



MAC Satisfaction Indicator

2016 Customer Satisfaction *Overall Report*

Final Report

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EXECUTIVE SUMMARY

Executive Summary

- Customer Satisfaction (the Customer Satisfaction Index) among the Medicare Administrative Contractors (MACs) is rated at a 63 on a 0-100 point scale in 2016.
 - This rating is 2 points higher than the customer satisfaction score of 61 in 2015.
 - The 2016 rating is just a single point lower than the most recent Federal Government Benchmark score of 64 (measured in 2015).
 - Regulatory agencies typically have satisfaction levels in the 50s to 70s, placing MAC satisfaction inside of this range.
 - At the aggregate level, every individually rated question measured on the survey improved its score in 2016.
- Customer Satisfaction scores were also calculated for each individual MAC.
 - 12 of the 16 MACs improved their score from 2015.
 - J8-WPS had the highest score of any MAC at 73.
 - JJ-Cahaba had the lowest satisfaction score of 42 (1 point lower than their 2015 score).
- Data were collected from Part A, Part B and Durable Medical Equipment (DME) respondents.
 - Part A respondents represented 25% of the total number of completed surveys and had a satisfaction score of 60.
 - Part B respondents represented 57% of the completed surveys and had a satisfaction score of 65.
 - DME respondents represented the remaining 18% of the sample and had a satisfaction score of 62.
 - Satisfaction scores improved from last year for each of these three groups.
- The *Electronic Data Interchange (EDI) Helpdesk* (73) has the highest rating of any driver of satisfaction at the aggregate level, followed by the *Internet Self-Service Portal* (72) and *Cost Report Audit and Reimbursement* (72).
 - The high *EDI Helpdesk* score is a result of improved EDI support and timely enrollment.
 - The *Internet Self-Service Portal* component received positive ratings for both its ease of navigating and usefulness.
 - The *Cost Report Audit and Reimbursement* component is a measurement of the effectiveness of audit activities; it rose 5 points since last year's measurement.
- 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 2016 data shows that *Provider Enrollment* and *Provider Telephone Inquiries* have the greatest impact on satisfaction. *Provider Outreach and Education* and *Cost Report Audit and Reimbursement* also have high impacts 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, Reopenings and Redeterminations* and the *Internet Self-Service Portal* all 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* and the MAC IVRs have minimal impacts and should not be considered key areas for opportunity in improving satisfaction.

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 provides 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 Collection¹

Data was collected online. CFI Group provided CMS with 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 was collected from May 16, 2016 to June 24, 2016. A total of 8,164 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 attributes 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 provided 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

¹ A small percentage of surveys were completed using an incomplete version of the appropriate survey link. This resulted in certain sections of the survey not being shown to these particular respondents. In all, 335 surveys were completed using an incomplete link and were excluded from the final results.

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

Part A and Part B respondents made up a total of 82% of all completed surveys, leaving 18% of surveys coming from DME respondents. Among all respondents, the enrollment types selected make up:

- 23% reported their Medicare enrollment type as a clinic/group practice
- 22% reported as physicians
- 19% reported as institutional providers
- 14% reported as DME Supplier/DMEPOS
- 4% reported as non-physician practitioner
- 18% reported as “other” (Many of those who fell into this unspecified category wrote in that their enrollment type was related to hospice/home health care, or ambulatory services)

At 93%, the vast majority of respondents indicated they have submitted claims in the past six months, a small decrease from 95% in 2015.

EDI Helpdesk staff interaction is down slightly, as 41% of those eligible to answer said they had interacted with staff in the past six months, down from 45% from year ago.

Over half (54%) of respondents said they have called their MAC’s provider call center in the past six months between 1 and 25 times. Another 16% said they have called more than 25 times, while the remaining 30% have not used the call center at all during that time. These numbers suggest the call center usage is down from last year, when just 22% of respondents reported no calls.

The same is true of MAC portal logins, as 59% said they have logged into the portal in the past six months in the 2016 study. Last year, 66% reported at least some portal usage.

As for the MAC IVR – 46% have used this tool in the past six months. This minority consists of 31% of all respondents who said they have used the IVR between 1 and 25 times, 7% in the 25-50 times category and 8% who have used the IVR more than 50 times over the past six months. Overall, IVR usage was down in 2016, as 51% reported using the IVR in last year’s survey.

The percentage of respondents who have received medical review determinations or results letters is split nearly in half, with 51% having received such documentation in the past six months and 49% who have not. In 2015, 55% of respondents said they had received a medical review determination in the past six months.

The survey also measures participation in outreach and education activities offered by the MACs. In 2016, 47% reported participating in such outreach activities, with 10% of all respondents having participated in 6 or more over the past six months. Overall, providers are using the MAC outreach and education less, as the participation rate is down from 56% last year. Webinars (43%) were chosen as the most effective resource/activity, followed by in-person training (16%), teleconferences (10%) and the MAC’s website (10%).

Of those eligible to answer (Part A and B respondents only), 34% have gone through the Medicare enrollment process in the past six months, a 11-percentage point decrease from the 2015 survey results. This year, all Part A and Part B respondents were eligible to answer how many times they checked the status of their last application, whether they had gone through the process in the past six months or not. Just 27% said they had checked their applications status, with 12% of all respondents checking three or more times.

