



MAC Satisfaction Indicator

2019 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 two points to 68 in 2019. This level of improvement is considered statistically significant given the large number of survey responses received.
 - The 2019 MAC CSI score is one point lower than the most recent Federal Government Benchmark¹ score of 69 (measured in 2018).
 - 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 notable increases in performance for some components and stable performance for the others. None of the component (or “driver”) scores declined following the across the board improvement achieved last year.
- The drivers of satisfaction that have historically scored well continued to do so in 2019.
 - *Cost Report Audit Reimbursement*, *Internet Self-Service Portal*, and *Electronic Data Interchange (EDI) Helpdesk* each registered the highest driver score of 75.
 - As in the past, *Provider Outreach and Education* also scored well coming in at 73 again this year.
 - *Claims Processing* retained the score of 72 achieved last year to round out the highest scoring of the components in 2019.
- Scores for nearly all the MAC jurisdictions saw some level of improvement in Customer Satisfaction, seven were statistically significant improvements.
 - J8-WPS is once again the highest scoring jurisdiction at 74.
- 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 66.
 - Part B respondents represented 60% of the total number of completed surveys and had a satisfaction score of 68.
 - DME respondents represented the remaining 17% of completed surveys and had a satisfaction score of 69.
- 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 on the overall level of satisfaction.
 - The 2019 results show that *Provider Enrollment* and *Provider Outreach and Education* have the greatest influence on satisfaction. *Provider Telephone Inquiries* also has 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 improvement in 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, investing resources in *Provider Enrollment* has opportunity to make gains in satisfaction.
 - The experience of calling into the contact center reaches a large proportion of providers (approximately 70% annually). Considering the relatively large impact *Provider Telephone Inquiries* has on satisfaction and the 2019 performance score, which has seen impressive improvement but is lower compared to the other areas, this component warrants priority when developing improvement plans.
 - Individual MAC jurisdiction impacts have also been calculated in 2019. 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

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 were 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 gave respondents access to the web-based survey, hosted by CFI Group. Data collection took place from March 14, 2019 to April 21, 2019. A total of 7,068 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). 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 83% of all completed surveys, leaving 17% of surveys coming from DME respondents. This breakout is consistent with data collected during the past two years.

The breakdown of the Medicare enrollment types represented by respondents shows no notable change compared to 2018.

- 25% reported their Medicare enrollment type as a clinic/group practice
- 22% reported as physicians
- 15% reported as institutional providers
- 15% reported as DME Supplier/DMEPOS
- 5% reported as non-physician practitioner
- 5% reported as home health providers²
- 2% reported as hospice providers
- 11% reported as "other"

Unchanged compared to 2018, 92% of respondents indicated they have submitted claims in the past six months.

EDI Helpdesk staff interaction occurrences also remain unchanged compared to last year. In 2019, 35% of those eligible to answer said they had interacted with staff in the past six months.

Roughly two-thirds (69%) of respondents reported having called their MAC's provider contact center in the past six months. Compared to the past five survey years, this is among the lowest contact rates observed (high was 2015 at 78%).

Portal use is up slightly with 65% of respondents saying they have logged into the portal in the past six months, which is in the range (59%-66%) seen over the past five years.

Use of the MAC's IVR system by survey respondents in 2019 (49%) is slightly higher compared to 2018 (46%) but roughly consistent with the levels seen over the past four years.

There was a small decrease in the percentage of respondents who have received medical review determinations or results letters, with 44% having received such documentation in the past six months, a two-percentage point decrease from the previous year. This is the lowest percentage seen in the past five years (highest percentage was 55% in 2015).

In 2019, the level of participation in outreach and education activities offered by the MACs is comparable to last year with 43% of respondents saying they participated in one or more 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. Once again, webinars (43%) were identified as the most effective resource/activity by the highest percentage of respondents. MAC websites (13%, up three percentage points) and in-person training (12%) round off the top three most often cited resources considered most effective by respondents.

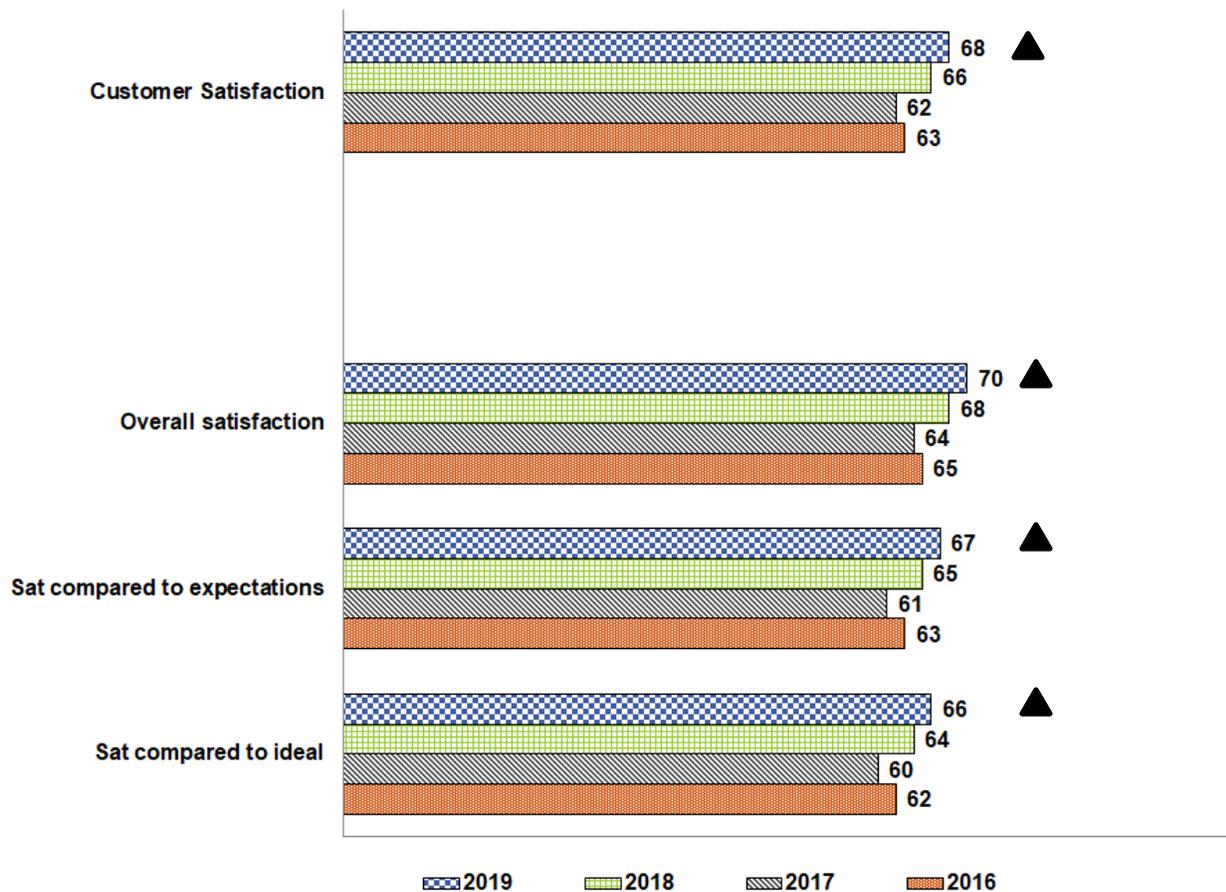
² Starting in 2017, home health and hospice providers were added as response options to the enrollment type question in the survey.

