



MAC Satisfaction Indicator

2018 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) increased by a statistically significant margin in 2018, up four points to 66 on a 0 to 100 scale.
 - The 2018 rating is 4 points lower than the most recent Federal Government Benchmark¹ score of 70 (measured in 2017).
 - Regulatory agencies typically have satisfaction levels in the 50s to 70s, placing MAC satisfaction inside of this range.
 - The increase in Customer Satisfaction was driven by across the board improvement at the aggregate level in all areas measured in the survey.
- The drivers of satisfaction that have historically scored well continued to do so in 2018.
 - *Cost Report Audit Reimbursement* registered the highest driver score at 74.
 - *Electronic Data Interchange (EDI) Helpdesk, Internet Self-Service Portal, and Provider Outreach and Education* were the next highest scoring at 73.
 - *Claims Processing* was not far behind with a score of 72.
- Most of the MAC jurisdictions² saw an improvement in Customer Satisfaction, the majority of which were statistically significant.
 - J8-WPS was the highest scoring jurisdiction in 2018 at 71.
 - JA-DME-Noridian, which scored the lowest in 2017, saw the largest increase in 2018, up 11 points to 64.
- Data were collected from Part A, Part B and Durable Medical Equipment (DME) respondents.
 - Part A respondents represented 23% of the total number of completed surveys and had a satisfaction score of 63.
 - Part B respondents represented 64% of the total number of completed surveys and had a satisfaction score of 66.
 - DME respondents represented the remaining 13% of completed surveys and had a satisfaction score of 66.
- The American Customer Satisfaction Index (ACSI) methodology produces quantitative values (called impacts) for each of the components measured in terms of the degree of influence each has onto the overall level of satisfaction.
 - Consistent with last year, the 2018 data shows that *Provider Enrollment and Provider Outreach and Education* have the greatest influence on satisfaction. *Provider Telephone Inquiries* and *Claims Processing* also have a relatively high amount of influence 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.
 - It is recommended to prioritize for improvement the high-impact drivers of satisfaction that scored relatively lower than the other drivers. As the lowest scoring driver with the highest impact on satisfaction, *Provider Enrollment* gives the most leverage to make gains in satisfaction. Next, *Provider Telephone Inquiries* should be prioritized as it also has a sizeable impact and is relatively lower scoring.
 - Individual MAC jurisdiction impacts have also been calculated in 2018. Using these impacts, MACs can analyze their data to determine the optimal areas to invest their resources to achieve improved levels of provider satisfaction.

¹ The Federal Government Benchmark as measured by the American Customer Satisfaction Index is a satisfaction rating of Federal Government services as a whole

² Jurisdiction J was not measured at the same time as the other jurisdictions in March-April 2018. Data collection and reporting of results is scheduled to occur in the summer of 2018.

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 15 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 gave respondents access to the web-based survey, hosted by CFI Group. Data collection took place from March 12, 2018 to April 20, 2018. A total of 5,872 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 allows 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” or “drivers” 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 87% of all completed surveys, leaving 13% of surveys coming from DME respondents. This is consistent with 2017, where DME responses accounted for 10% of all completed surveys.

The following results are generally consistent with the 2017 results. The largest differences were for clinic/group practice (5 percentage points higher in 2018) and home health providers (7 percentage points lower in 2018).

- 28% reported their Medicare enrollment type as a clinic/group practice
- 23% reported as physicians
- 16% reported as institutional providers
- 11% reported as DME Supplier/DMEPOS
- 5% reported as non-physician practitioner
- 4% reported as home health providers³
- 2% reported as hospice providers
- 12% reported as “other”

At 92%, the vast majority of respondents indicated they have submitted claims in the past six months, a two-percentage point decrease from 2017.

EDI Helpdesk staff interaction occurrences have fallen in each of the past three years. In 2018, 35% of those eligible to answer said they had interacted with staff in the past six months, down from 39% from year ago and 45% in 2015.

Roughly two-thirds (68%) of respondents reported having called their MAC’s provider contact center in the past six months. Over the past 4 survey years, this is the lowest contact rate observed (high was 2015 at 78%).

Sixty-one percent (61%) of respondents said they have logged into the portal in the past six months, which is in the range (59%-66%) seen over the past four years.

Use of the MAC’s IVR system by survey respondents in 2018 (46%) is consistent with the levels seen over the past four years.

There was a decrease in the percentage of respondents who have received medical review determinations or results letters, with 46% having received such documentation in the past six months, a seven-percentage point decrease from the previous year.

The survey also measures participation in outreach and education activities offered by the MACs. Compared to 2017 (49%), fewer respondents in 2018 (42%) reported participating in such activities in the past six months. Satisfaction among those who have participated in outreach sessions or educational activities continues to be higher than those who have not. Webinars (45%) were once again chosen as the most effective resource/activity, followed by in-person training (13%), teleconferences (11%), and the MAC’s website (10%).

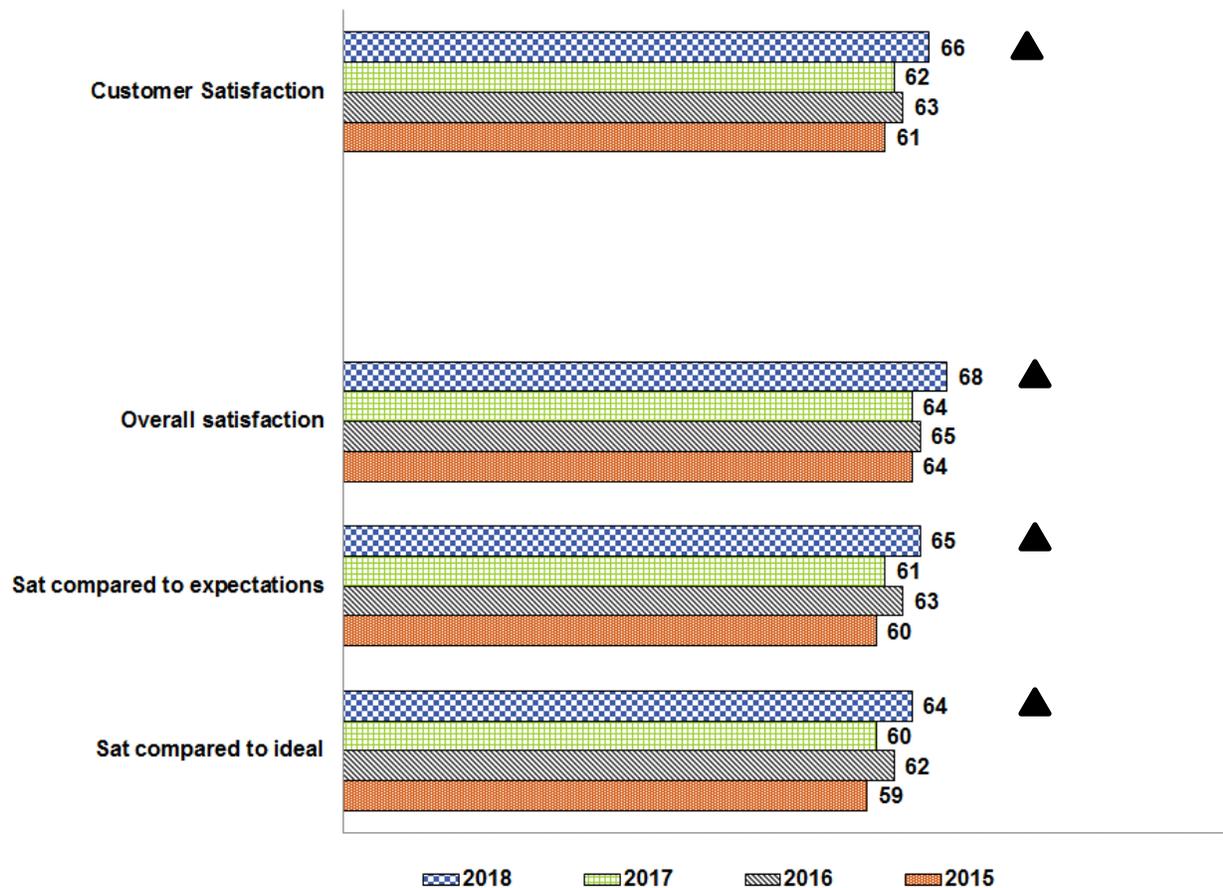
³ Starting in 2017, home health and hospice providers were added as response options to the enrollment type question in the survey.