- For those who checked their status at least once, 23% did so within 15 days of the date they submitted the application. The majority (63%) followed up between 16 and 60 days after submitting and 14% waited longer than 60 days before checking on their application's status.

The survey results also show that just over half (51%) of respondents have submitted reopenings or redeterminations over the past six months, down from 57% in 2015.

Finally, 50% of eligible respondents have submitted a Medicare cost report to their current MAC in the past 12 months, down 6 percentage points from the initial measurement of 56% last year.

Customer Satisfaction Index

The **Customer Satisfaction Index (CSI)** is a weighted average of three questions and represents the overall level of satisfaction had by respondents. The questions are answered on a 1-to-10 scale and converted to a 0-to-100 scale for reporting purposes. The three questions measure: Overall satisfaction (Q44); Satisfaction compared to expectations (Q45); and Satisfaction compared to an “ideal” organization (Q46). These same three questions are used across all ACSI surveys to provide 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 2016 Customer Satisfaction Index (CSI) for all MACs as a whole is 63, 2 points higher than last year’s measurement. This is in the middle range of regulatory agencies and is 1 point below the latest federal government average (64). *The confidence interval for the Customer Satisfaction Index at a 90% level of confidence is +/- 0.5 points. This means that there is a 90% likelihood that the true score of the Customer Satisfaction Index is within plus or minus 0.5 points of the reported score.*

Below is a table with the CSI by MAC. Customer Satisfaction scores by MAC range from 42 to 73, with the following jurisdictions outscoring the Federal Government benchmark: J8-WPS (73), J5-WPS (69), DME JA-NHIC (69), JE-Noridian (66) and JF-Noridian (65).

MAC Jurisdictions	J5 – WPS	J6 – NGS	J8 – WPS	J15 – CGS	JA DME – NHIC	JB DME – NGS	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	328	339	213	776	85	115	589	712	1,296	1,270	385	172	674	249	653	308
Customer Satisfaction	69	63	73	64	69	59	63	61	66	65	60	42	64	60	58	63
Overall satisfaction	72	67	76	67	72	63	66	63	67	66	62	45	67	62	61	66
Sat compared to expectations	69	62	72	64	70	59	63	61	66	65	60	42	63	59	58	63
Sat compared to ideal	66	61	70	62	67	56	61	61	65	64	57	39	61	58	56	61

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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.”

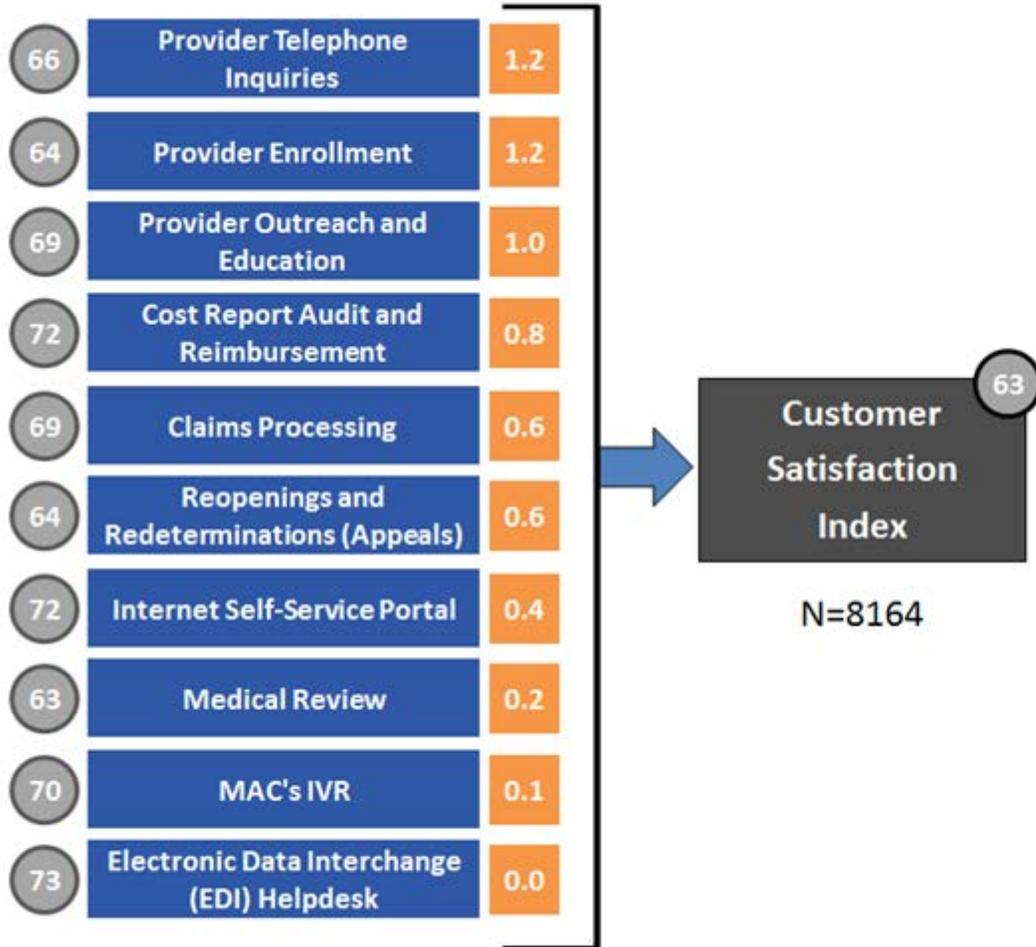
A component score is the weighted average of the individual attribute ratings given by each respondent to the questions presented in the survey. A score is a relative measure of performance for a component, as given for a particular set of respondents. In the model illustrated on the next page, the component 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 (64 to 69), Customer Satisfaction would increase by the amount of its impact, 1.2 points, (from 63 to 64.2). 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 +/- 0.5 points