Fewer respondents (Part A and B respondents only) reported having gone through the Medicare enrollment process in the past six months (40% vs. 43% in 2018). Of those giving feedback on the enrollment process, 62% said they checked the status of their application.

Finally, the percentage of eligible respondents (Part A respondents only) that reported submitting a Medicare cost report to their current MAC in the past 12 months increased slightly (up 2 percentage points to 46%).

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 satisfaction.



▲ denotes statistically significance difference in 2019 vs. 2018 at a 90% level of confidence

The 2019 CSI for all MACs as a whole is 68, which represents a two-point statistically significant increase compared to 2018. This is in the middle range of regulatory agencies and one point lower than the latest federal government average (69). *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 0.5 points of the reported score.*

Below is a table with the CSI scores by jurisdiction. In 2019, both ends of the score range improved with the low end increasing from 59 to 60 and the high end increasing from 71 to 74.

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	JJ – Palmetto
Sample Size	157	307	429	275	210	268	826	810	304	725	487	527	250	214	530	749
Customer Satisfaction	61	70	72	68	69	69	69	68	69	64	69	66	71	74	70	60
Overall satisfaction	64	73	75	70	72	72	70	70	72	66	71	67	75	78	74	62
Sat compared to expectations	60	68	70	67	67	68	68	68	67	64	68	65	70	72	69	60
Sat compared to ideal	59	67	70	67	67	67	67	67	67	63	68	65	70	73	68	59

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.”

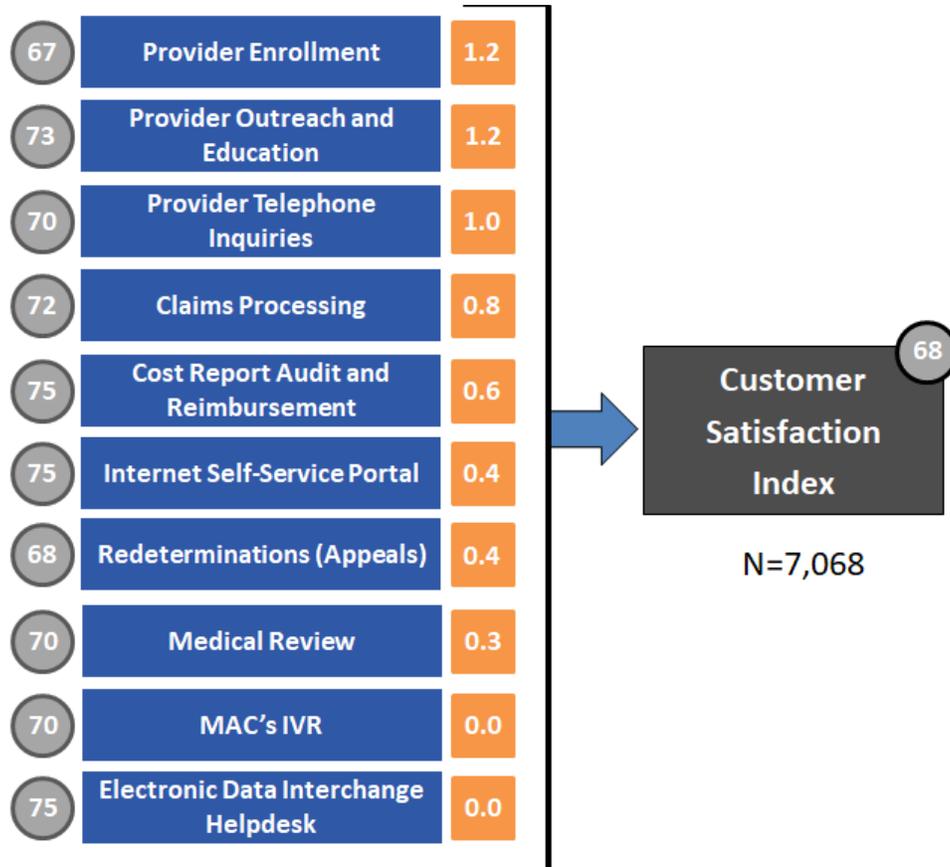
A component score is the weighted average of the individual attribute ratings given by each respondent to the questions presented in the survey. A score is a relative measure of performance for a component, as given for a particular set of respondents. In the model illustrated on the next page, the component 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 68 to 69.2). 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.

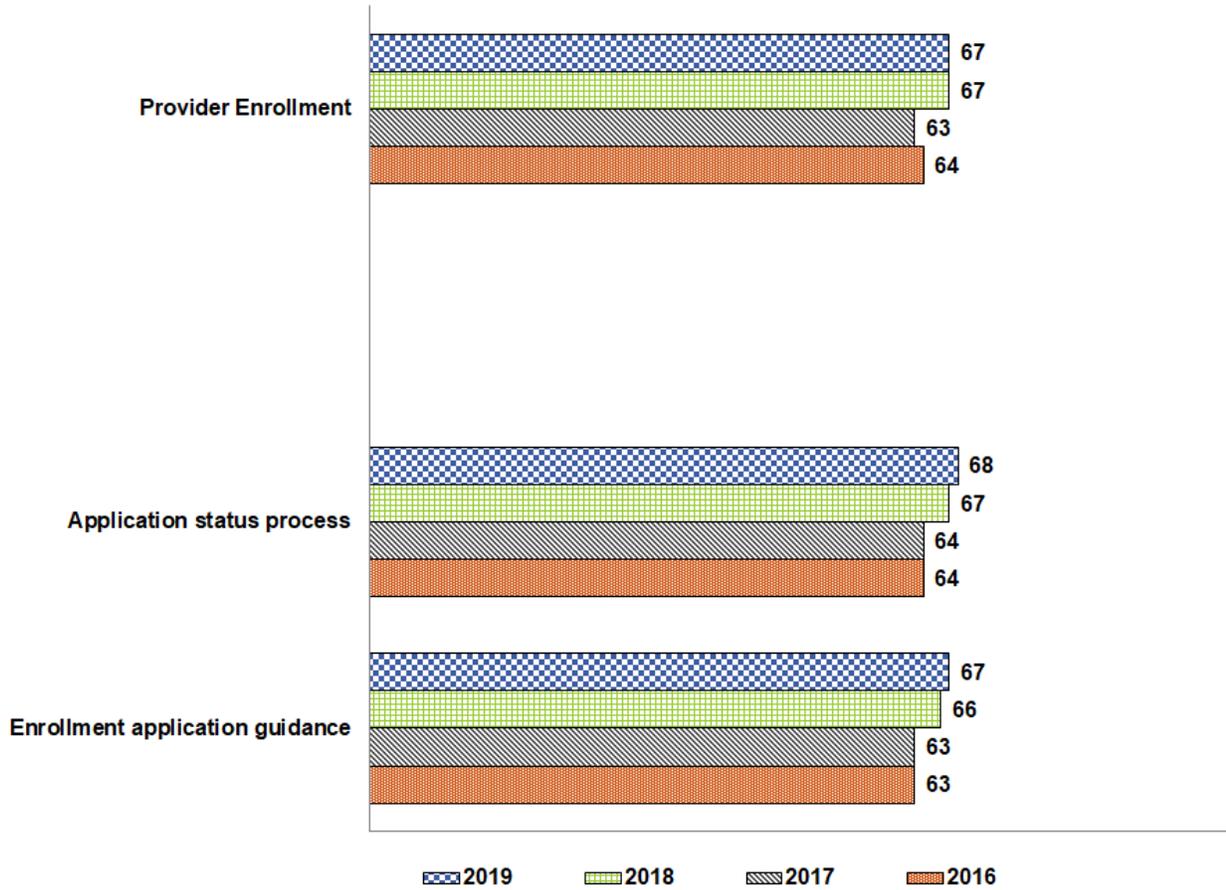


The following pages examine each component and its corresponding attribute scores in greater detail. The components are ordered according to their impact values, beginning with Provider Enrollment.