Of those eligible to answer (Part A and B respondents only), 43% reported having gone through the Medicare enrollment process in the past six months, which is consistent with the percentage seen in the previous year (42%). Of those giving feedback on their experience with the enrollment process, 63% said they checked the status of their application.

Finally, 44% of eligible respondents (Part A respondents only) have submitted a Medicare cost report to their current MAC in the past 12 months. This is 6 percentage points lower than measured in 2017.

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.



▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

The 2018 CSI for all MACs as a whole is 66, which represents a 4-point statistically significant increase from 2017. This is in the middle range of regulatory agencies and is 4 points below the latest federal government average (70). *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. In 2017 the range CSI scores by MAC had narrowed to 53 on the low end to 69 on high end (16-point differential between high and low scores). In 2018, the range has narrowed even further with the lowest rated MAC having a CSI of 59 and the highest having a CSI of 71 (12-point differential).

MAC Jurisdictions	JA DME – Noridian	JB DME – CGS	JC DME – CGS	JD DME – Noridian	J6 – NGS	JK – NGS	JH – Novitas	JL – Novitas	JN – First Coast	JM – Palmetto	JE – Noridian	JF – Noridian	J5 – WPS	J8 – WPS	J15 – CGS
Sample Size	143	142	193	267	235	412	626	552	392	886	548	584	410	131	351
Customer Satisfaction	64	62	67	68	63	68	68	65	68	59	67	64	70	71	66
Overall satisfaction	65	65	71	69	65	71	69	67	71	61	68	66	73	74	69
Sat compared to expectations	64	61	65	68	63	67	68	64	67	58	67	64	69	70	64
Sat compared to ideal	64	59	66	67	62	65	67	64	66	58	66	64	68	69	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.”

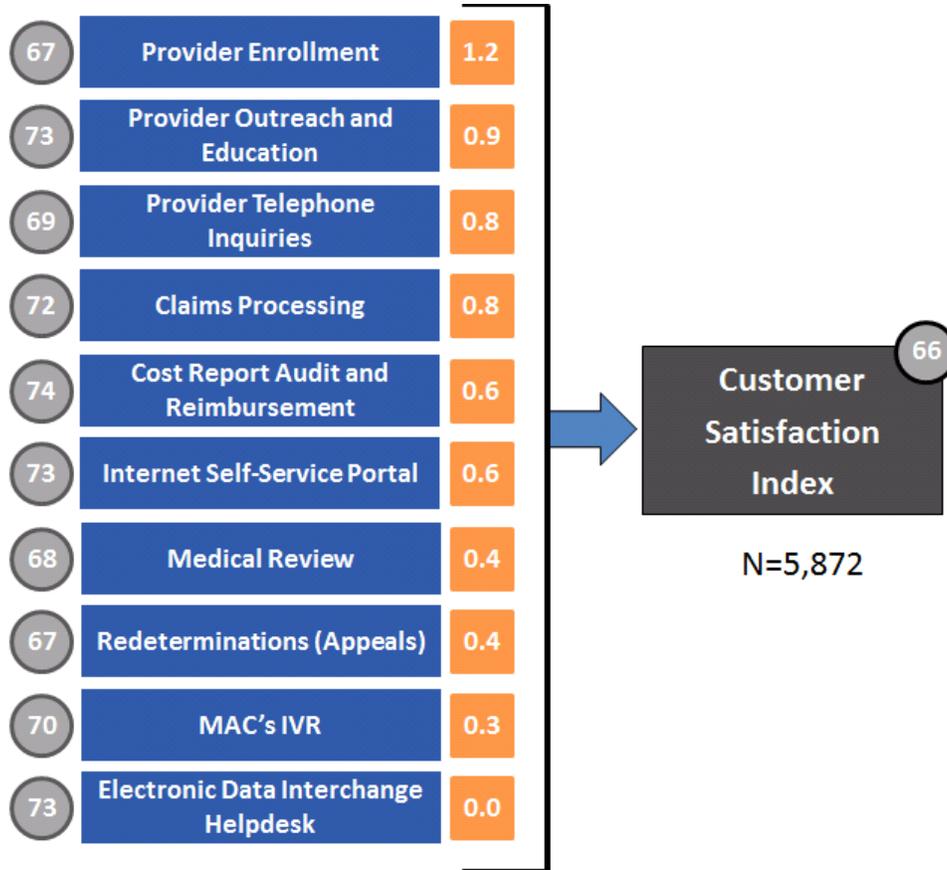
A component score is the weighted average of the individual attribute ratings given by each respondent to the questions presented in the survey. A score is a relative measure of performance for a component, as given for a particular set of respondents. In the model illustrated on the next page, the component 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 (67 to 72), Customer Satisfaction would increase by the amount of its impact, 1.2 points, (from 66 to 67.2). 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.



