1” being “poor” and “10” being “excellent.” CFI Group converts the mean responses to these questions 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.”

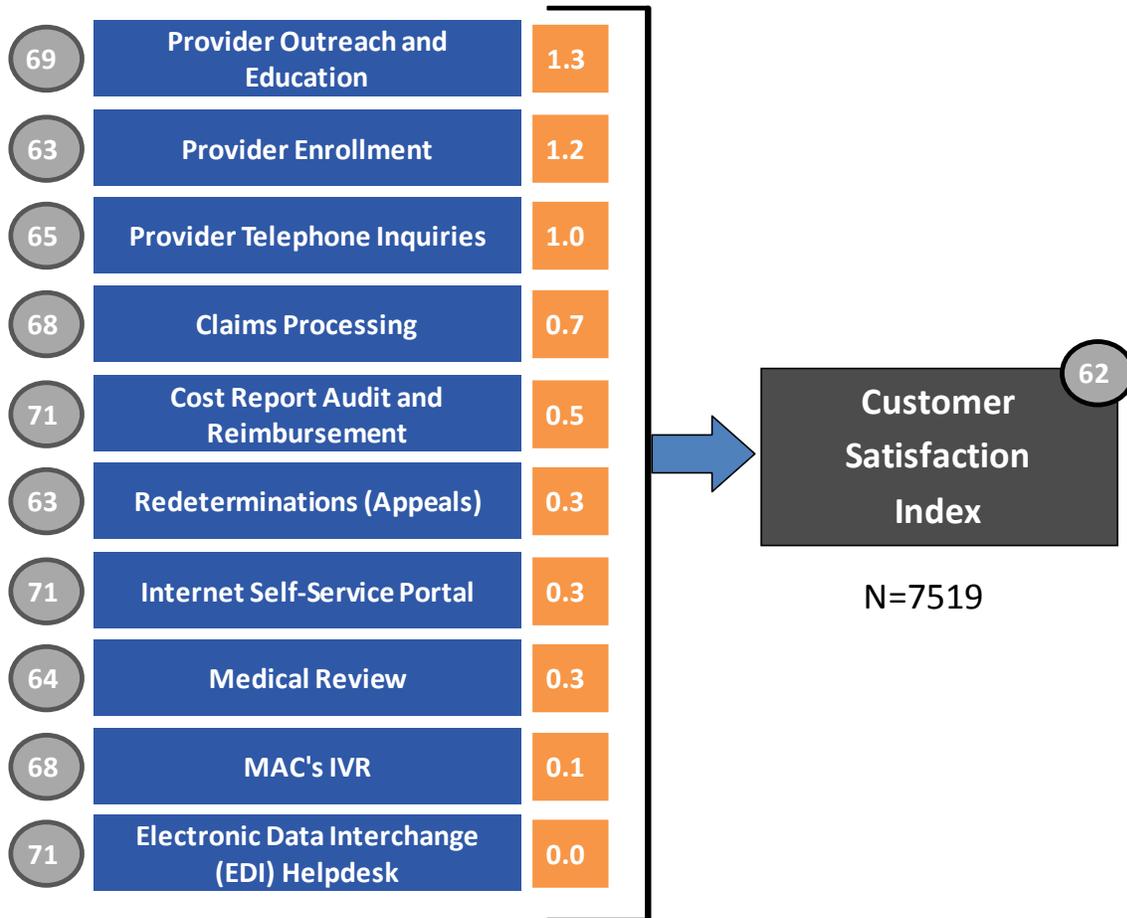
A component score is the weighted average of the individual attribute ratings given by each respondent to the questions presented in the survey. A score is a relative measure of performance for a component, as given for a particular set of respondents. In the model illustrated on the next page, the component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

Impacts should be read as the effect on Customer Satisfaction if the driver (component) were to be improved or decreased by five points. For example, if the score for *Provider Enrollment* (component) increased by five points (63 to 68), Customer Satisfaction would increase by the amount of its impact, 1.2 points, (from 62 to 63.2). If the driver (component) 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 components 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)

The model picture below depicts each component measured on the survey along with its score (in the gray boxes) and impact on Customer Satisfaction (orange rectangles). The components are sorted in descending order according to their impact value at the aggregate level of all MACs combined.



Confidence interval for the customer satisfaction index at a 90% level of confidence is +/- 0.4 points

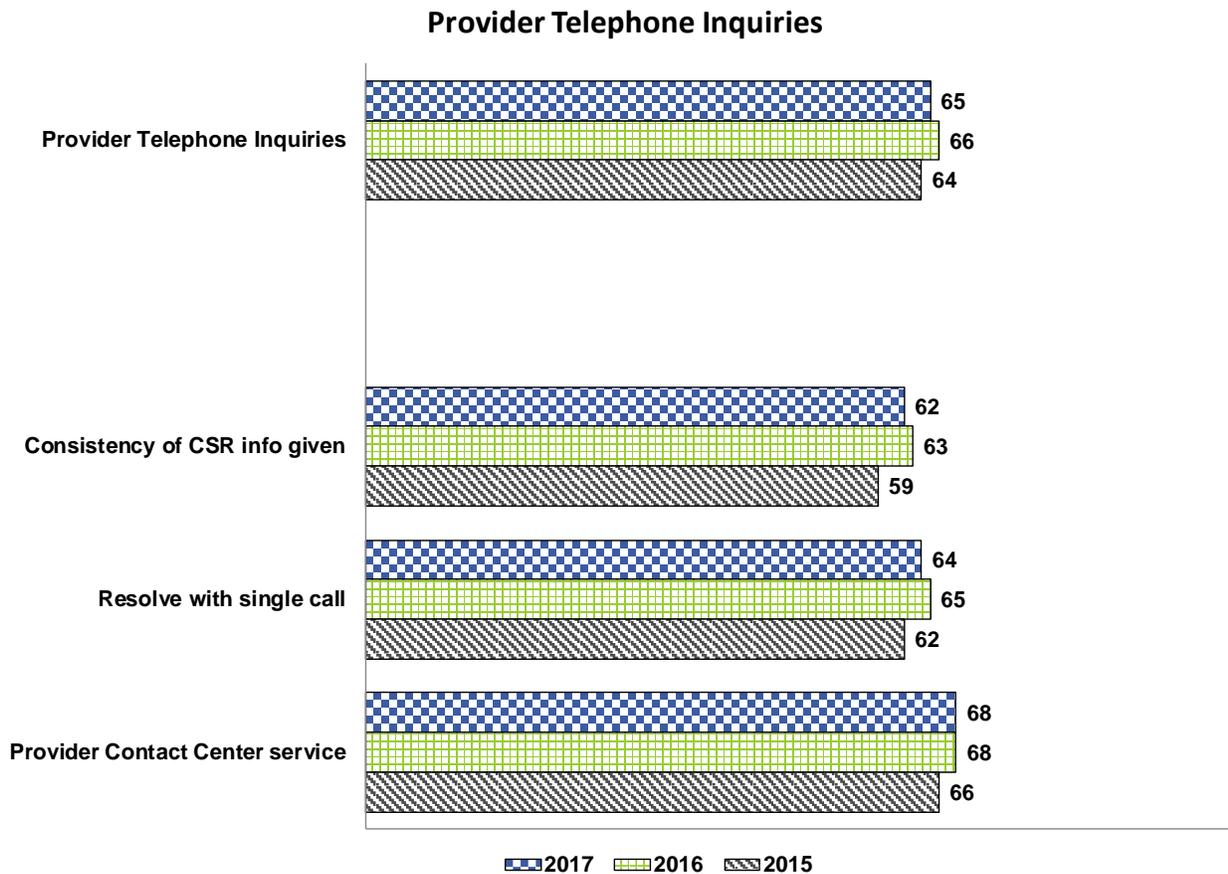
The following pages examine each component and its corresponding attribute scores in greater detail. The components are ordered according to their impact values, beginning with Provider Telephone Inquiries.