Drivers of Satisfaction

Provider Enrollment – Impact 1.2

Unchanged from 2018, the *Provider Enrollment* driver score (67) has shown marked improvement since 2015 (53) but remains the greatest opportunity for improvement based on current performance and the impact. Both enrollment related attributes (application status process and enrollment application guidance) are up by one point but garner among the lowest scores across the study (68 and 67, respectively).



▲ denotes statistically significance difference in 2019 vs. 2018 at a 90% level of confidence

As reported in the past, one key to maintaining higher customer satisfaction scores is to employ a process that proactively keeps providers up to date without them having to reach out to the MACs. As shown below, providers that check on the status of their application more than once have notably lower CSI scores compared to those who report never checking or only checking on the status once.

Times checked app status	2016*			2017			2018			2019		
	%	N	CSI	%	N	CSI	%	N	CSI	%	N	CSI
None	73%	4,828	65	36%	602	69	37%	526	75	38%	556	76
Once	9%	596	69	19%	321	68	20%	286	74	19%	283	76
Twice	6%	416	60	15%	241	65	15%	207	68	14%	208	66
Three or more times	12%	766	50	30%	491	46	28%	389	47	29%	430	48
Number of Respondents	6,606			1,655			1,408			1,477		

*In 2016, all respondents were eligible to respond to this question regardless of whether they had gone through the Medicare enrollment process or not, as a result a much higher percentage provided a “none” response. Starting in 2017, the survey was changed so that only those who had experience with Medicare enrollment were eligible to respond.

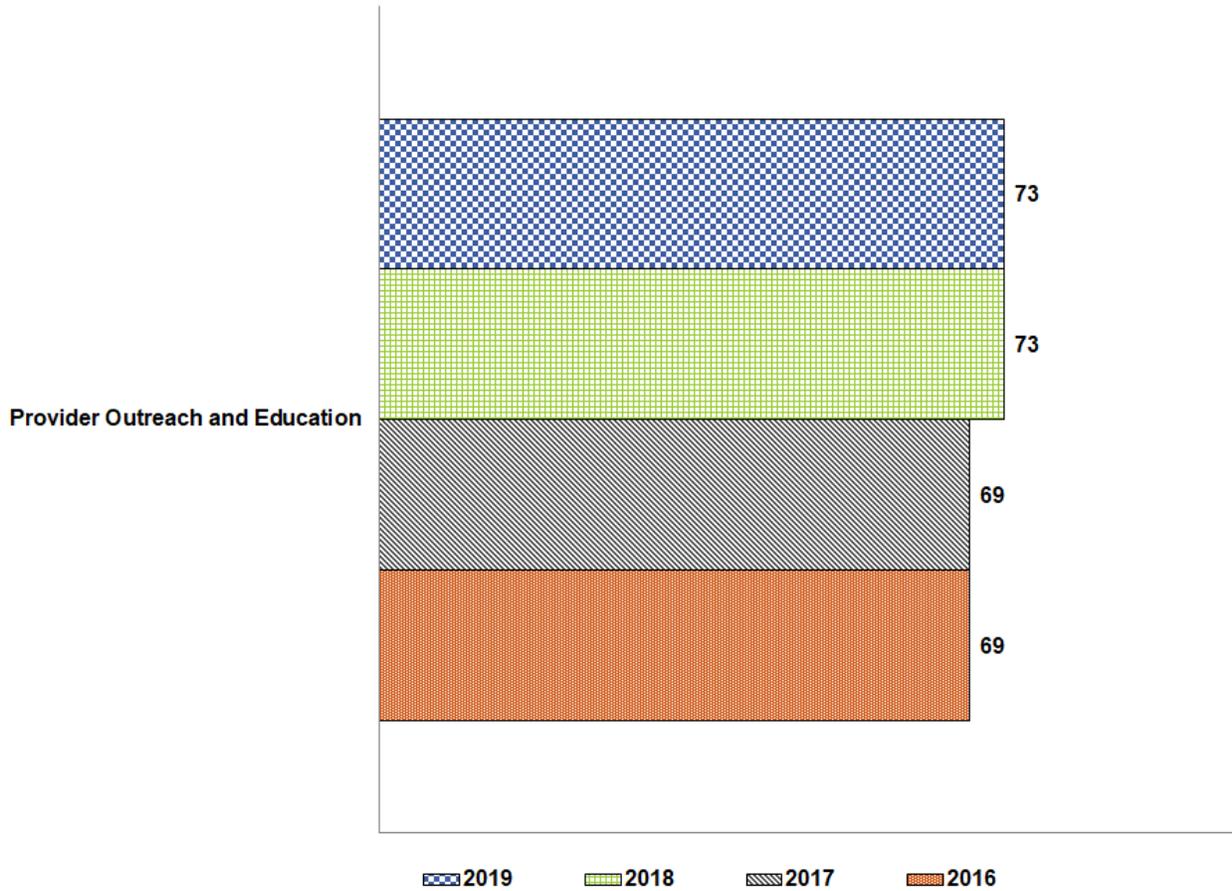
This year, the percentage of respondents who checked on the status of their application in fewer than 15 days after submission decreased from 32% in 2018 to 24% in 2019. Data cut by the time from submission to first follow up suggests satisfaction drops as more time elapses without hearing from the MAC. In addition to employing a process that is proactive in updating providers about the status of their applications, setting realistic expectations on the time required for processing may serve to reduce frustration among those waiting longer periods of time.

Submission to first follow up	2016*			2017			2018			2019		
	%	N	CSI	%	N	CSI	%	N	CSI	%	N	CSI
Less than 15 days	23%	414	67	27%	286	66	32%	281	71	24%	216	71
16 - 30 days	37%	658	60	38%	395	59	35%	307	61	35%	319	63
31 - 60 days	26%	463	59	22%	230	54	21%	186	59	25%	232	59
Greater than 60 days	14%	243	42	13%	142	40	12%	108	35	16%	148	44
Number of Respondents	1,778			1,053			882			915		

*In 2016, all respondents were eligible to respond to this question regardless of whether they had gone through the Medicare enrollment process or not. Starting in 2017, the survey was changed so that only those who had experience with Medicare enrollment were eligible to respond.

Provider Outreach and Education – Impact 1.2

The driver score for *Provider Outreach and Education* (73) remained stable in 2019 as did the level of participation in outreach and education programs (43%). This year the impact value for *Provider Outreach and Education* increased to 1.2 making it one of the two drivers with the highest impact on Customer Satisfaction at the aggregate level.



▲ denotes statistically significance difference in 2019 vs. 2018 at a 90% level of confidence

Among those who choose to participate in outreach or educational activities available through their MAC, the largest percentage (32%) report participating 1-5 times during the previous six months. As reported in the past, those who participate in outreach activities report higher levels of satisfaction. As shown below, there is at least a four-point difference in the CSI score among those who have not participated in the past six months and those who have. However, the CSI scores don't notably increase with increased participation levels.