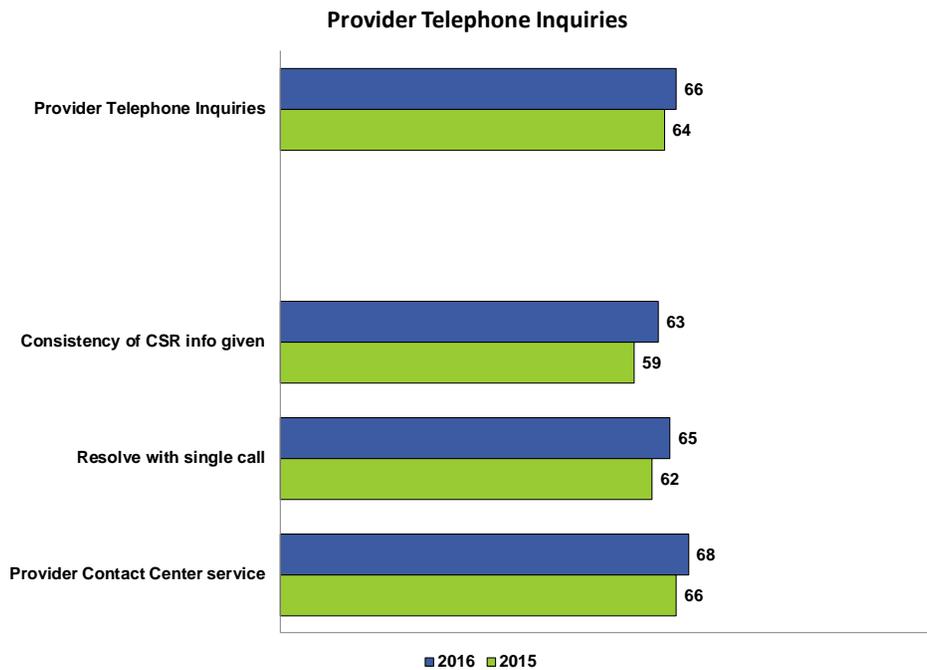
The following pages examine each component and its corresponding attribute scores in greater detail. The components are ordered according to their impact values, beginning with Provider Telephone Inquiries.

Drivers of Satisfaction

Provider Telephone Inquiries – Impact 1.2

The *Provider Telephone Inquiries* driver gained 2 points in 2016, helping increase the overall level of satisfaction. Using a 90% confidence level, the 2-point difference is significant. The improvements in this area were comprehensive as representatives were rated higher for the consistency of information they provided, their ability to resolve issues with a single call and their overall level of service.

With 70% of respondents reporting contact with the Provider Contact Center in the past six months, this resource gives MACs an opportunity to provide helpful support and guidance to providers. Further enhancements and ongoing representative training should remain a focus for the MACs in driving satisfaction even higher.