Drivers of Satisfaction

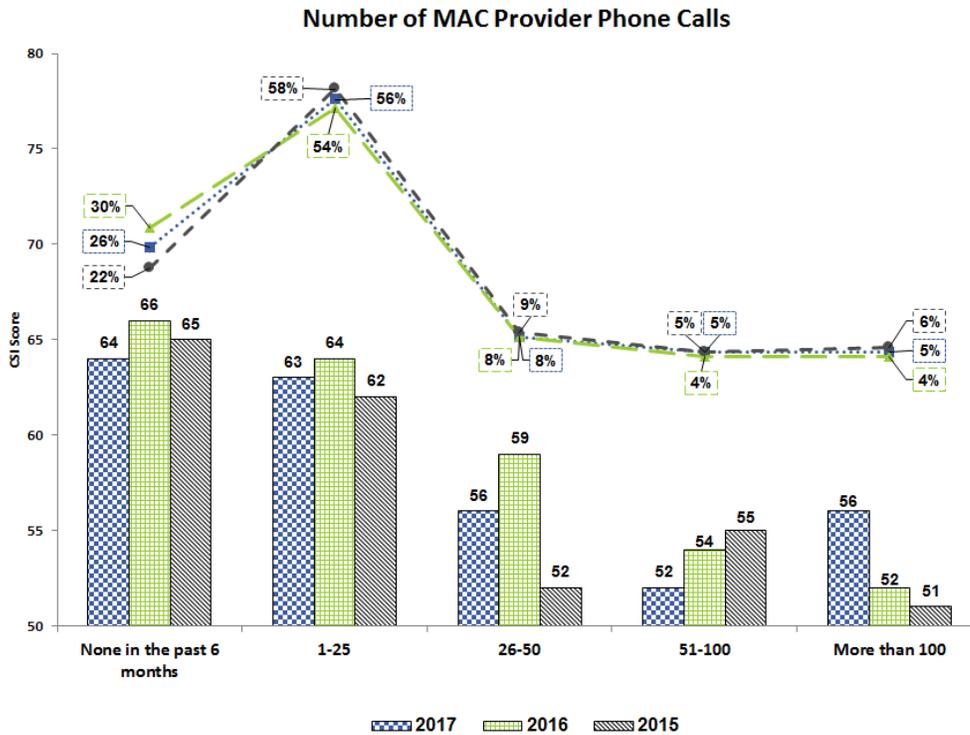
Provider Telephone Inquiries – Impact 1.0

The *Provider Telephone Inquiries* driver fell 1 point in 2017, though the decline is not enough to be considered statistically significant. This component continues to receive its highest ratings for the overall service from providers. Improvement efforts specific to the telephone inquiries should continue to be focused on the level of consistency given by representatives. This attribute was rated a 62 in 2017; a 1 point decline since last year, but still 3 points higher than its baseline measurement in 2015.

Improvements in this area can be particularly impactful because the majority of respondents participated in telephone inquiries. Ongoing representative training, with a focus on ensuring agents are providing consistent information should remain a priority for the MACs in driving satisfaction even higher.



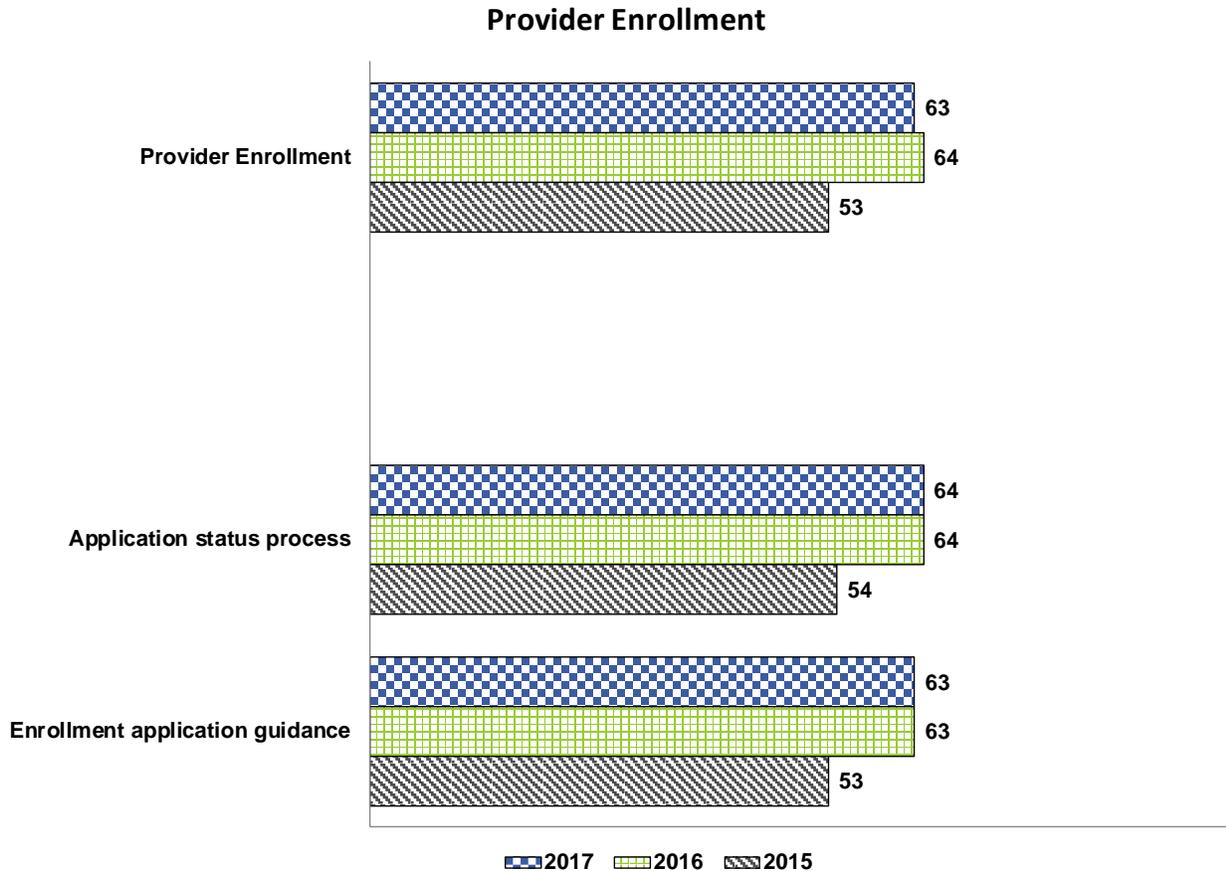
The chart below shows the CSI scores associated with each category of number of MAC phone calls made over the past six months. Above the scores are the distributions of responses according to the number of provider phone calls made for each of the three years of the study. It is apparent that satisfaction falls as more provider phone calls are made. This finding stresses the importance of providing efficient service to providers so that multiple calls are not necessary to resolve a single issue. In 2017, satisfaction among those calling between 1 and 25 times is 63, and falls into the low to mid-50s for those who call more often.