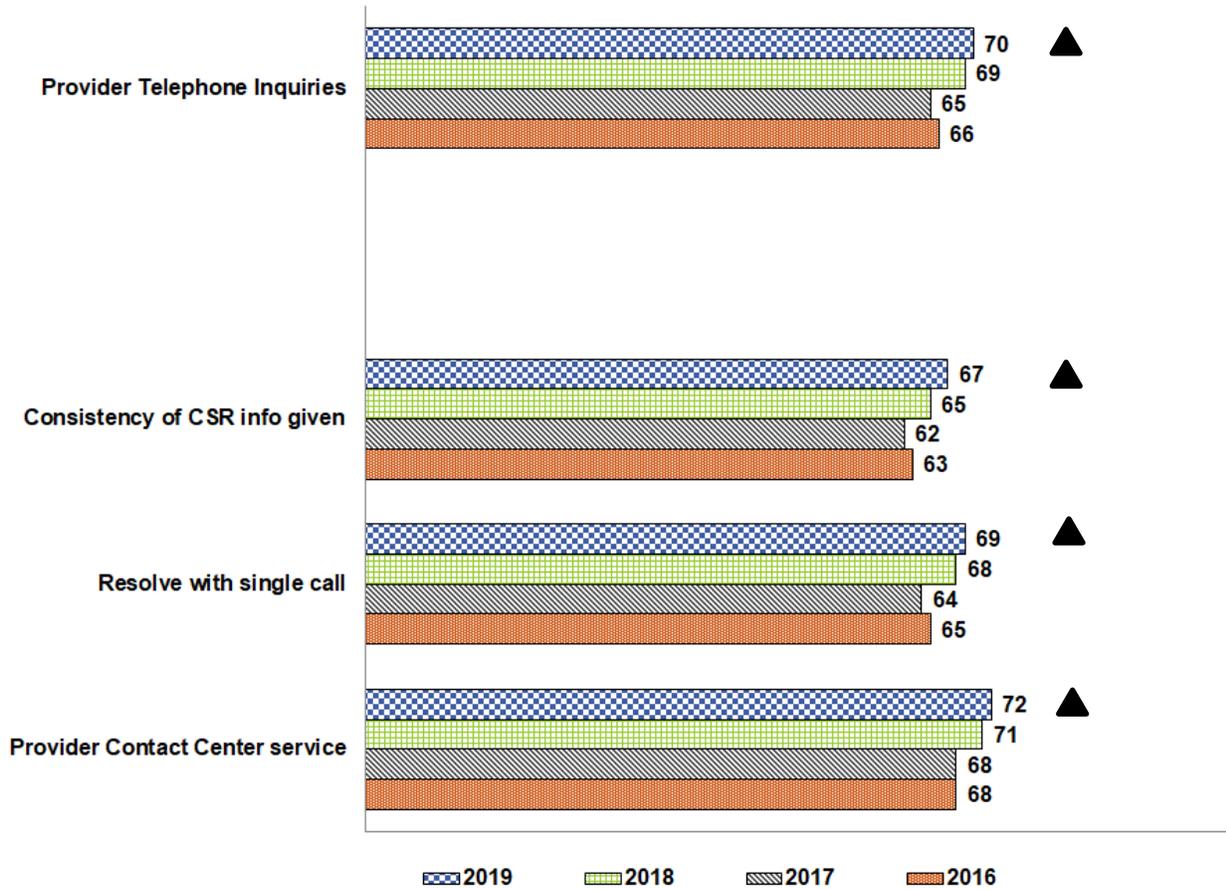
Times participated in outreach	2016			2017			2018			2019		
	%	N	CSI									
None in the past 6 months	53%	4,366	62	51%	3,818	60	58%	3,395	63	57%	3,997	66
1 - 5 times	37%	2,994	64	38%	2,870	63	33%	1,954	68	32%	2,293	70
6 - 10 times	6%	492	64	7%	532	66	6%	326	68	7%	475	70
More than 10 times	4%	312	65	4%	299	66	3%	197	73	4%	303	71
Number of Respondents	8,164			7,519			5,872			7,068		

Webinars continue to be considered the most effective resource with the largest percentage of respondents (43%) citing them as such. The next highest percentage of respondents cite the MAC's website as the most effective resource offered by their MAC (13% up three percentage points compared to last year).

Most effective resource	2016			2017			2018			2019		
	%	N	CSI									
In-person training or education event	16%	603	66	13%	493	64	13%	330	71	12%	366	68
Teleconferences, including Ask-the-Contractor Teleconferences	10%	362	60	9%	332	62	11%	269	69	8%	256	69
Webinar(s)	43%	1,649	66	45%	1,652	67	45%	1,108	70	43%	1,324	72
Self-paced education	6%	210	64	7%	251	60	7%	173	66	8%	241	69
Electronic mailing list messages	7%	266	64	6%	229	64	5%	134	70	6%	186	73
MAC's website	10%	381	67	10%	366	66	10%	256	70	13%	403	72
One-on-one training by MAC representatives	3%	108	62	3%	126	52	3%	81	58	4%	117	65
None	4%	154	45	4%	152	44	3%	86	52	4%	124	49
Other	2%	65	63	3%	100	56	2%	40	67	2%	54	65
Number of Respondents	3,798			3,701			2,477			3,071		

Provider Telephone Inquiries – Impact 1.0

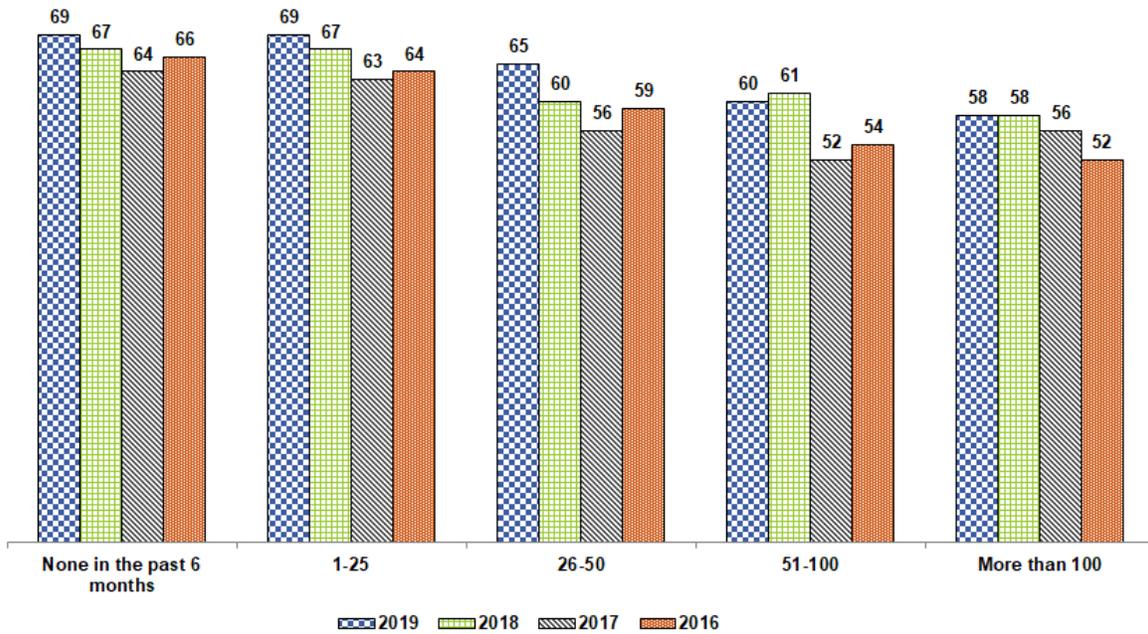
The *Provider Telephone Inquiries* score experienced a one-point increase this year and coupled with the four-point increase in 2018, this driver has made impressive improvement during the past two years. Consistent with last year, all *Provider Telephone Inquiries* attributes increased and contributed to improving the driver score. Continued improvement in this area will pay dividends for the MACs as this communication channel reaches large numbers of providers and the impact is relatively high. Like last year, nearly seven in ten (69%) providers responding to the survey reported having made at least one call to their MAC.