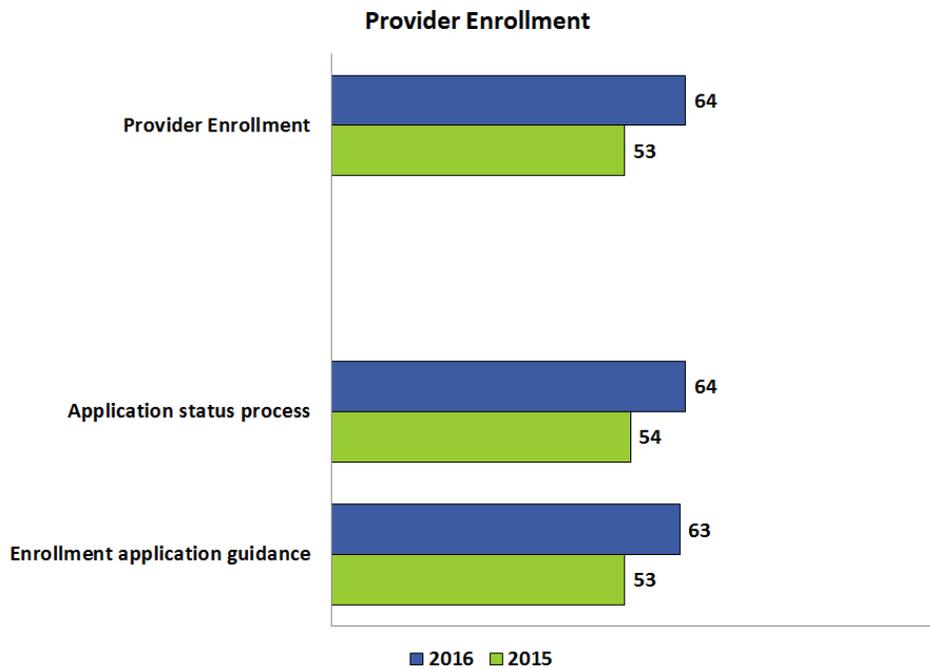


Provider Enrollment – Impact 1.2

The *Provider Enrollment* ratings were provided by Part A and Part B respondents. Unlike last year's survey, individuals who had not gone through the Medicare enrollment process in the last six months were eligible to provide *Provider Enrollment* ratings, based on experiences from outside this specified timeframe. This questionnaire change seems to have aided in the improvement of the component score, as this component experienced an 11-point increase. However, even with these newly eligible respondents excluded from the results, *Provider Enrollment* still increased by a significant margin, indicating there has been a real improvement in the process of enrolling and the guidance provided.

Despite the dramatic increase, this component remains a relatively lower scoring driver and has a high impact onto satisfaction. For these reasons, *Provider Enrollment* should continue to be a priority for improvement. Maintaining and improving upon this year's gains is important in keeping satisfaction high.

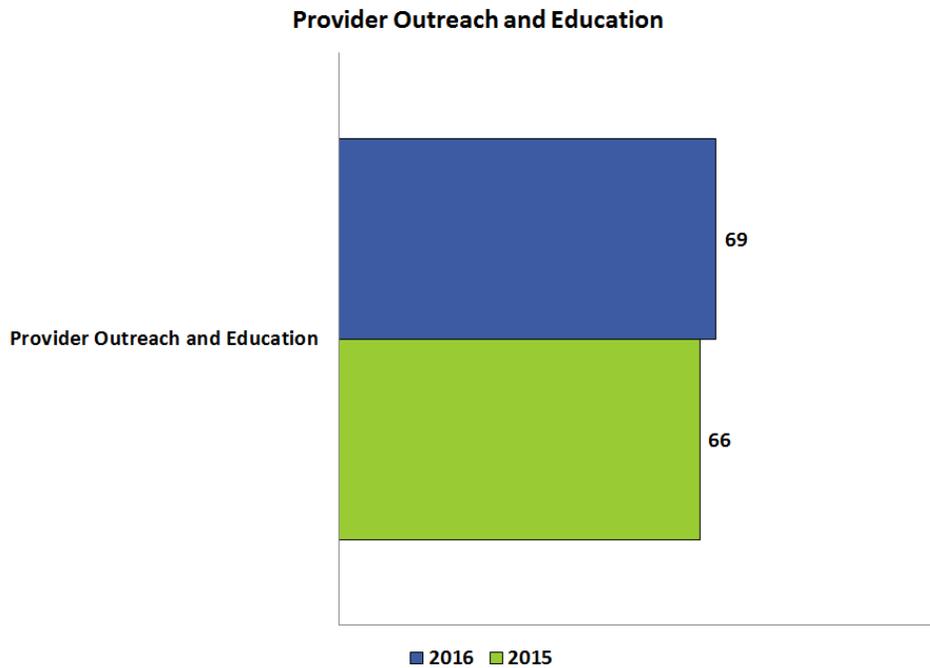
Respondent comments suggest there is additional room for improvement in clarifying PECOS and providing a means of tracking once submitted.



Provider Outreach and Education – Impact 1.0

The 47% 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 2016, a 3-point improvement from a year ago. Much of the written feedback received surrounding these offerings indicated they are helpful and informative but some respondents would like to see various presented material made more clear as the information can become dense and difficult to understand.

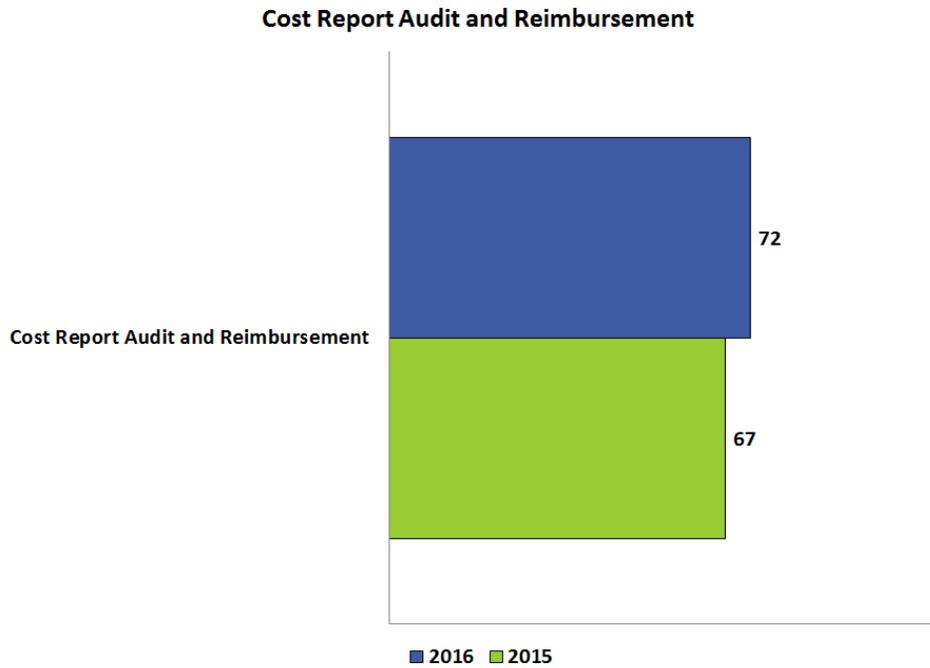
With a relatively high impact value of 1.0, improvements in this area can be expected to have a tangible effect on satisfaction.