Provider Enrollment – Impact 1.2

The *Provider Enrollment* ratings were given by Part A and Part B respondents. Unlike last year’s survey, only those who had gone through the enrollment process in the past six months were eligible to give *Provider Enrollment* ratings. This condition mimics the questionnaire construction of 2015, when the *Provider Enrollment* score was 53. This is an important finding as the significant improvement in this component since the baseline measurement can be attributed to real enhancements to the enrollment process, rather than simply a shift in the sampling procedures.

While it is good news that the substantial gains in this area from last year were mostly maintained, *Provider Enrollment* should continue to be a priority for improvement given its high impact on satisfaction.



Further increasing the *Provider Enrollment* driver score is likely to be achieved through an efficient process that involves updates to keep the provider informed on the application’s status. In 2017, 64% of eligible respondents said they had checked the status of their application at some point during the process. CSI is largely unaffected for those who check their application’s status once or twice, but falls sharply for the group that checks three of more times. This finding underscores the importance of processing enrollment applications efficiently and proactively providing updates to eliminate the need for providers to continue to reach out to their MAC.

Times checked app status	2015			2016			2017		
	Percent	Frequency	CSI	Percent	Frequency	CSI	Percent	Frequency	CSI
None	29%	889	68	73%	4,828	65	36%	602	69
Once	20%	601	69	9%	596	69	19%	321	68
Twice	16%	498	61	6%	416	60	15%	241	65
Three or more times	35%	1,084	46	12%	766	50	30%	491	46
Number of Respondents	3,072			6,606			1,655		

During the past three years, respondents reported a similar pattern in terms of the length of time that passed between the time they submitted their application and the time they first followed up to get a status on their enrollment. As may be expected, satisfaction declines the longer respondents wait to make their first follow up inquiry regarding the status of their application.

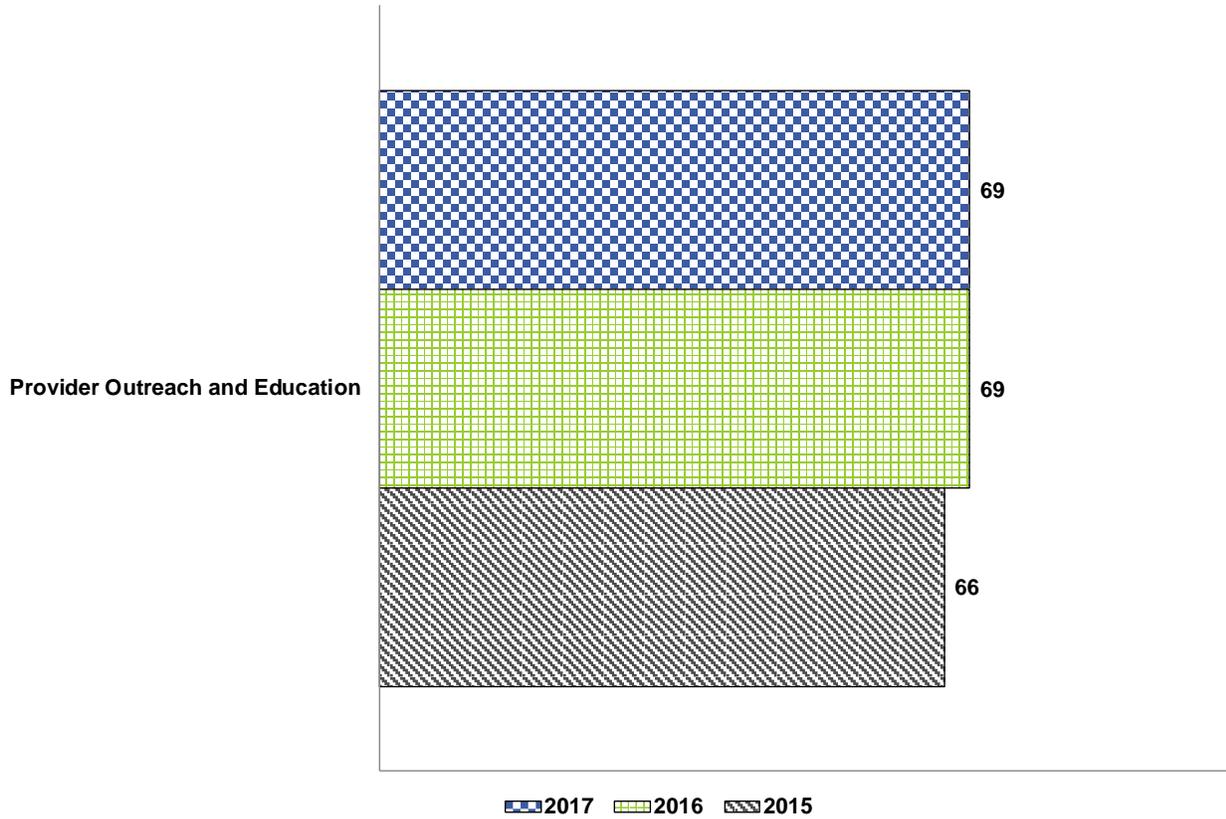
Submission to first follow up	2015			2016			2017		
	Percent	Frequency	CSI	Percent	Frequency	CSI	Percent	Frequency	CSI
Less than 15 days	22%	470	67	23%	414	67	27%	286	66
16-30 days	36%	783	58	37%	658	60	38%	395	59
31-60 days	28%	608	52	26%	463	59	22%	230	54
Greater than 60 days	15%	322	41	14%	243	42	13%	142	40
Number of Respondents	2,183			1,778			1,053		

Provider Outreach and Education – Impact 1.3

The 49% of respondents who participated in an outreach activity or used an educational resource offered by their MAC rated the *Provider Outreach and Education* component a 69 in 2017, equal to the rating a year ago. The open-ended feedback regarding the various outreach resources offered are largely positive and suggests that the availability of sessions that cover additional topics would be beneficial.