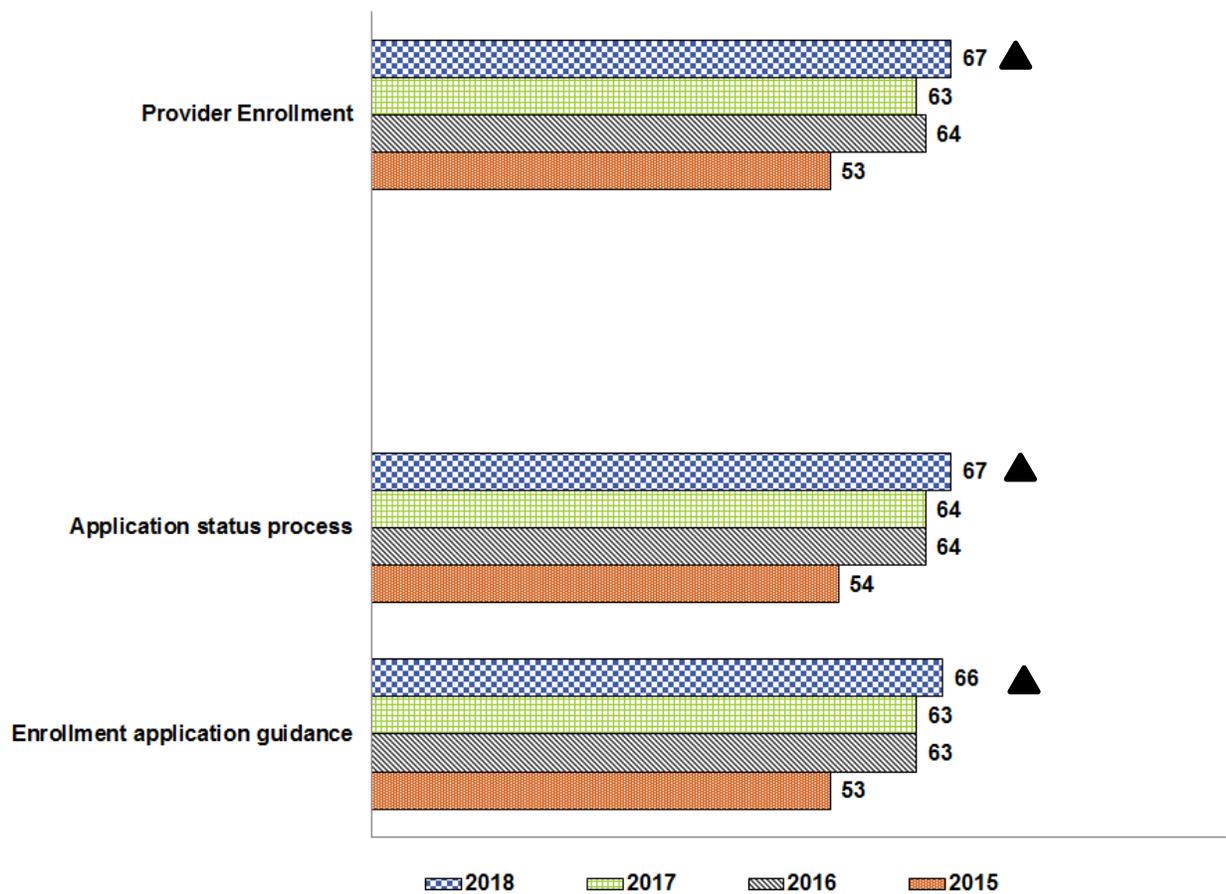
The following pages examine each component and its corresponding attribute scores in greater detail. The components are ordered according to their impact values, beginning with Provider Enrollment.

Drivers of Satisfaction

Provider Enrollment – Impact 1.2

The *Provider Enrollment* ratings were given by Part A and Part B respondents. In 2017 and again in 2018, 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 53⁴. This is important 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.

Among the drivers of satisfaction, *Provider Enrollment* has seen the greatest increase in score over the past four years (up 14 points from 2015). While substantial gains have been achieved in this area, it should still be considered a top priority for improvement as it continues to be a relatively lower scoring, high impact driver, thus giving the most leverage on satisfaction.



▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

⁴ In 2016 all Part A and Part B respondents were eligible to give *Provider Enrollment* ratings regardless of how long it had been since they went through the enrollment process.

Proactively keeping providers informed on the status of the applications gives a clear opportunity to improve the *Provider Enrollment* driver score. Looking at the number of times providers check the status of their application (see table below), the CSI for those who checked their status drops by a considerable margin after checking once, and then by a greater amount when having to check three or more times. This finding has been consistent over the years and underscores the importance of processing enrollment applications efficiently and proactively giving updates to eliminate the need for providers to continue to reach out to their MAC.

Times checked app status	2015			2016			2017			2018		
	%	N	CSI	%	N	CSI	%	N	CSI	%	N	CSI
None	29%	889	68	73%	4,828	65	36%	602	69	37%	526	75
Once	20%	601	69	9%	596	69	19%	321	68	20%	286	74
Twice	16%	498	61	6%	416	60	15%	241	65	15%	207	68
Three or more times	35%	1,084	46	12%	766	50	30%	491	46	28%	389	47
Number of Respondents	3,072			6,606			1,655			1,408		

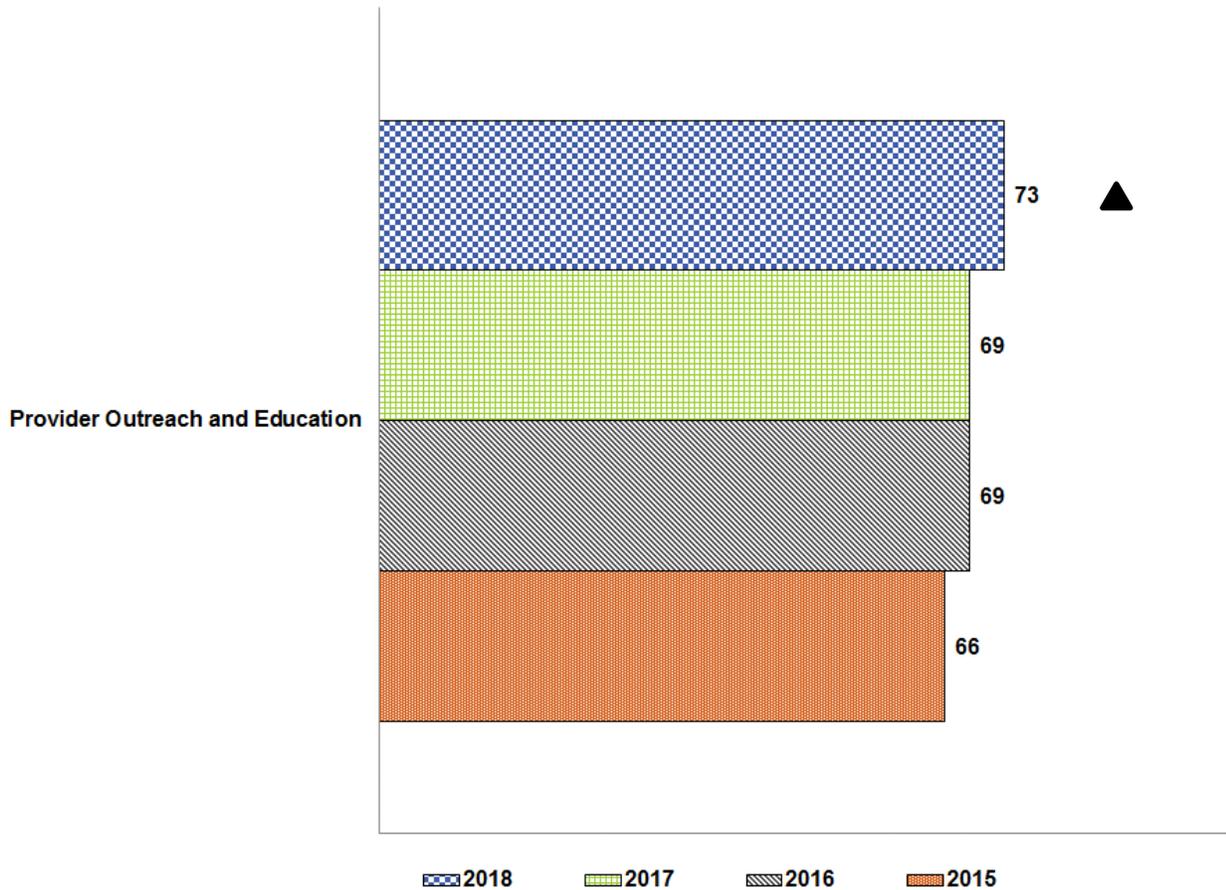
In 2018, roughly one-third of those who checked on the status of their application did so in fewer than 15 days after submission. CSI among this one-third is strong at a CSI of 71. For those who waited longer than 15 days, satisfaction drops by a sizeable margin down to 61 or lower. To the extent possible, proactively reaching out to providers with an update on their application status within two weeks of submission may avoid the sharp decline in satisfaction that occurs after 15 days.