Cost Report Audit and Reimbursement – Impact 0.8

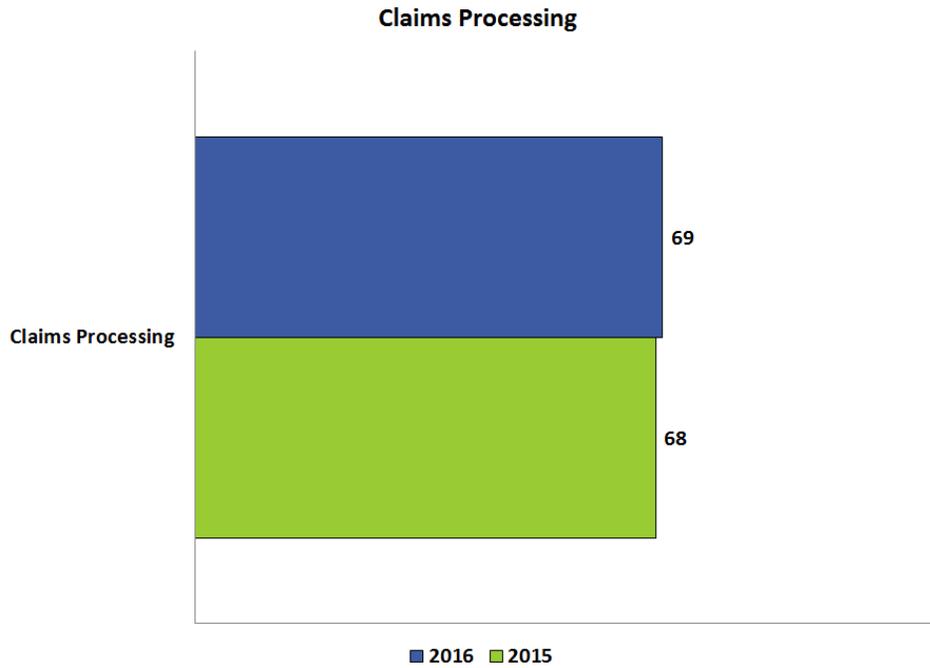
The *Cost Report Audit and Reimbursement* questions on the survey were asked only of Part A Institutional respondents. The rating of this component came only from those respondents who had submitted a Medicare cost report to their current MAC in the past year. These individuals rated the effectiveness of their MAC’s provider audit activities a 72, which was a 5-point improvement from the 2015 survey.

Related written comments indicate an improved timeliness in processing the reports and supportive staff available to answer questions. An opportunity to increase this component’s score further does exist as other written comments focus on frequently “lost” reports and some unnecessary delays when paperwork is not completed in full.