With an impact value of 1.3, *Provider Outreach and Education* has more influence on Customer Satisfaction than any other component at the aggregate level.

Provider Outreach and Education



Overall, the percentage of respondents who reported taking part in outreach activities increased in 2017, though not enough to match the rate of participation in the 2015 baseline measurement. Frequent participation of more than 10 times per year remains low, at 4%.

Times participated in	2015			2016			2017		
	Percent	Frequency	CSI	Percent	Frequency	CSI	Percent	Frequency	CSI
None in the past 6 months	44%	3,563	61	53%	4,366	62	51%	3,818	60
1-5	43%	3,459	61	37%	2,994	64	38%	2,870	63
6-10	7%	593	62	6%	492	64	7%	532	66
More than 10	5%	423	62	4%	312	65	4%	299	66
Number of	8,038			8,164			7,519		

Webinars were once again cited as the most effective resource by more respondents (45%) than any other. This has been the most effective resource in each of the three studies, and has increased its share of responses in each phase of the survey.

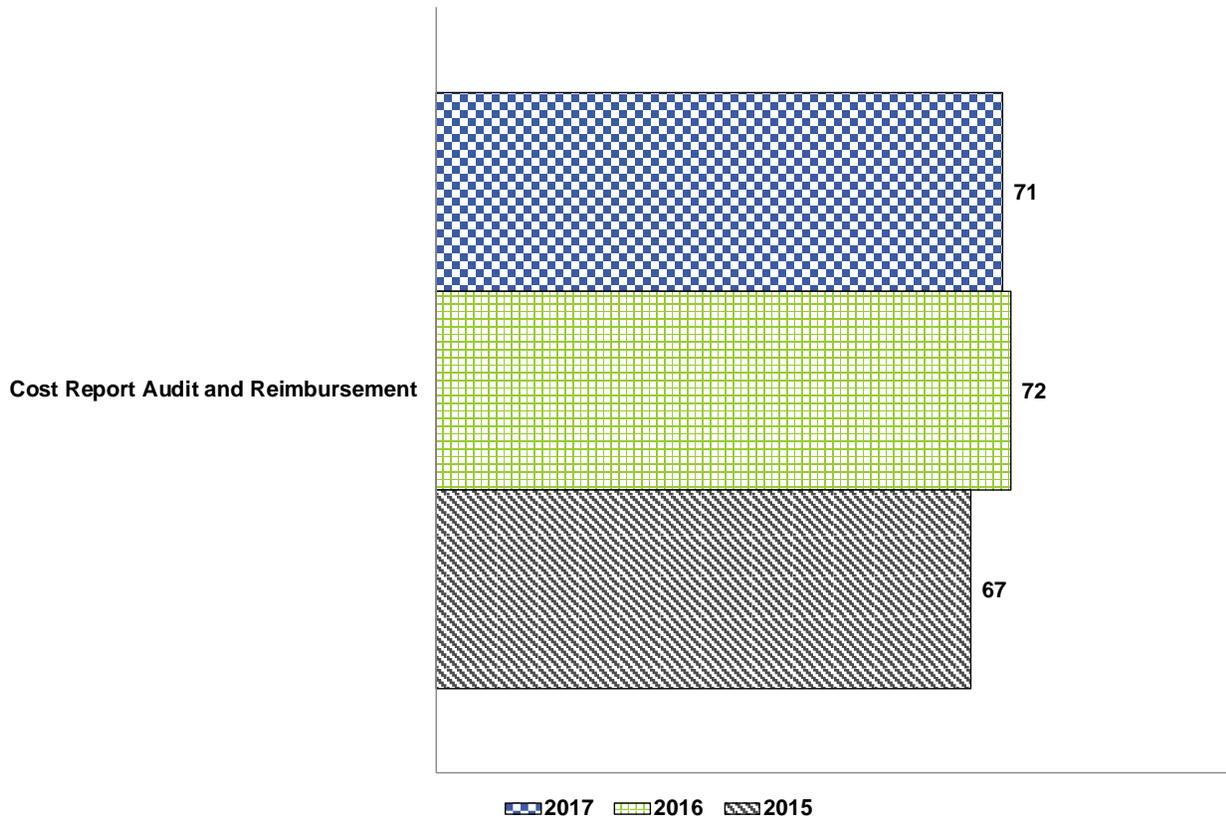
Most effective resource	2015			2016			2017		
	Percent	Frequency	CSI	Percent	Frequency	CSI	Percent	Frequency	CSI
In-person training or education event	16%	712	62	16%	603	66	13%	493	64
Teleconferences, including Ask-the-Contractor Teleconferences	10%	468	61	10%	362	60	9%	332	62
Webinar(s)	41%	1,850	63	43%	1,649	66	45%	1,652	67
Self-paced education	6%	268	60	6%	210	64	7%	251	60
Electronic mailing list messages	8%	351	63	7%	266	64	6%	229	64
MAC's website	10%	444	62	10%	381	67	10%	366	66
One-on-one training by MAC representatives	3%	124	52	3%	108	62	3%	126	52
None	3%	139	30	4%	154	45	4%	152	44
Other	3%	119	53	2%	65	63	3%	100	56
Number of Respondents	4,475			3,798			3,701		

Cost Report Audit and Reimbursement – Impact 0.5

The *Cost Report Audit and Reimbursement* questions on the survey were asked only of Part A Institutional respondents. The rating of this component came only from those respondents who had submitted a Medicare cost report to their current MAC in the past year. These individuals rated the effectiveness of their MAC’s provider audit activities a 71, which was a 1 point decline from the 2016 survey.