▲ denotes statistically significance difference in 2019 vs. 2018 at a 90% level of confidence

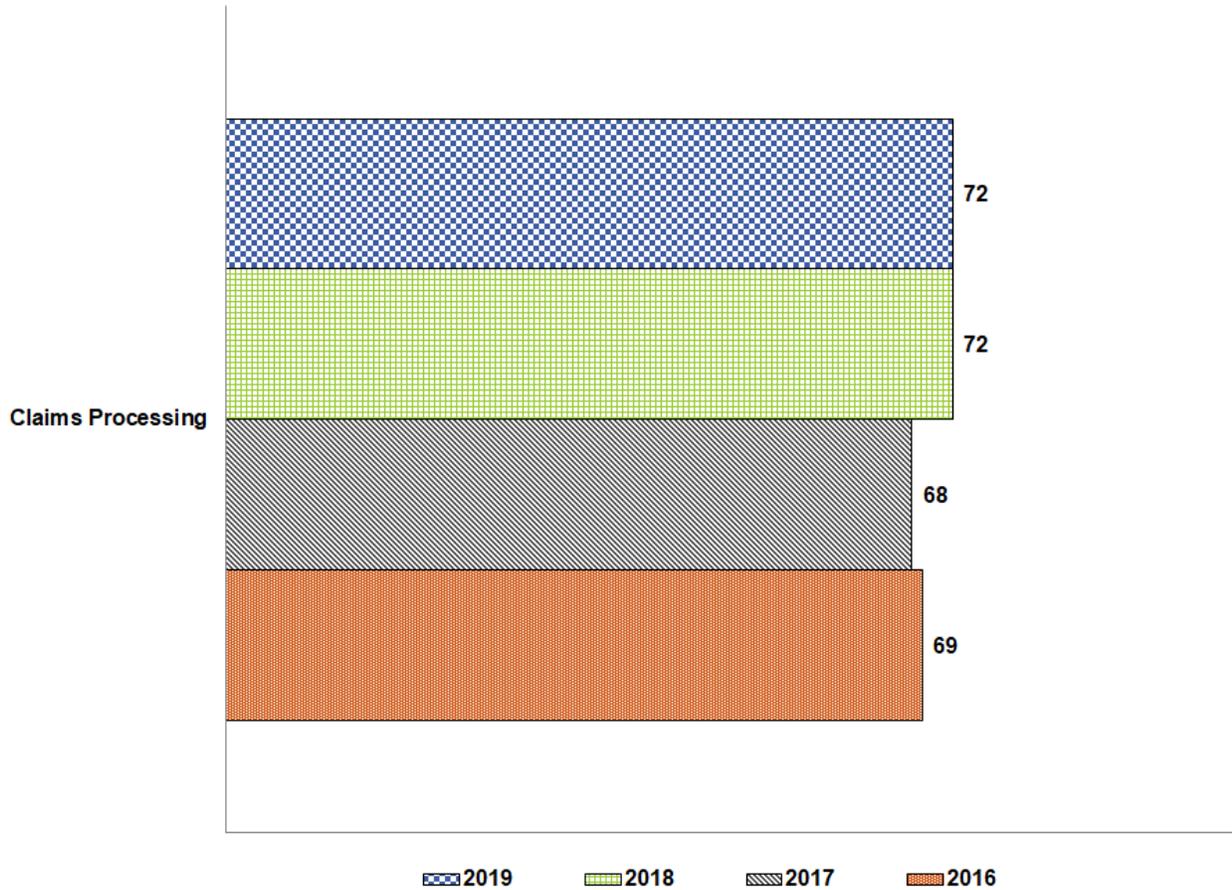
Demonstrating that contacting the MACs via phone continues to warrant improvement, the chart below shows that CSI declines when the number of calls made to the MAC increases. Related, a similar decline in the CSI score is noted when the number of interactions with the MAC IVR increases. It also should be noted that only about 16% 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

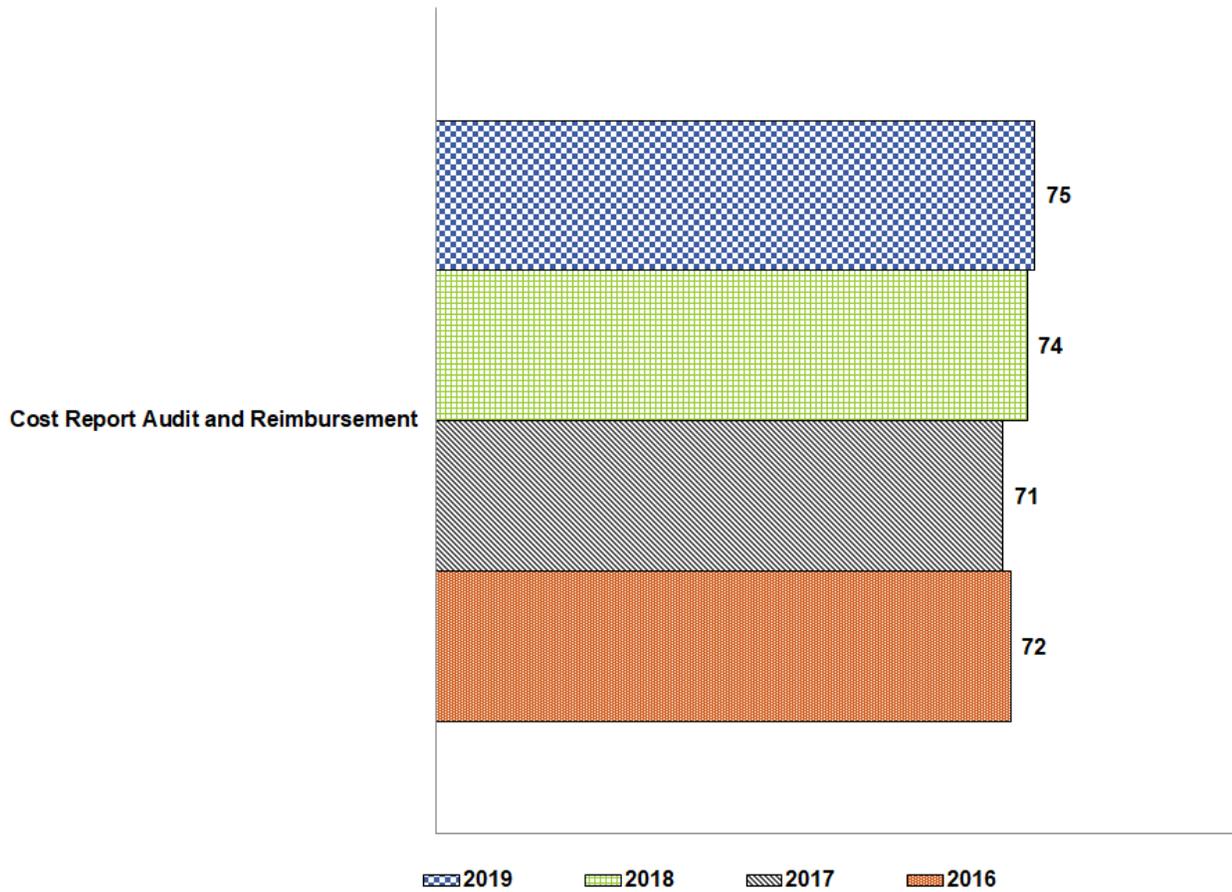
Unchanged from 2018, *Claims Processing* remains 72 in 2019. Also consistent with last year, 92% of survey respondents indicated they had at least one claim in the past six months.