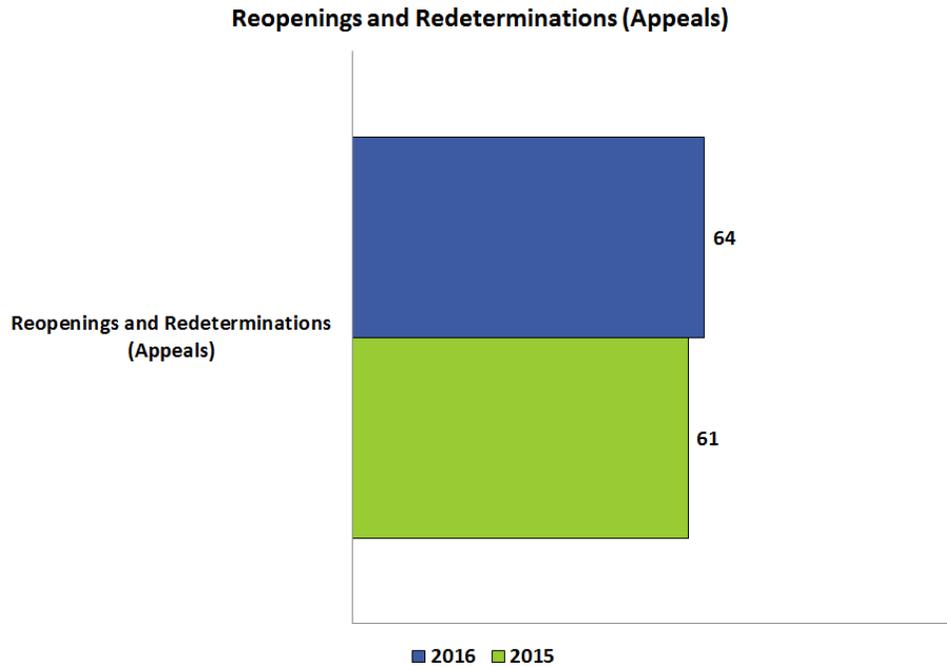
Claims Processing – Impact 0.6

Claims Processing communication rose just a single point to 69, but due to the large sample sizes associated with this component, this difference is enough to be significant and indicate meaningful improvement in this area since last year. Given its moderate impact on satisfaction and relatively high score, the focus on communication to resolve issues relating to claims processing should be on maintaining the overall high quality of this component while looking for new ways to make marginal improvements where possible.



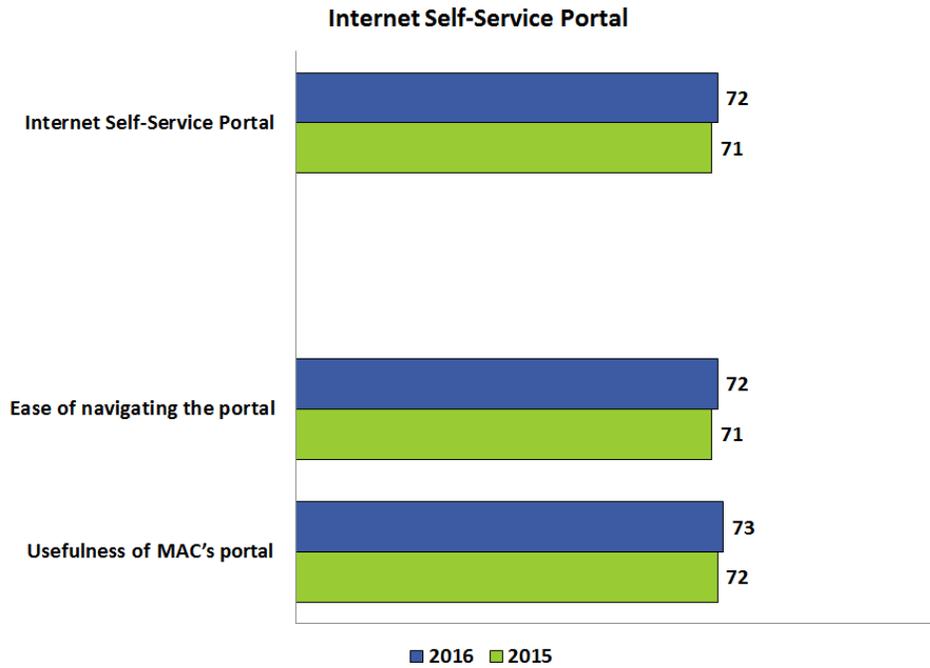
Appeals – Impact 0.6

The *Appeals* explanation rating was given by the 51% of respondents who had submitted a reopening or redetermination in the past six months. The score of 64 represents a 3-point improvement in the rating over 2015 for providing a clear explanation of first level appeals decisions. Additional opportunity for improvement in this area exists in providing clear reasoning for all decisions that address the specific arguments for appeal being made.



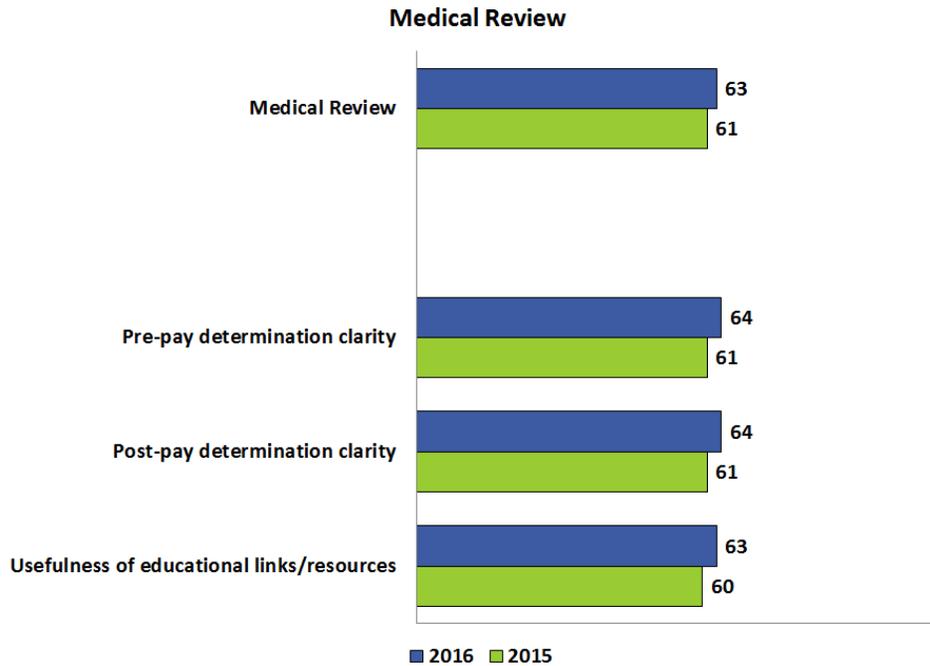
Internet Self-Service Portal – Impact 0.4