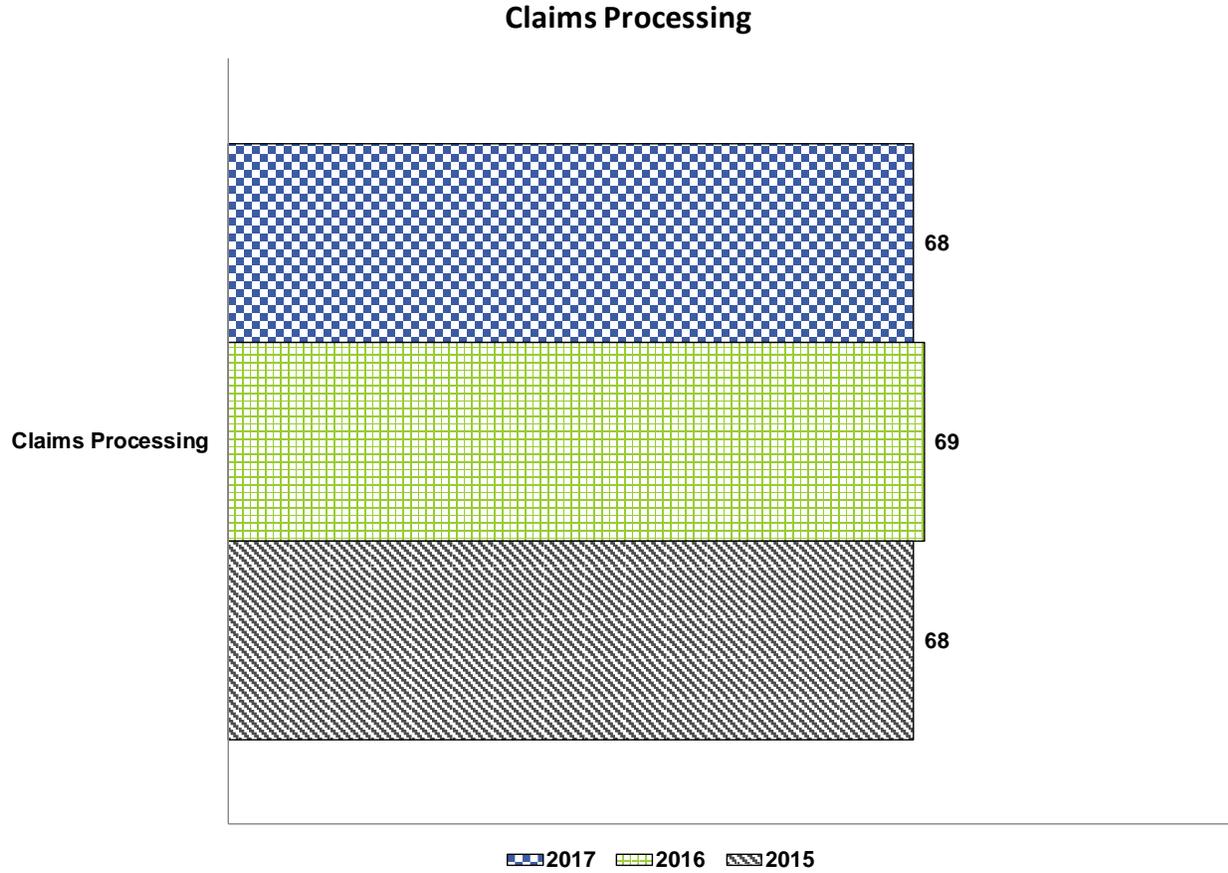
While this component’s score of 71 indicates it is a relative strength of the MACs, further improvements may lie in ensuring auditors have a complete understanding of the process and what the cost reports mean to providers. The most positive feedback related to cost report audits is generally associated with providers who worked with experienced staff with a strong understanding of the process.

Cost Report Audit and Reimbursement



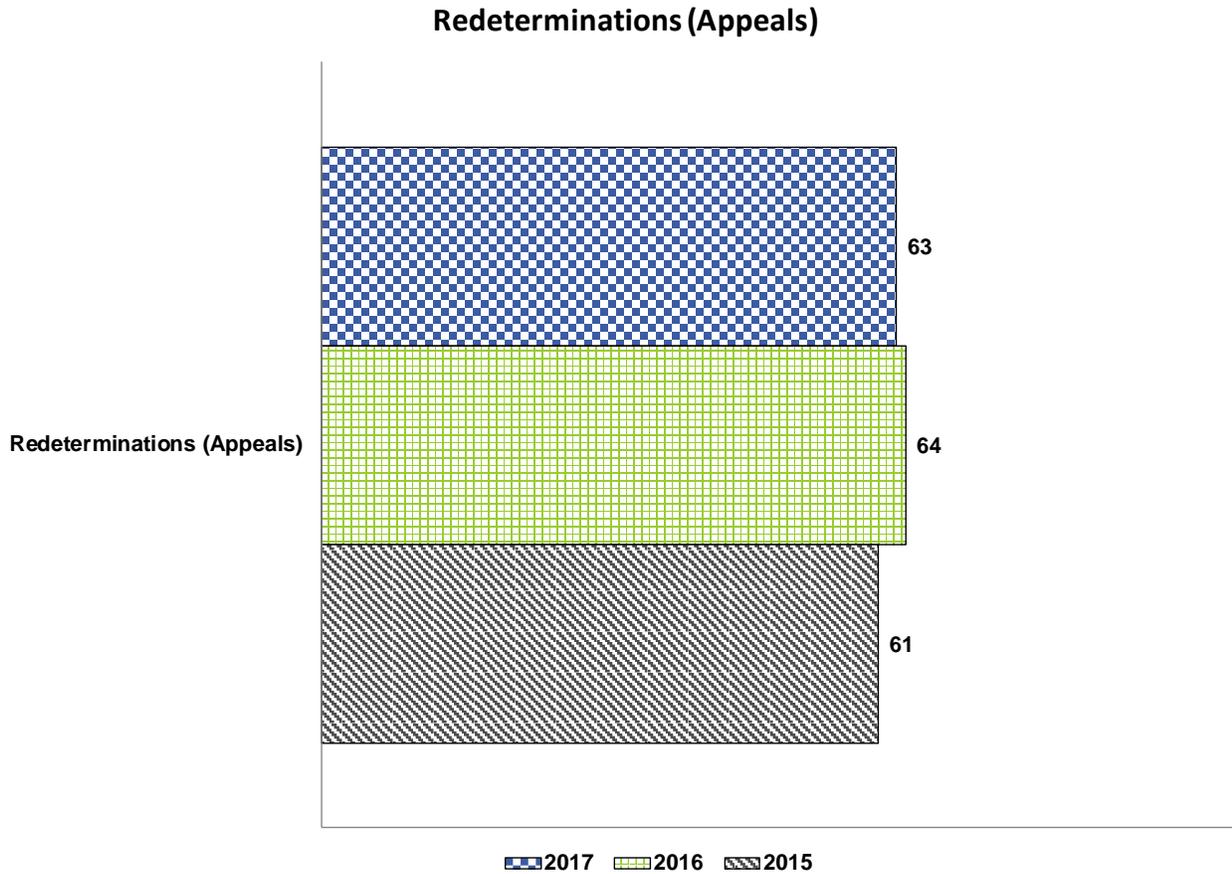
Claims Processing – Impact 0.7

The communication surrounding *Claims Processing* has been consistently rated over the three years of the survey, falling just a single point in 2017 to a score of 68. At 94%, nearly all respondents have submitted claims in the past six months. The *Claims Processing* scores at the individual MAC level range from 58 to 76.