▲ denotes statistically significance difference in 2019 vs. 2018 at a 90% level of confidence

Cost Report Audit and Reimbursement – Impact 0.6

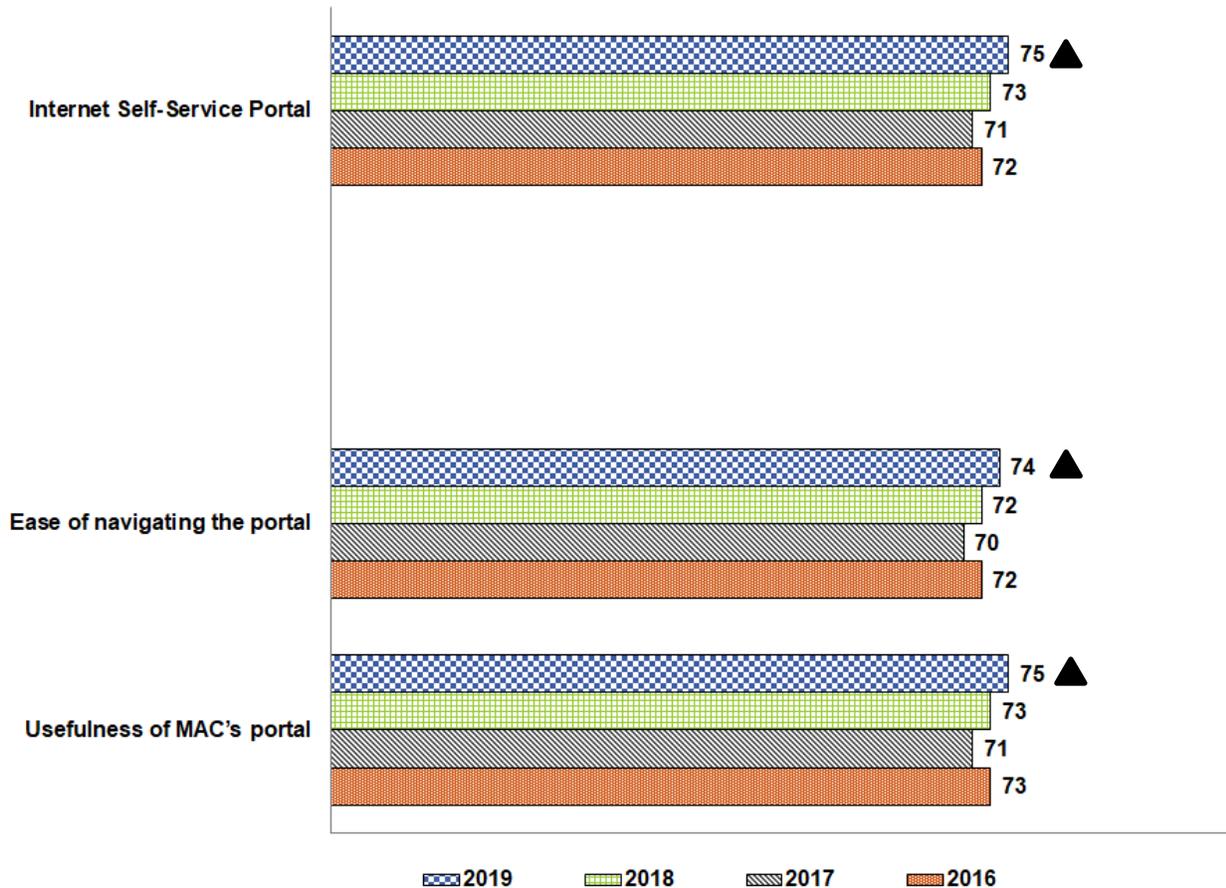
The *Cost Report Audit and Reimbursement* questions on the survey were asked only of Part A respondents. The rating of this component came only from those respondents who had submitted a Medicare cost report to their current MAC in the past 12 months. For the second year in a row, the driver score for *Cost Report Audit and Reimbursement* improved, this year the score is up one point to 75.



▲ denotes statistically significance difference in 2019 vs. 2018 at a 90% level of confidence

Internet Self-Service Portal – Impact 0.4

Ratings of the *Internet Self-Service Portal* continue to improve with a two-point increase to 75 in 2019. Both portal attribute scores also increased by two points with ease of navigating the portal increasing to 74 and usefulness of MAC’s portal improving to 75. As in the past, satisfaction is higher among respondents who report using the portal during the previous six months. Continued improvement to the portal, including offering a broad spectrum of services, will likely increase usage and could potentially decrease more costly phone interactions over time. As improvements are implemented, communication will be key to ensuring that providers are aware of the services available and of the improvement in the experience.

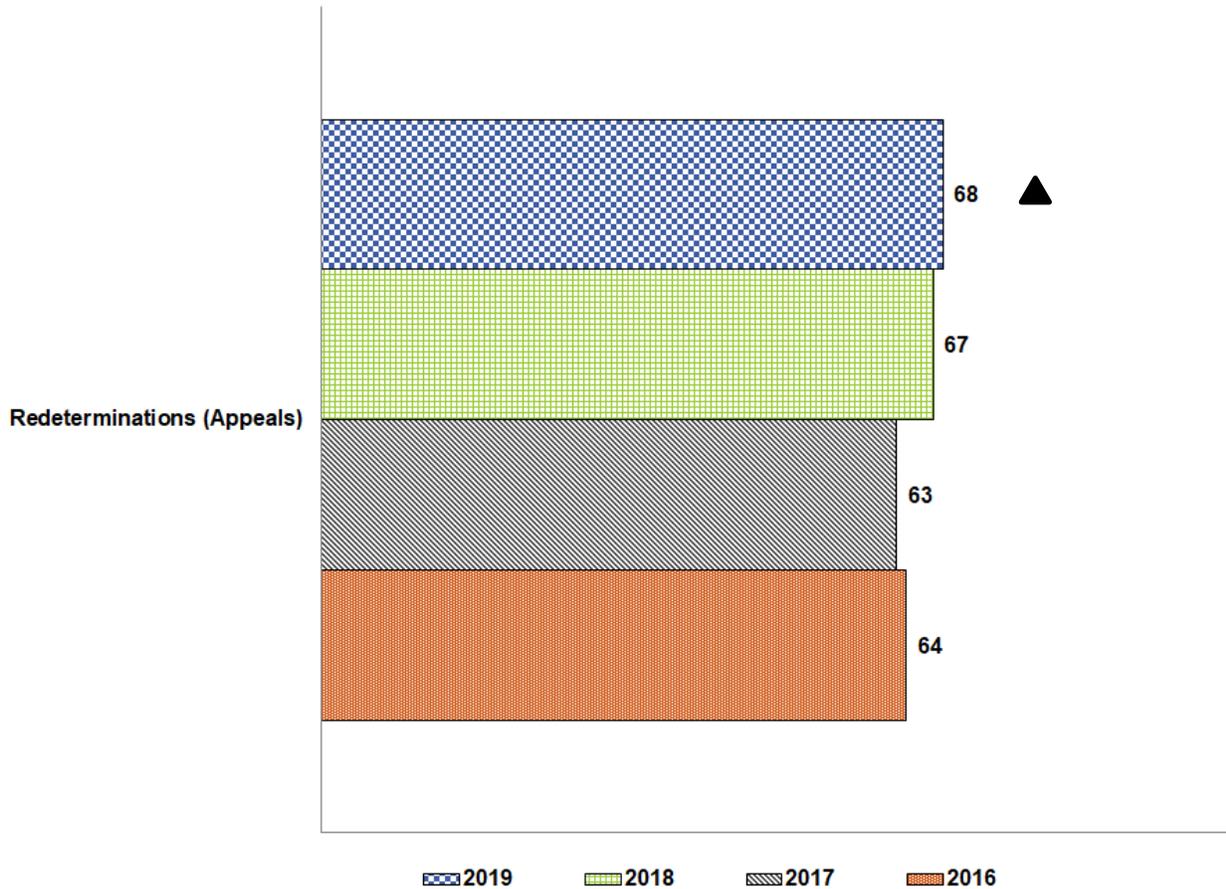


▲ denotes statistically significance difference in 2019 vs. 2018 at a 90% level of confidence