As was seen in 2015, the *Internet Self-Service Portal* remains one of the highest scoring drivers of satisfaction with a 2016 rating of 72. This year’s slight increase is the result of single point gains in both the ease of navigating the portal and the overall usefulness of the MAC’s portal. As more individuals become familiar with the portal as a means for obtaining information, the portal could play an increased role in the overall service MACs provide to providers.



Medical Review – Impact 0.2

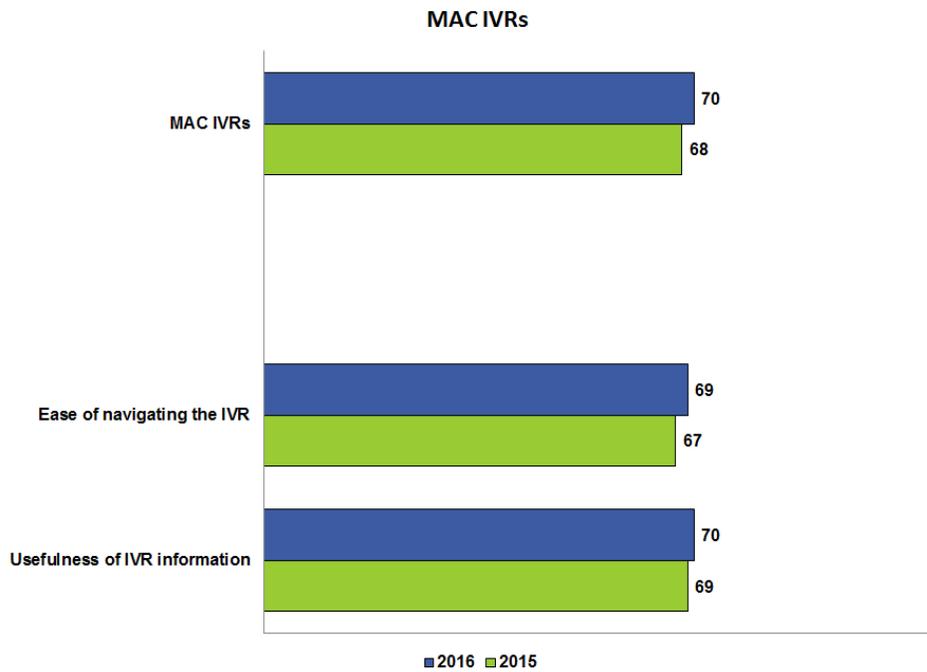
The handling of *Medical Reviews* was given an improved score of 63 this year, up 2 points from last year's study. All of the *Medical Review* attributes increased their score, including both pre-pay and post-pay determinations clarity – each up 3 points to 64. Likewise, the usefulness of educational links/resources rose 3 points, to 63 in 2016. These improved scores are a good sign looking forward, and there is still plenty of room for improvement as this component is still among the lower scoring drivers of the satisfaction model.



MAC IVRs - Impact 0.1

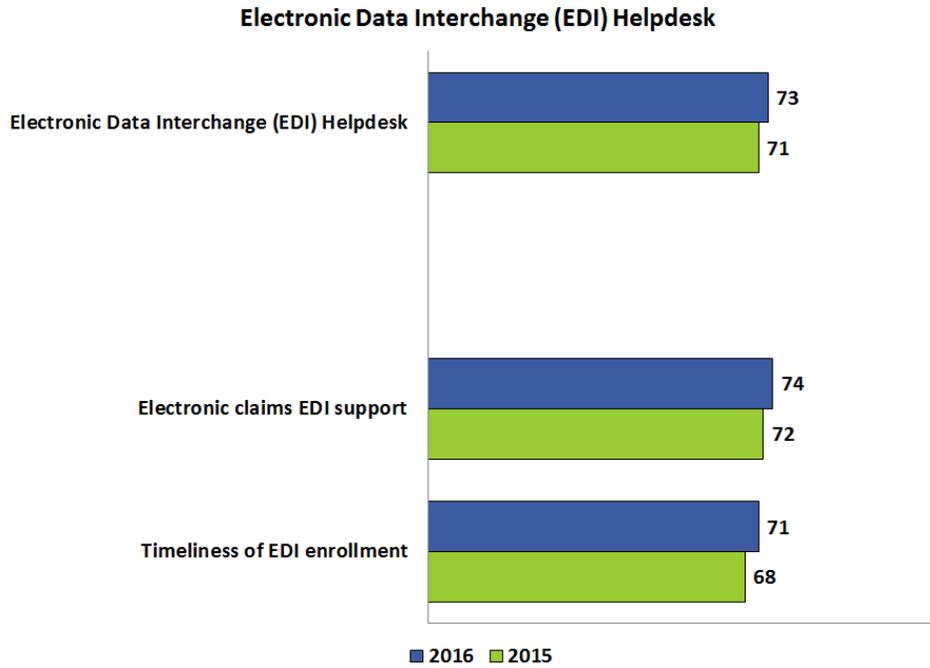
The *MAC IVRs* increase its 2015 score by 2 points for a rating of 70 this year. This is an impressive score considering IVRs are typically a lower scoring component for most agencies. The ease of navigating the IVR (69) and usefulness of the IVR information (70) are both rated very positively and indicate the IVR is meeting the needs of its users at this time.