Redeterminations (Appeals) – Impact 0.3

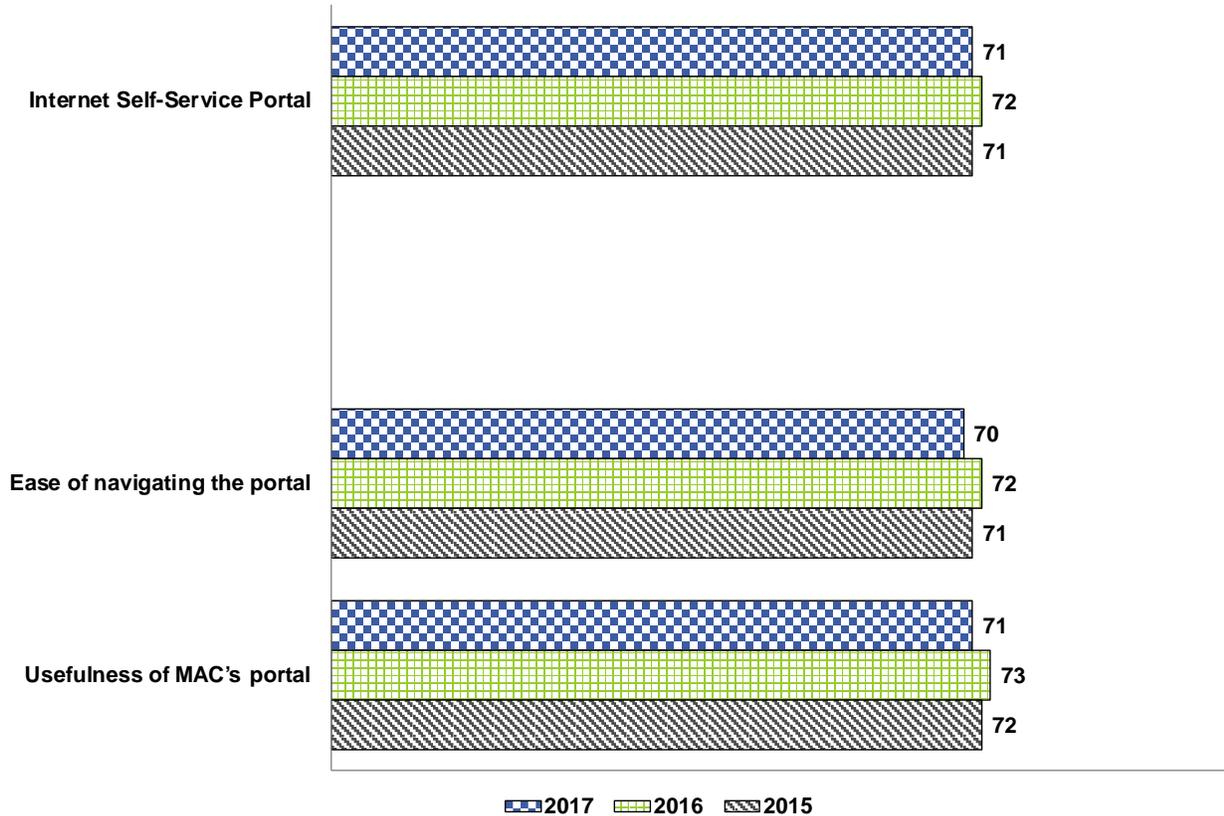
The *Appeals* rating is based on the clarity of redetermination decision explanations and was given by the 54% of respondents who had submitted a redetermination in the past six months. The aggregate score of 63 represents a 1 point decline since 2016. As in previous years of the survey, additional opportunity for improvement in this area exists in providing clear reasoning for all decisions that address the specific arguments for appeal being made.



Internet Self-Service Portal – Impact 0.3

The *Internet Self-Service Portal* is once again among the highest scoring drivers of satisfaction with a 2017 rating of 71. This component’s attributes, ease of navigation and the portal’s usefulness, each experienced slight declines this year, but portal usage within the past six months increased 7 percentage points since the 2016 survey. Satisfaction is higher among respondents who use the portal, especially frequent users with at least 50 logins over the past six months. As online self-service technology becomes more common across a variety of government sectors, usability improvements to the portal should continue to be a focus for CMS administration to provide efficient support over a broad spectrum of basic tasks.

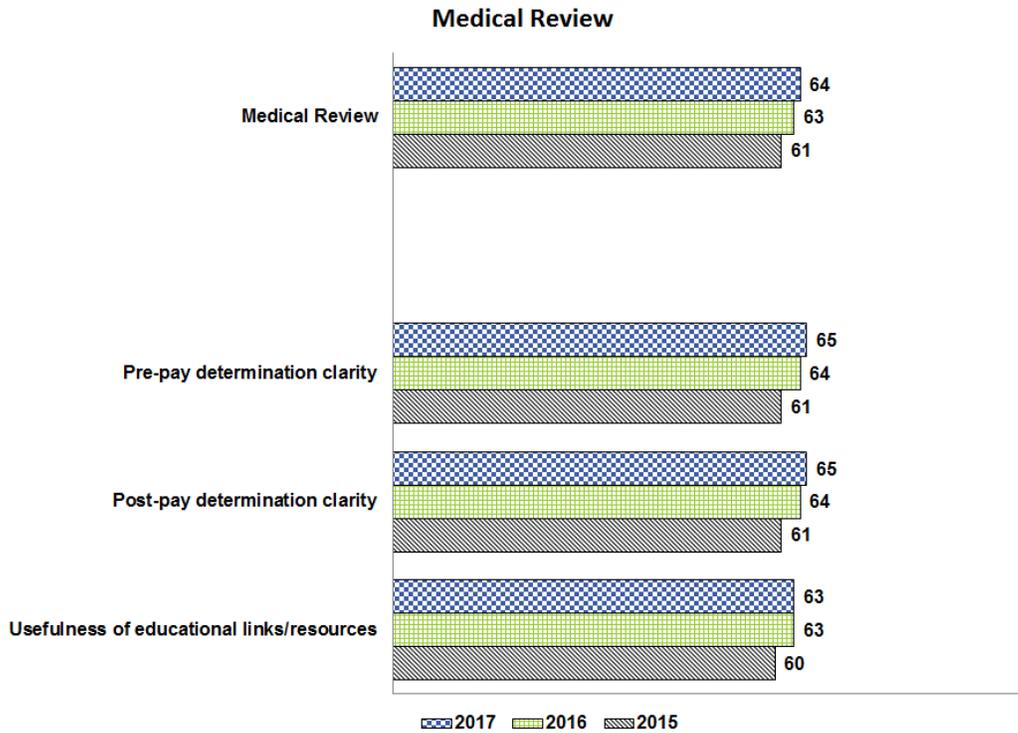
Internet Self-Service Portal



Number of MAC portal logins	2015			2016			2017		
	Percent	Frequency	CSI	Percent	Frequency	CSI	Percent	Frequency	CSI
None in the past 6 months	34%	2,772	59	41%	3,317	62	34%	2,533	60
1-25	35%	2,835	62	35%	2,854	65	36%	2,688	62
26-50	10%	809	63	9%	711	65	10%	753	62
51-100	7%	599	61	6%	473	63	8%	564	65
More than 100	13%	1,023	61	10%	809	63	13%	981	64
Number of Respondents	8,038			8,164			7,519		