Submission to first follow up	2015			2016			2017			2018		
	%	N	CSI	%	N	CSI	%	N	CSI	%	N	CSI
Less than 15 days	22%	470	67	23%	414	67	27%	286	66	32%	281	71
16 - 30 days	36%	783	58	37%	658	60	38%	395	59	35%	307	61
31 - 60 days	28%	608	52	26%	463	59	22%	230	54	21%	186	59
Greater than 60 days	15%	322	41	14%	243	42	13%	142	40	12%	108	35
Number of Respondents	2,183			1,778			1,053			882		

Provider Outreach and Education – Impact 0.9

Ratings for *Provider Outreach and Education* gradually increased from 2015 to 2018. With more than two out of five respondents (42%) in 2018 reporting having participated in at least one outreach program/activity, this now positive aspect of the customer experience reaches a large portion of CMS’s customers.

With an impact value of 0.9, *Provider Outreach and Education* has the second highest impact on Customer Satisfaction at the aggregate level.



▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

The percentage of respondents in this iteration of the survey (42%) who reported taking part in outreach activities decreased to the lowest level seen over the past four years (47% was the next lowest rate in 2016). Most of those who do participate in the outreach activities, reported doing so 1-5 times in the past 6 months.

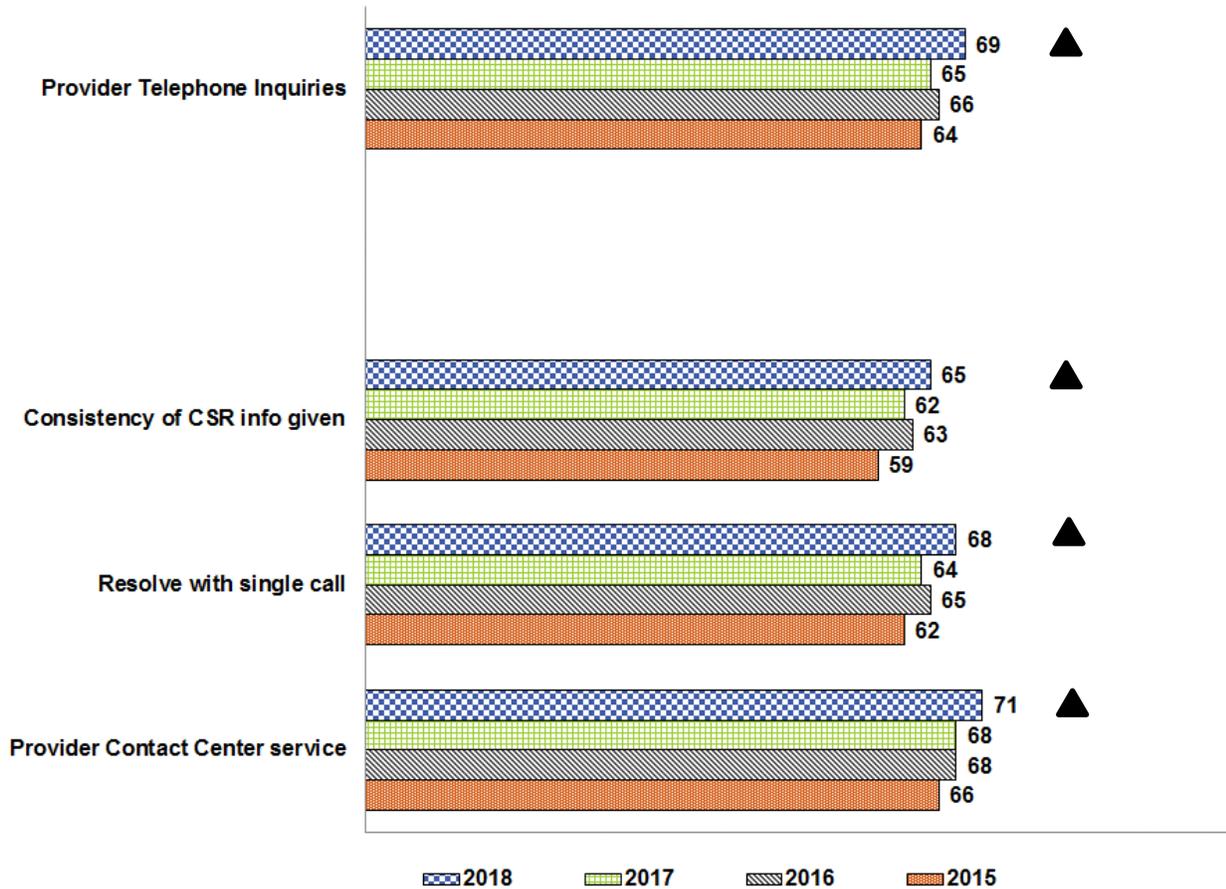
Times participated in outreach	2015			2016			2017			2018		
	%	N	CSI									
None in the past 6 months	44%	3,563	61	53%	4,366	62	51%	3,818	60	58%	3,395	63
1 - 5 times	43%	3,459	61	37%	2,994	64	38%	2,870	63	33%	1,954	68
6 - 10 times	7%	593	62	6%	492	64	7%	532	66	6%	326	68
More than 10 times	5%	423	62	4%	312	65	4%	299	66	3%	197	73
Number of Respondents	8,038			8,164			7,519			5,872		

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 four studies, and has increased its share of responses by 4 percentage points since 2015.

Most effective resource	2015			2016			2017			2018		
	%	N	CSI									
In-person training or education event	16%	712	62	16%	603	66	13%	493	64	13%	330	71
Teleconferences, including Ask-the-Contractor Teleconferences	10%	468	61	10%	362	60	9%	332	62	11%	269	69
Webinar(s)	41%	1,850	63	43%	1,649	66	45%	1,652	67	45%	1,108	70
Self-paced education	6%	268	60	6%	210	64	7%	251	60	7%	173	66
Electronic mailing list messages	8%	351	63	7%	266	64	6%	229	64	5%	134	70
MAC's website	10%	444	62	10%	381	67	10%	366	66	10%	256	70
One-on-one training by MAC representatives	3%	124	52	3%	108	62	3%	126	52	3%	81	58
None	3%	139	30	4%	154	45	4%	152	44	3%	86	52
Other	3%	119	53	2%	65	63	3%	100	56	2%	40	67
Number of Respondents	4,475			3,798			3,701			2,477		