Number of MAC portal logins	2016			2017			2018			2019		
	%	N	CSI									
Have not used	41%	3,317	62	34%	2,533	60	39%	2,275	64	35%	2,487	65
1 - 25 times	35%	2,854	65	36%	2,688	62	35%	2,038	66	34%	2,385	68
26 - 50 times	9%	711	65	10%	753	62	9%	534	67	11%	751	69
51 - 100 times	6%	473	63	8%	564	65	7%	404	68	7%	524	68
More than 100 times	10%	809	63	13%	981	64	11%	621	67	13%	921	70
Number of Respondents	8,164			7,519			5,872			7,068		

Redeterminations (Appeals) – Impact 0.4

In 2019, 47% of respondents indicated they submitted redeterminations during the previous six months and were asked to rate their MAC's performance based on their experience. The driver score based on their responses is 68, one point higher compared to last year. Although performance has improved, this is among the lowest scoring drivers. While the relatively low impact suggests that improvement in this area will only minimally contribute to improving the CSI score, continued low performance will continue to diminish satisfaction among those who submit appeals for review.

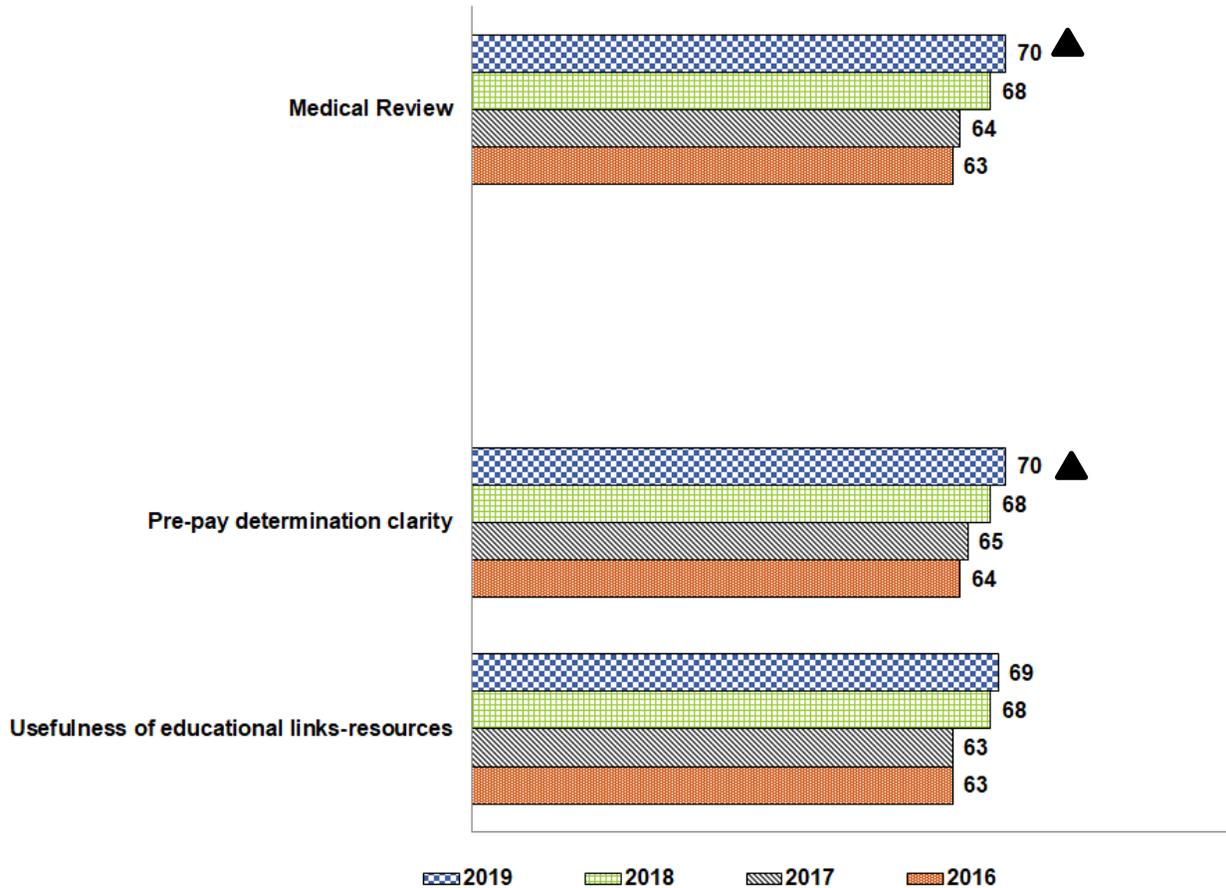


▲ denotes statistically significance difference in 2019 vs. 2018 at a 90% level of confidence

Medical Review – Impact 0.3

Performance in the area of *Medical Review* continued its upward trend for the fourth year in a row with a two-point increase to a score of 70. When interpreting these results, it should be noted that one of the three *Medical Review* attributes that have been measured in the past was eliminated from the survey in 2019. As a result, the driver score is not precisely comparable to results from the three previous years.