Medical Review – Impact 0.3

The handling of *Medical Reviews* increased its scores for the second consecutive year and was rated a 64 in 2017. This increase was aided by gains in both the pre- and post-pay determination clarity. Meanwhile, the 2016 improvement in the usefulness of educational links/resources attribute score was held this year, with no change in its rating of 63. Overall, this area is among the lower scoring attributes, but the yearly increases indicate there is still positive momentum that can be built upon going forward.

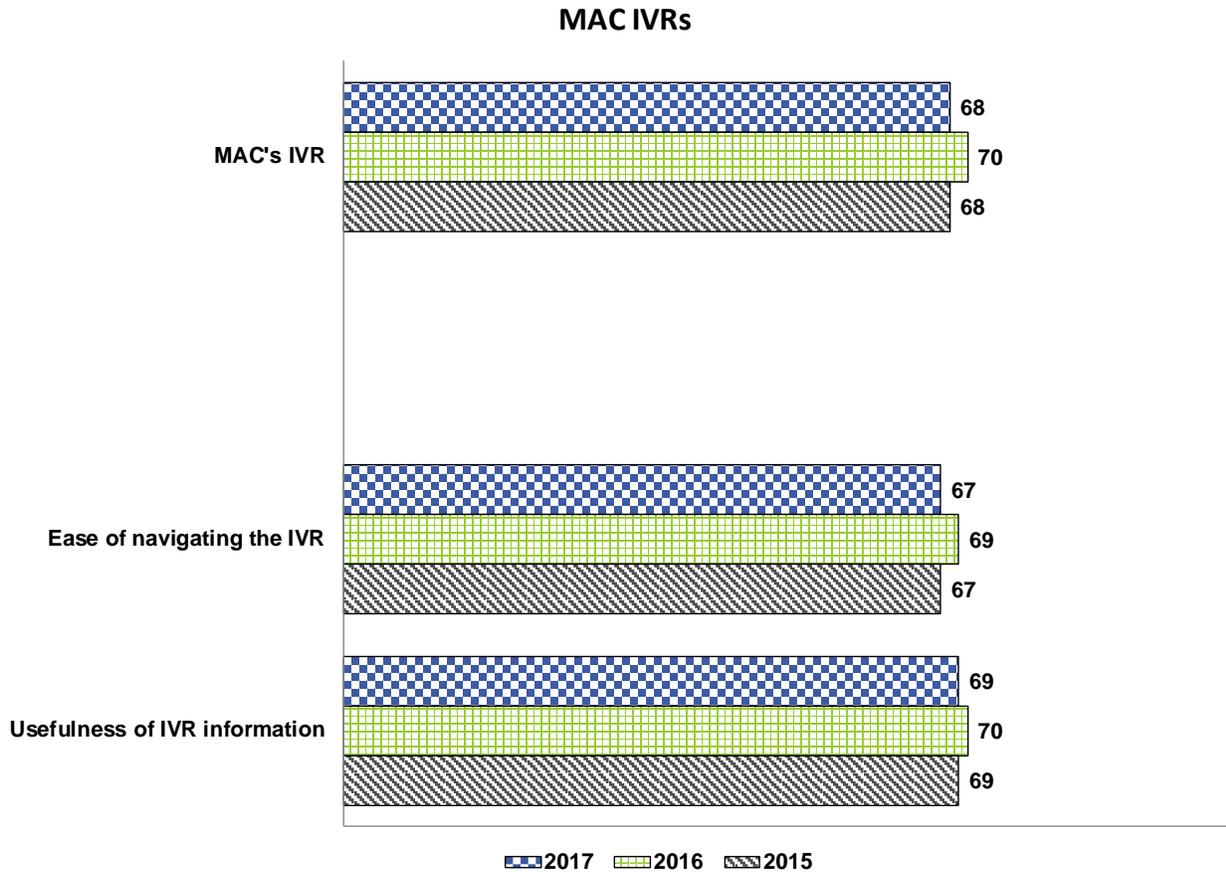


MAC IVRs - Impact 0.1

The *MAC IVRs* score fell 2 points this year to match its rating of the 2015 baseline measurement. This score remains relatively strong in the context of IVR ratings in general, as automated voice systems are typically a lower scoring component for most private and public entities alike. The ease of navigating the IVR (67) and usefulness of the IVR information (69) are both rated positively and indicate the IVR is meeting the needs of its users at this time.

Given this component’s stable score near 70 and its minimal impact on satisfaction, significant IVR investment should not be expected to have a substantial effect on satisfaction at the aggregate level.