Provider Telephone Inquiries – Impact 0.8

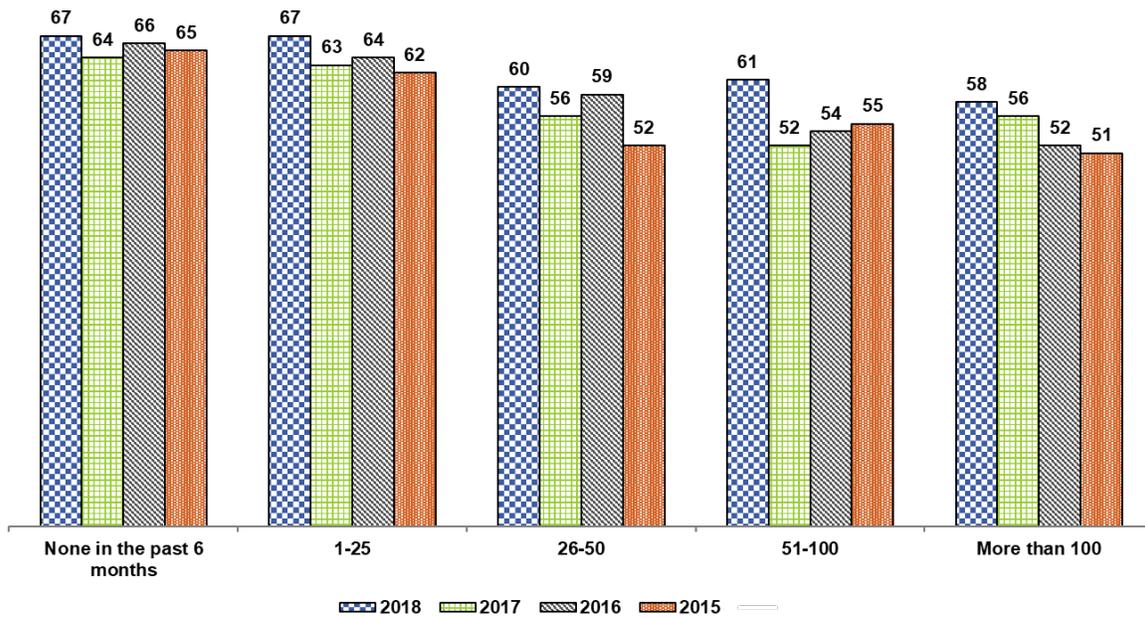
After decreasing by one point in 2017, *Provider Telephone Inquiries* increased by four points in 2018. The large increase was the result of each attribute increasing by three points or more. Improvement in this driver is a real positive for CMS because the majority of respondents participated in telephone inquiries. Because telephone contact is a high-volume touchpoint between CMS and providers, and it is a relatively lower scoring driver with a sizeable impact on CSI, MACs should continue to focus improvement efforts on ensuring all representatives are giving consistent levels of service.



▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

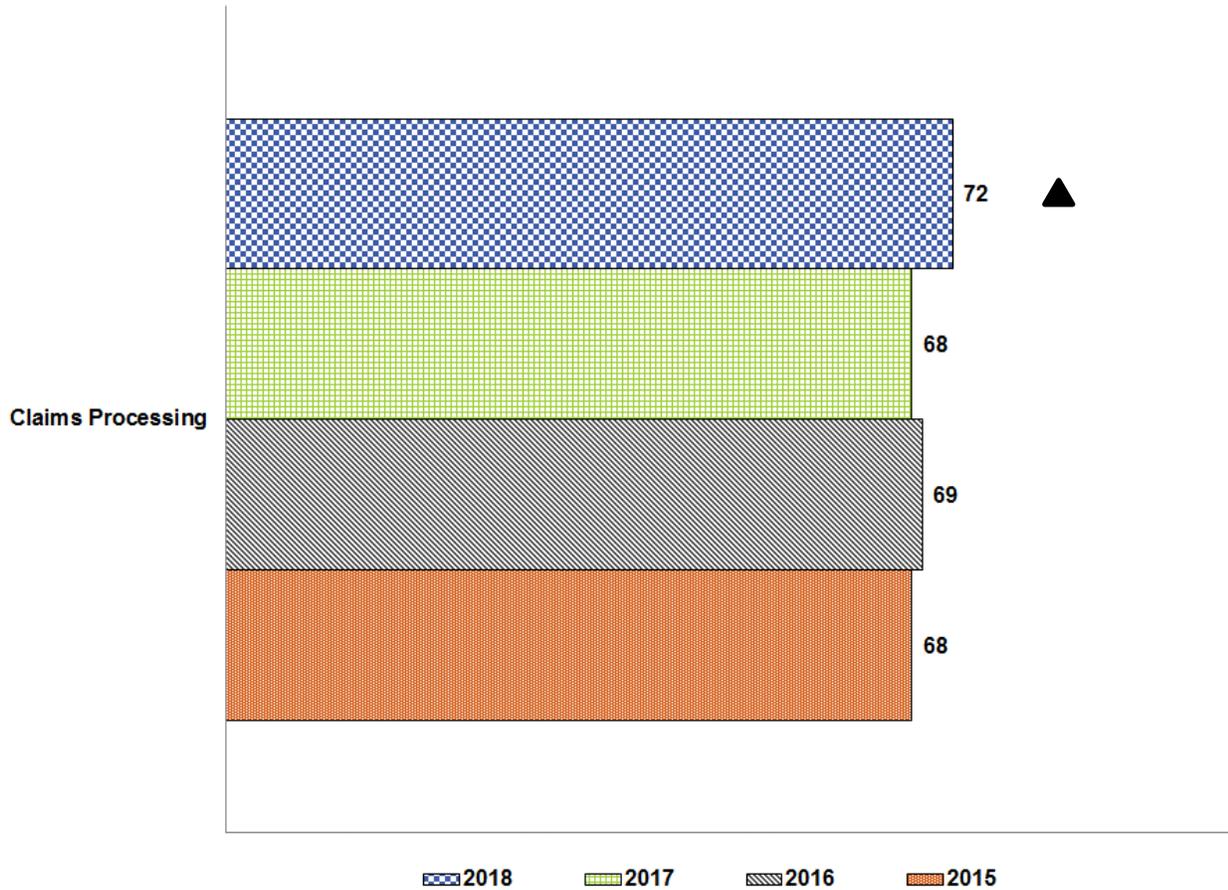
The chart below shows the CSI scores associated with each category of number of MAC phone calls made over the past six months. It is apparent that satisfaction falls as more provider phone calls are made. Customer Satisfaction is at 67 in 2018 for both respondents that did not have a telephone inquiry and those who called up to 25 times. After 25 calls a noticeable drop in CSI occurs. It should be noted that only a small group of respondents report calling more than 25 times in the past six months.

Satisfaction by Number of MAC Provider Phone Calls



Claims Processing – Impact 0.8

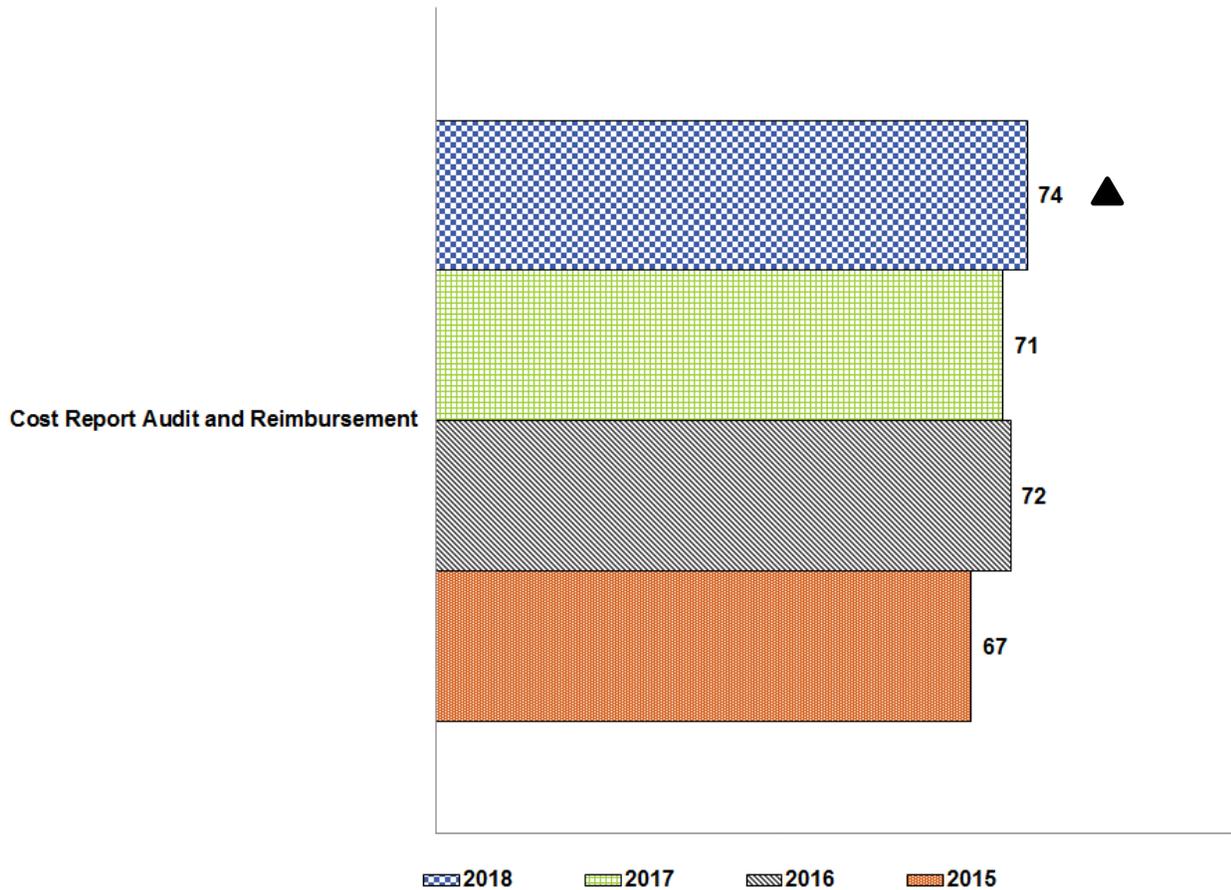
After three years of consistent ratings the communication surrounding *Claims Processing* increased to a score of 72 in 2018. Nearly all survey respondents (92%) have submitted claims in the past six months.



▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

Cost Report Audit and Reimbursement – Impact 0.6

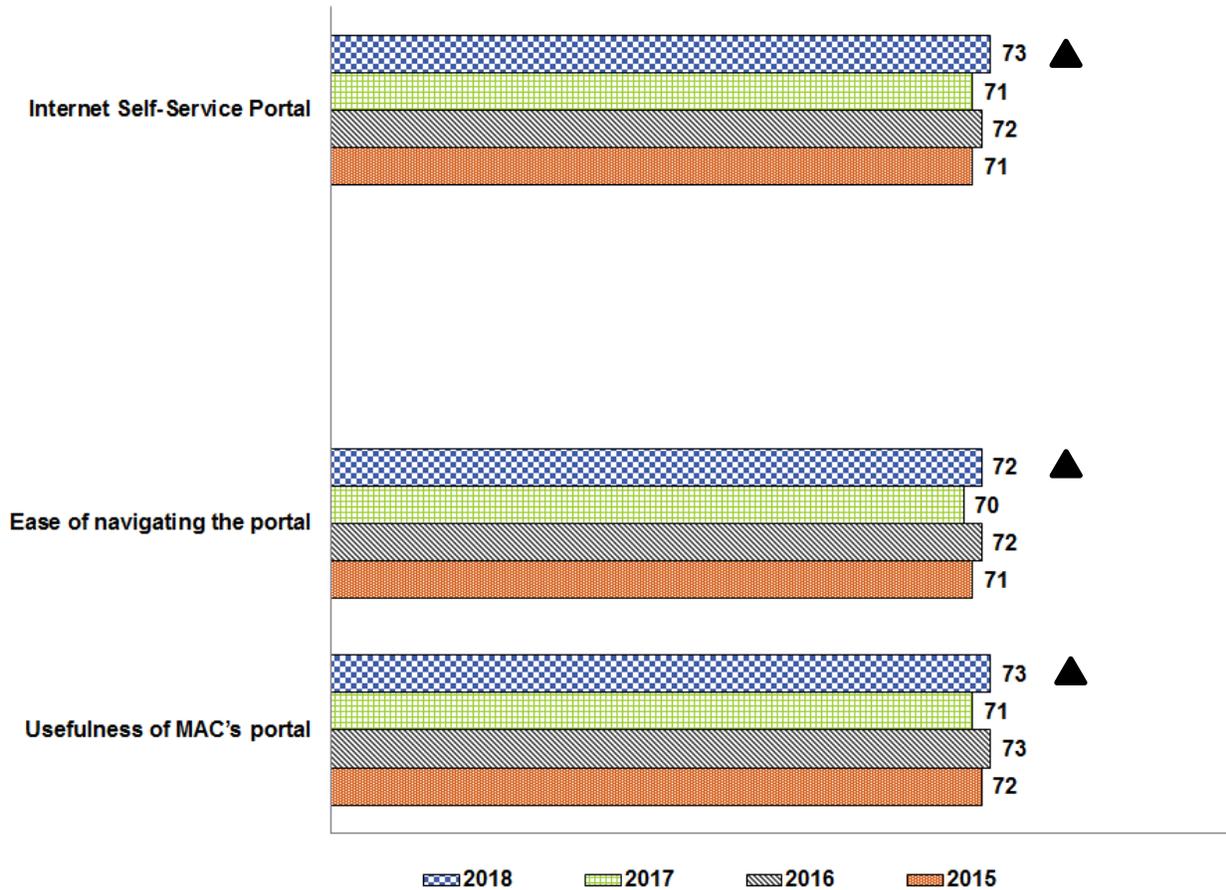
The *Cost Report Audit and Reimbursement* questions on the survey were asked only of Part A respondents. The rating of this component came only from those respondents who had submitted a Medicare cost report to their current MAC in the past 12 months. These individuals rated the effectiveness of their MAC’s provider audit activities three points higher than 2017 at a score of 74. While a slight one-point decline occurred in 2017, the general score trend for this driver has been positive since 2015.



▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

Internet Self-Service Portal – Impact 0.6

Ratings of the *Internet Self-Service Portal* have consistently been in the low 70s and have not changed by more than one point until 2018, which saw a one-point increase to 73. This component’s attributes, ease of navigation and the portal’s usefulness, each increased by two points to 72 and 73, respectively. Satisfaction continues to be higher among respondents who use the portal, and even more so for those who use the portal more frequently. 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 give efficient support over a broad spectrum of basic tasks.