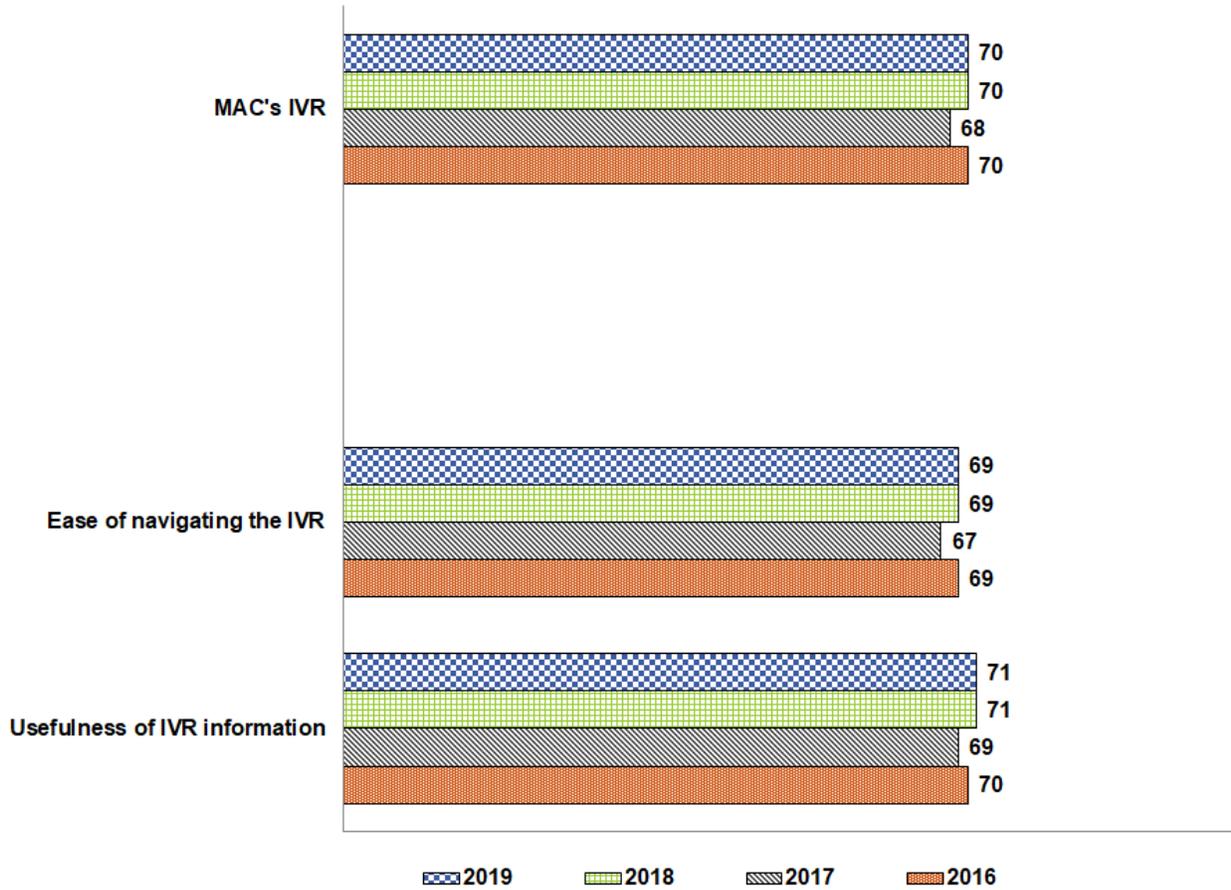
While both remaining attributes related to *Medical Review* have increased over time, scores for pre-pay determination clarity appears to be the driving force behind the improved *Medical Review* score. This attribute increased two points compared to last year and currently sits at 70.



▲ denotes statistically significance difference in 2019 vs. 2018 at a 90% level of confidence

MAC IVRs - Impact 0.0

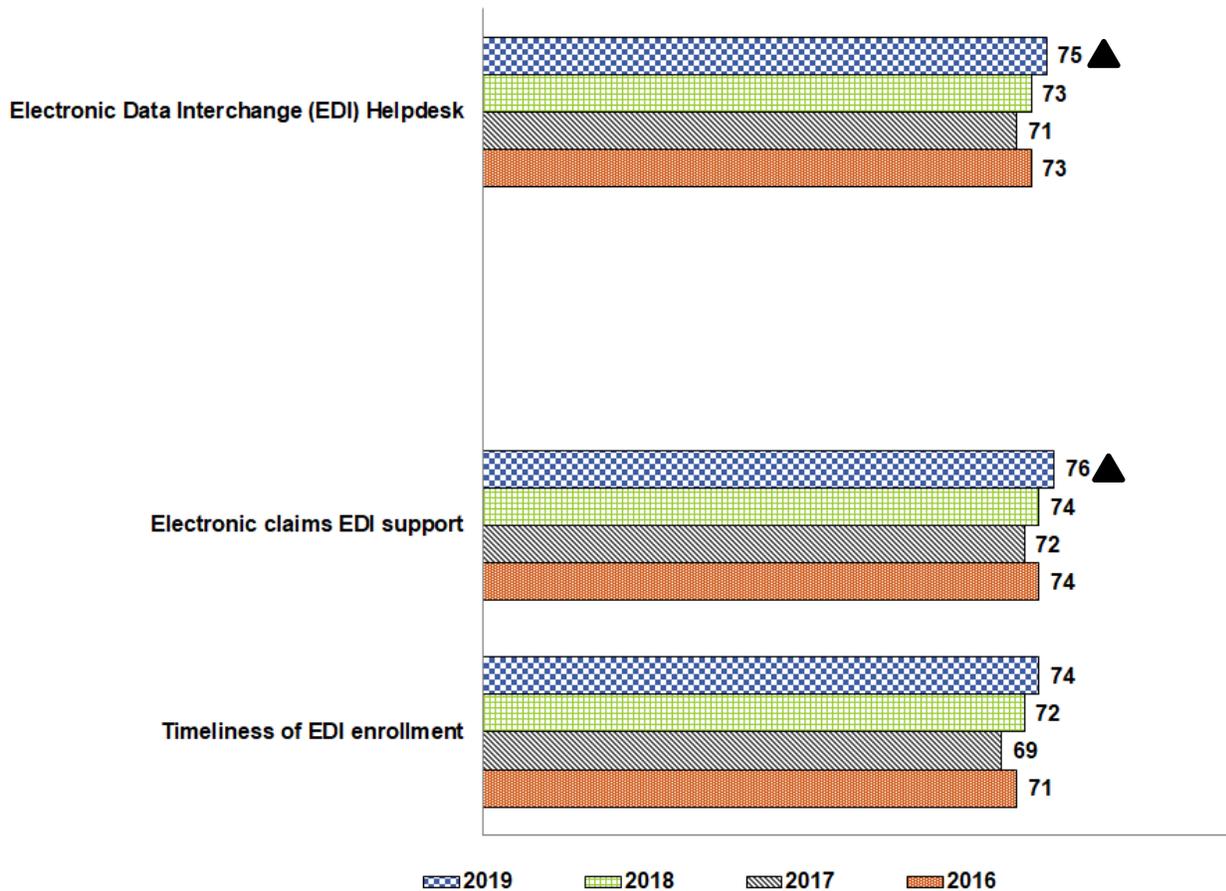
Unchanged from 2018, the MAC's IVR score remains at 70. As reported in the past, this level of performance is relatively high compared to other public and private sector IVR metrics. Considering this component's stable score of 70 and minimal impact on satisfaction, prioritizing improvement efforts related to the IVR would not result in meaningful change in the aggregate level CSI score.



▲ denotes statistically significance difference in 2019 vs. 2018 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. This year marks the second year in a row with a two-point increase to the score which is now 75. This component remains among the higher rated interactions with the MACs. While both attributes related to the *EDI Helpdesk* have shown improvement during the past two years, its performance for electronic claims EDI support (76) that has pushed the driver score to its current level. Investing the resources required to maintain this level of performance is prudent, however, additional investment would do little to move the CSI score higher.



▲ denotes statistically significance difference in 2019 vs. 2018 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 very comparable.

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 shares the highest impact value (1.2) and is among the highest scoring components measured on the survey. Its current score at the aggregate level is higher than that of the previously mentioned drivers, making it a recognized strength. While among the highest scoring attributes, there is room for improvement and resources invested in this area will pay strong dividends in terms of increased satisfaction.

Claims Processing has both a moderate score and impact value, relative to the other key components. As a core function of the MACs, continuous improvement should be the goal for *Claims Processing*. At the individual MAC efforts to identify best practices and leverage technology will keep performance metrics moving in the right direction.

The *Electronic Data Interchange Helpdesk*, *Internet Self-Service Portal*, *IVR* and *Cost Report Audit and Reimbursement* all have minimal to moderate impacts and relatively high scores. Maintaining high performance levels in these areas is important to avoiding diminished satisfaction. However, significant investment in these areas will not produce appreciable results in terms of raising the CSI score.

The *Medical Review* and *Redeterminations (Appeals)* components remain Areas of Concern due to their low scores relative to the other aspects of provider experience. While investing in these areas to improve performance may have limited impact on the CSI score, low performance in these areas is most certainly having a negative effect on the overall provider experience and how the MACs are viewed by their customers.