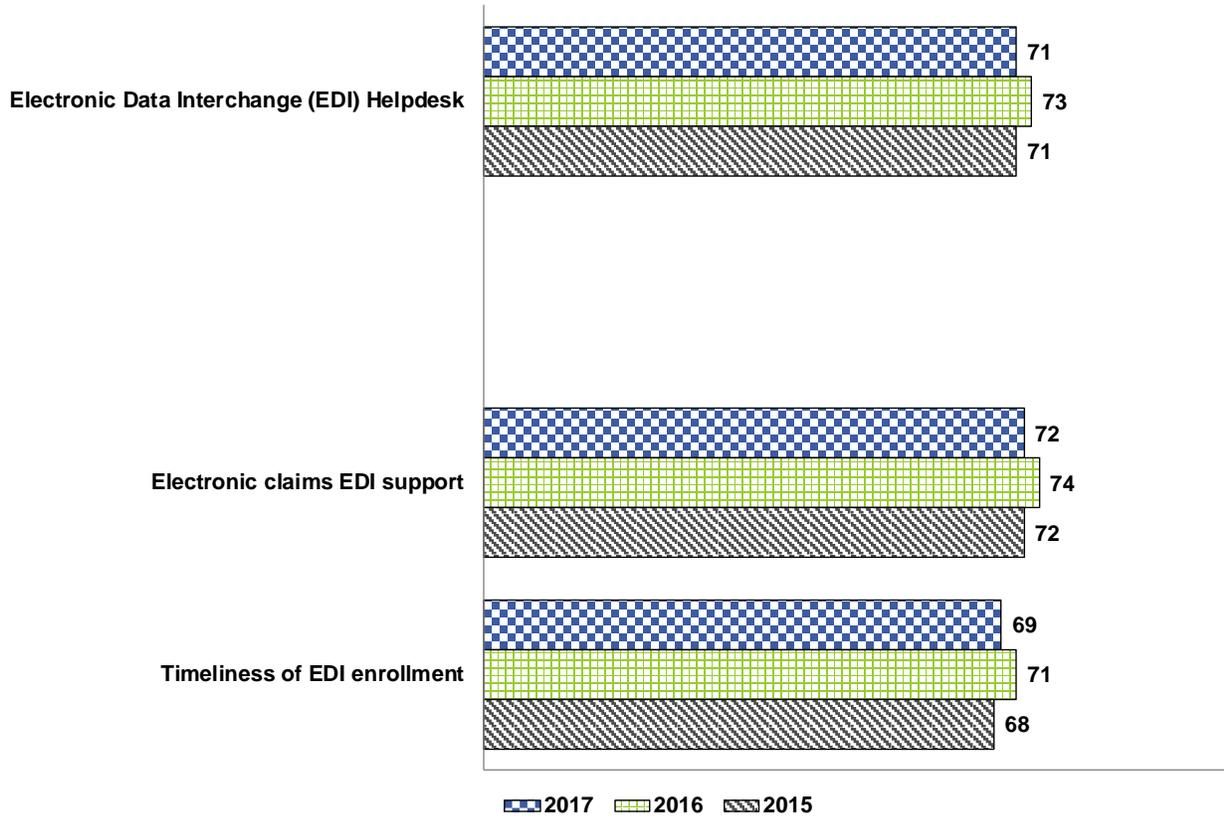
Half of all respondents indicated they used their MAC’s IVR at least once over the past six months. Satisfaction generally trends lower for heavy users of the IVR.



Electronic Data Interchange (EDI) Helpdesk – Impact 0.0

The *EDI Helpdesk* set of questions applied to Part A and Part B MAC respondents only. This component’s 2017 score of 71 again makes it among the highest rated areas of the satisfaction model. Despite 2 point declines in each of its attributes, the electronic claims EDI support (72) and timeliness of EDI enrollment (74) remain strong at the aggregate level. Its relatively high scores and minimal impact suggest the EDI Helpdesk is operating at an ideal level, in practical terms, and should not be considered a top priority area for improvement efforts. Rather, the focus for this area should be on maintaining the current practices and procedures that have led to its current ratings.

Electronic Data Interchange (EDI) Helpdesk



Segments/Areas of Focus

Provider Enrollment

A major highlight of the 2016 survey results was a 10 point gain in the influential *Provider Enrollment* driver of satisfaction. The previous year's improvement mostly held, with an overall *Provider Enrollment* score of 63, just a single point decline. This positive finding indicates the score improvements surrounding the application process and the guidance available to providers after an application is submitted are a result of true performance enhancements rather than a by-product of revised sampling procedures. However, the enrollment process remains a key area of focus at the aggregate level as this area applies to the majority of respondents and its rating does remain at the lower end of the spectrum of driver scores.

A review of the open-ended comments left by providers regarding enrollment gives insight on what elements of the process produce positive outcomes and where opportunities for improvement exist. Pleasant experiences with the *Provider Enrollment* departments often involve productive interactions with knowledgeable staff. This instills confidence in the mind of the provider that their application is being processed accurately by trusted professionals.

The opportunities for improvement lie in creating a process where representatives are more accessible and are able to quickly retrieve information to give helpful status updates to providers. Many respondents voiced their frustration with having difficulty reaching someone who is able to give them an update or getting conflicting information from various representatives. Additional improvements in this area are possible through a dedicated effort to train representatives on giving consistent, friendly service to providers looking for updates or guidance on their enrollment application. Ensure that all reasons for a denial are communicated to give the enrollee an opportunity to amend their application appropriately and resubmit. Many individuals commented that they would fix an error on their original application only to be told of additional problems with the submission that could have been identified earlier. These circumstances create frustration among providers who are seeking guidance from their MAC's experts.

Provider Outreach and Education

As the highest impact driver at the aggregate level, *Provider Outreach and Education* remains a priority for improvement efforts. Its overall score of 69 indicates that the resources made available to providers are doing a good job of educating individuals to give a better understanding of processes across a variety of topics.

Respondent comments are largely complimentary of the outreach and education sessions that are offered. The primary opportunity for improvement as it relates to outreach and education efforts lies in offering additional sessions that cover additional subject matter. Specifically, there is an appetite for training related to standalone facilities, clinician documentation best practices, and billing guidelines, to name a few.

Nearly half of all respondents feel that webinars are the most useful method of outreach. However, these sessions could be made even more valuable by recording the sessions and making them available to access at a later date. Additionally, look to expand the opportunity for Q&A with subject matter experts as many providers have specific questions to ask that may not be sufficiently covered by a generic training.

Continuing to promote and expand the outreach and education sessions should be a focal point for MACs. As providers become more educated on current rules and regulations, their interactions will be more efficient, creating a more productive environment for all parties involved.

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 given in individual reports. For many of the MACs, the overall findings and recommendations are the same.

Provider Enrollment and *Provider Telephone Inquiries* can be found in the Top Priorities corner of the graphic given their relative high impacts and low scores. These two drivers have been identified as areas where additional gains are achievable and will have a relatively high impact on satisfaction if their performance is improved.

Provider Outreach and Education has the highest impact value of the key components measured on the survey. Its current score at the aggregate level is higher than that of the previously mentioned drivers, but this area also should remain an area of focus for many MACs by virtue of its leverage on satisfaction and the gains in efficiency that educating providers generates.

Claims Processing has both a moderate score and impact value, relative to the other key components. As a core function, this area should be analyzed at the individual MAC level to identify any breakdowns in the process or best practices from the higher scoring MACs that could be adopted to spur performance improvements.

The *Electronic Data Interchange Helpdesk*, *Internet Self-Service Portal*, *IVR* and *Cost Report Audit and Reimbursement* all have minimal to moderate impacts with relatively high scores. The focus for these areas should be to maintain their current performance, without investing any significant amount of resources toward their improvement in an effort to raise the overall level of satisfaction.

The *Medical Review* and *Redeterminations (Appeals)* components land in the Areas of Concern quadrant per their low scores relative to the other aspects of the satisfaction combined with low impacts. While marginal performance improvements are not expected to have a substantial effect on satisfaction at this time, opportunities for inexpensive improvements could be sought in these areas to prevent any further score erosion.