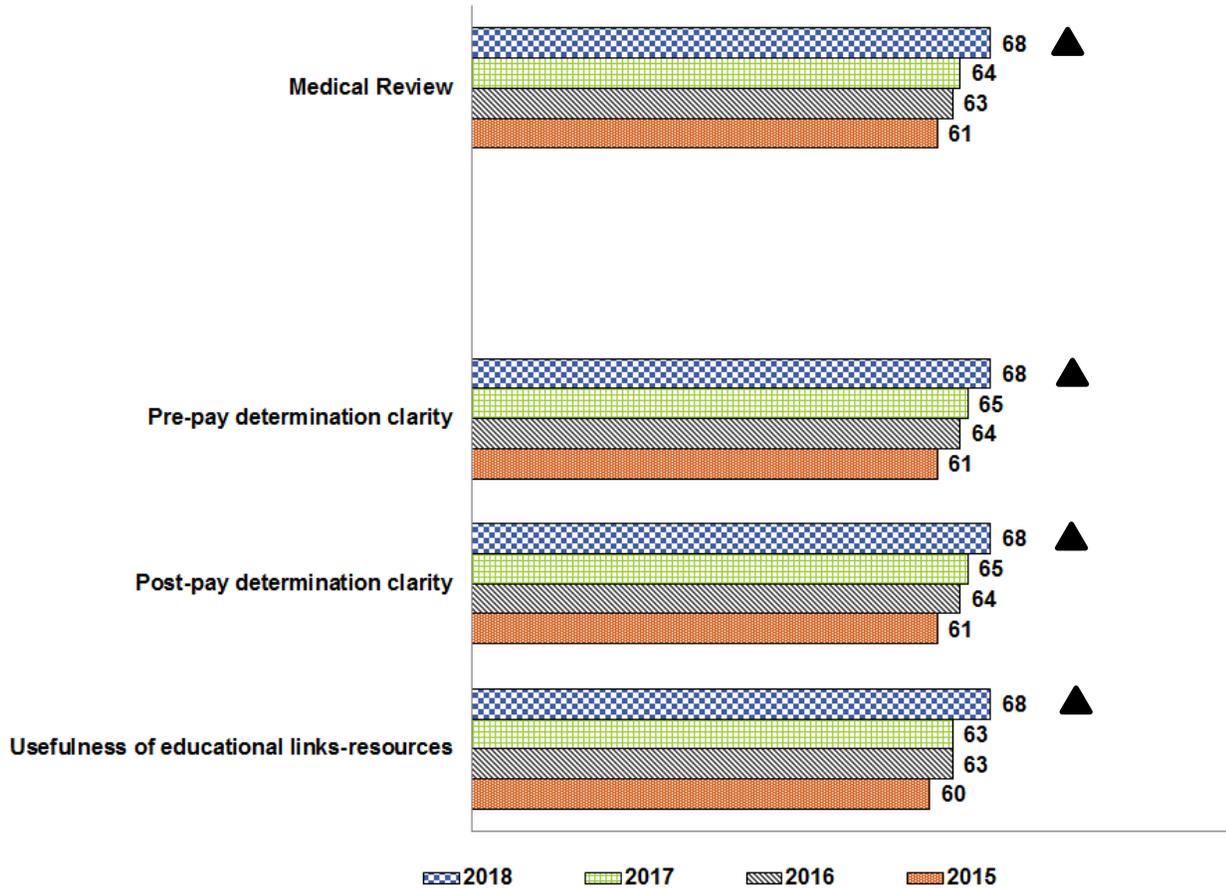


▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

Number of MAC portal logins	2015			2016			2017			2018		
	%	N	CSI									
Have not used	34%	2,772	59	41%	3,317	62	34%	2,533	60	39%	2,275	64
1 - 25 times	35%	2,835	62	35%	2,854	65	36%	2,688	62	35%	2,038	66
26 - 50 times	10%	809	63	9%	711	65	10%	753	62	9%	534	67
51 - 100 times	7%	599	61	6%	473	63	8%	564	65	7%	404	68
More than 100 times	13%	1,023	61	10%	809	63	13%	981	64	11%	621	67
Number of Respondents	8,038			8,164			7,519			5,872		

Medical Review – Impact 0.4

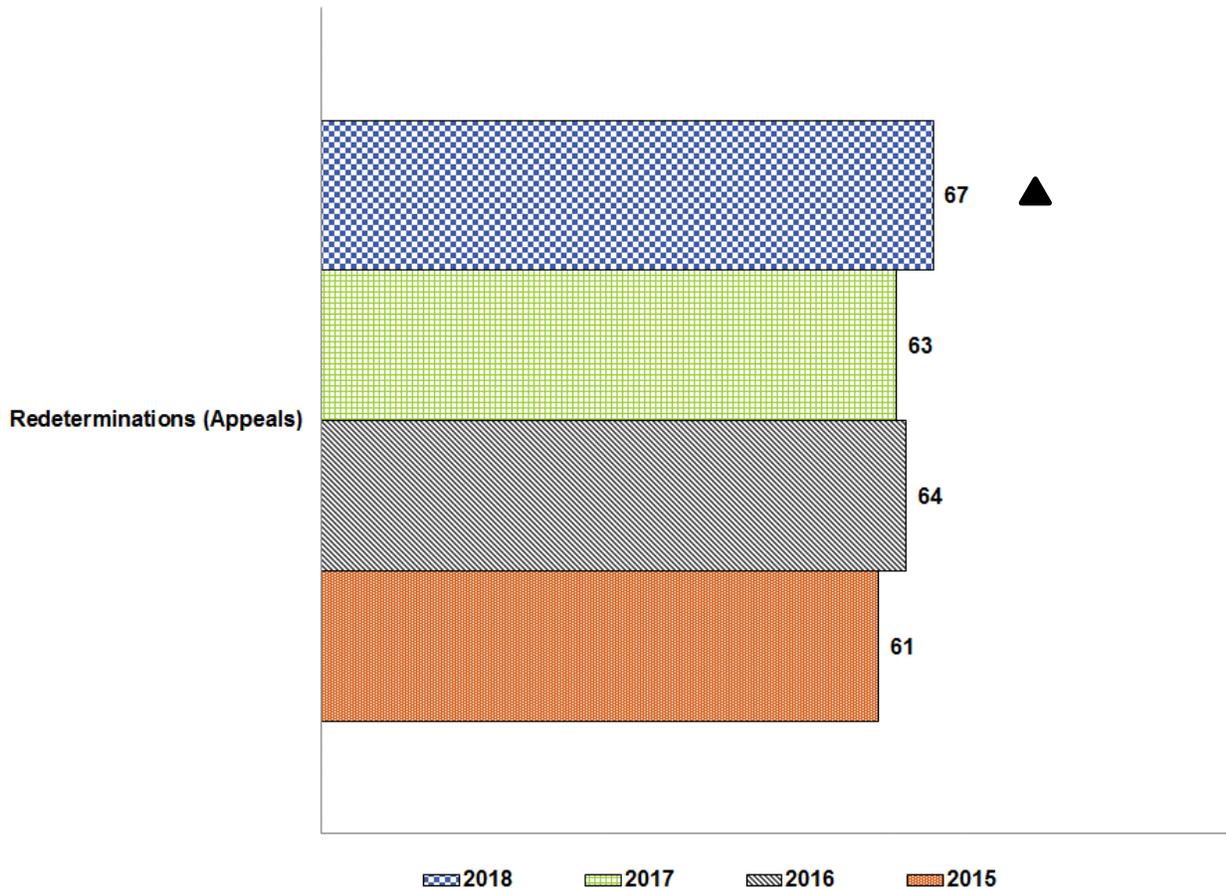
The handling of *Medical Reviews* has seen a score increase in each of the last three survey years, the largest of which occurred this year with a four-point increase to 68. The large increase was the result of each attribute increasing by three points or more. The largest increase was for ratings of the usefulness of educational links and resources, which saw a five-point gain to 68. For the first time, all three aspects of *Medical Review* were rated equally by respondents – all at 68.



▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

Redeterminations (Appeals) – Impact 0.4

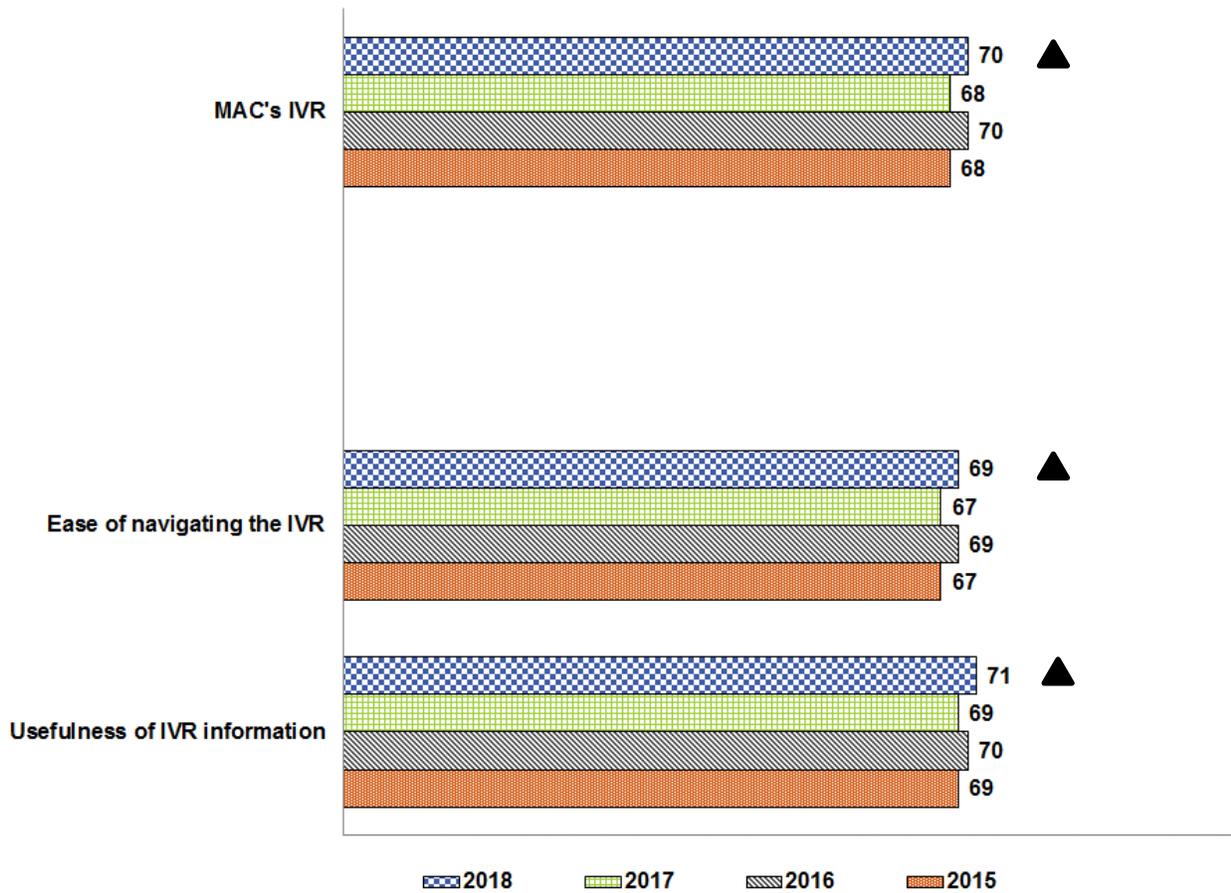
The *Appeals* rating is based on the clarity of redetermination decision explanations and was given by the 48% of respondents who had submitted a redetermination in the past six months. The aggregate score of 67 is four points higher than 2017 and six points higher than the baseline year in 2015. As in previous years of the survey, additional opportunity for improvement in this area exists in giving clear reasoning for all decisions that address the specific arguments for appeals being made.



▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

MAC IVRs - Impact 0.3

The *MAC IVRs* score rebounded from the two-point decline in 2017 and is back to the level seen in 2016 with a score of 70. In the context of IVR ratings, scores in the high 60s and low 70s are quite strong. The automated phone system is often the lowest rated aspect of contact center satisfaction studies in both the public and private sectors. Given this component’s stable score of 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.

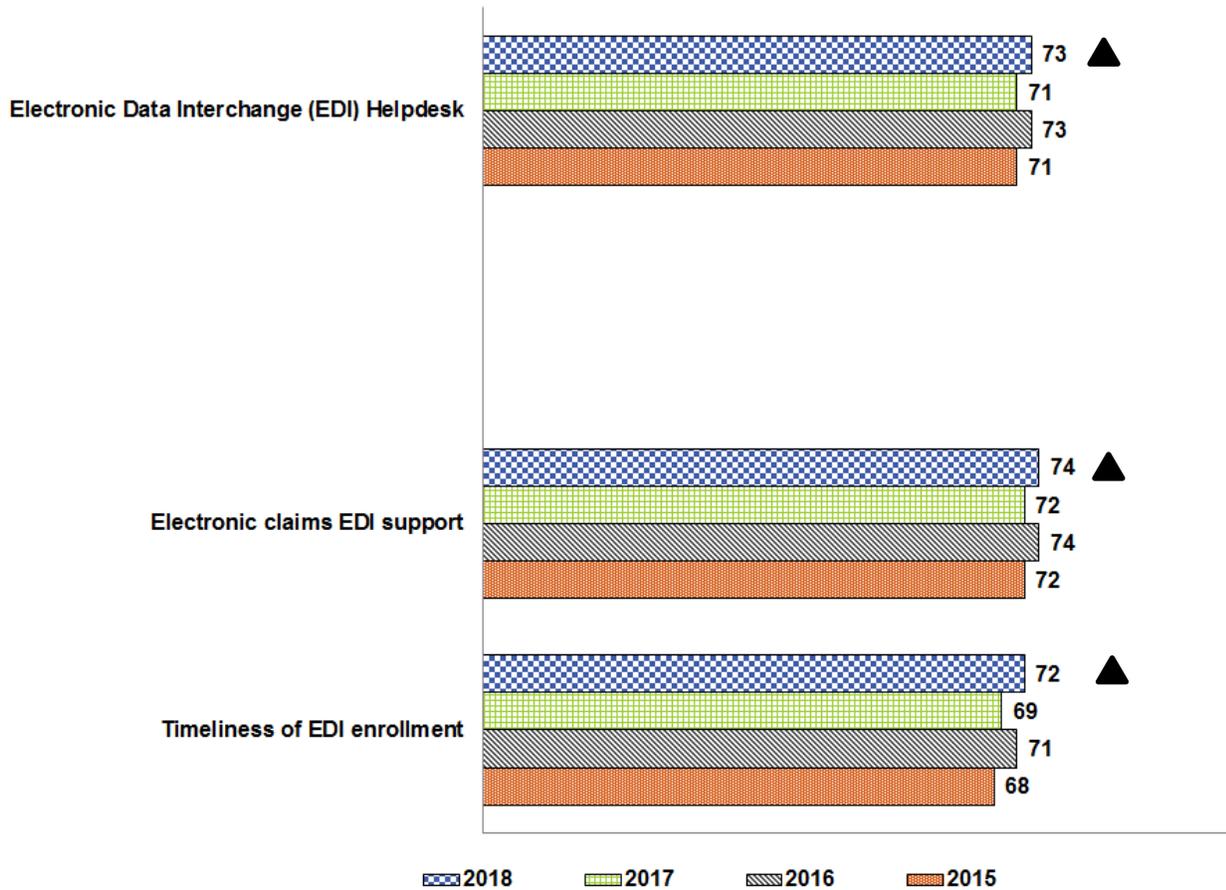


▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

Electronic Data Interchange (EDI) Helpdesk – Impact 0.0

The *EDI Helpdesk* set of questions applied to Part A and Part B MAC respondents only. With a two-point increase to a score of 73, this component continues to be one of the higher rated aspects in the satisfaction model. The increase in the driver score was the result of a two-point increase for electronic claims EDI support and a three-point increase for timeliness of EDI enrollment.

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.



▲ denotes statistically significance difference in 2018 vs. 2017 at a 90% level of confidence

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 lower 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 second 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.