Since satisfaction of the IVR tool is meeting the needs for providers, it does not warrant immediate attention for improvement. Any score increases in its performance will have minimal impact in terms of the overall satisfaction level of respondents.



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 2016 score of 73 makes it the highest scoring aspect of the satisfaction model. The support provided (74) and timeliness of EDI enrollment (71) each improved their ratings from last year, by 2 and 3 points, respectively. Timeliness ratings often lag behind other related attributes, making the *EDI Helpdesk* scores somewhat conventional in this context.



Segments/Areas of Focus

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

Application Status

Providing prompt service and offering an outlet to provide individuals with updates on the status of their Medicare applications is important in driving satisfaction higher. Satisfaction falls the longer respondents wait without hearing back from their MAC after submitting an application. The 73% of respondents who did not contact their MAC for an enrollment update rated Customer Satisfaction at a collective 65 and the *Provider Enrollment* component at 71.

While these numbers drop when respondents are forced to wait long periods of time without receiving updates, individuals do show a reasonable amount of patience. Of those who followed up with their MAC for an application status update, 23% did so within 15 days. This group's satisfaction score is 67, indicating their follow up was more likely out of personal diligence on the part of the respondent rather than impatience or frustration with their MAC. Satisfaction does begin to drop when the follow up comes 16-60 days after the application submission. For those that wait this long, satisfaction is rated a 60, still just 3 points below the aggregate score. However, satisfaction plummets to 42 for those who wait more than 60 days before contacting their MAC for a status update.

The main comments received from those who were displeased with the provider enrollment process revolve around a lack of trackable progress and difficulty in connecting with helpful resources. The initial enrollment process and revalidating are seen as tedious processes. MACs can improve their satisfaction scores by improving the overall processing time, providing updates or clear requests for information when there are delays, and having resources available to answer questions and provide guidance for confused providers.

Telephone Inquiries

Telephone calls remain a key touchpoint between MACs and providers. Seven of every ten respondents said they had called their MAC's provider contact center in the past six months. The good news is that the *Provider Telephone Inquiries* driver has increased since last year's study, with a 4-point gain in the consistency of information provided by representatives. However, as a high impact driver with a lower score, relative to the other components of the satisfaction model, this area remains a key area of focus.

While there has been unmistakable improvement in the consistency of information provided, this attribute's score of 63 indicates room for improvement remains. At the individual MAC level, we see that higher scores in this area are attainable. *Provider Telephone Inquiries* was rated a 74 for J8-WPS, with a consistency of information score of 68. Continuing the ongoing training with contact representatives to ensure policies are well understood and being communicated the same way to all callers will continue to improve this impactful interaction with providers.

The timeliness of Tier 2 call backs and issue resolution is another area of focus for the contact centers. Many respondents voiced their frustration with the amount of time they are forced to wait to resolve issues or have questions answered when their initial call is escalated to a higher level. The Tier 2 representatives seem to do a nice job in providing valuable assistance to callers, but need to be more accessible and improve the timeliness of connecting with those who are awaiting call backs.

Provider Outreach and Education

The Medicare enrollment process as well as the ongoing reporting and compliance requirements can be cumbersome and difficult to manage. To lessen the burden for providers, MACs can utilize the educational resources and trainings that are available, which are seen by many as informative and valuable. In-person trainings and webinars stand out as particularly beneficial resources for respondents. Of those who recently participated in an outreach activity or used an educational resource, 43% said webinars were the most effective, followed by 16% who cited in-person trainings.

MACs can benefit by promoting all available resources as the information they provide keeps individuals aware of current rules and regulations as well as best practices in their day-to-day interactions with their MAC.

Score/Impact Analysis

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

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.

The *Appeals* driver is lower scoring with a moderate impact. It is an influential component for those who are responsible for reopening and redeterminations, but since this applies to a subset of the overall population, it should be prioritized behind the other Top Priority drivers.

There are several components with a moderate impact and a score on par with many of the other areas measured. These components include: *Claims Processing*, *Cost Report Audit and Reimbursement*, *Provider Outreach and Education*, and the *Internet Self-Service Portal*.

The *Electronic Data Interchange Helpdesk* and *IVR* both have minimal 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. Examples of these types of improvements could include adding a “call back” feature to the IVR to avoid long hold times for callers or enhanced menu options that quickly route providers to a resource well-equipped to handle his or her specific issue. Finally, the *Medical Review* component lands in the Areas of Concern quadrant as it has a low score relative to the other aspects of the satisfaction but also a minimal impact.

