

MCPSS

Medicare Contractor Provider Satisfaction Survey



Medicare Contractor Provider Satisfaction Survey (MCPSS)

Summary of the Pilot Survey

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Prepared for:

Centers for Medicare
& Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Prepared by:

Westat
Rockville, MD 20850

Medicare Contractor Provider Satisfaction Survey (MCPSS) Pilot

The Medicare Contractor Provider Satisfaction Survey (MCPSS) was designed, in part, as a response to a requirement in the Medicare Modernization Act for CMS to **measure the performance of Contractors who process and pay claims for Medicare**. The MCPSS was also designed as a result of a continuing initiative within CMS to obtain feedback from providers and other partners on the performance of the Medicare program overall.

The first year of the MCPSS was designed as a pilot. The pilot survey was completed in 2005. The **results of the pilot will be used by CMS and Westat to evaluate and refine the survey instrument, data collection procedures, analysis and reporting of results for the national survey implementation. The results of the pilot will not be used to evaluate individual Contractor performance**. The survey results will ultimately be used by CMS and its Medicare Contractors to inform the contracting process and to promote the continuous quality improvement of Contractor performance.

The MCPSS examines a critical juncture in the administration of the Medicare program – the interactions between providers who serve the program beneficiaries directly and Medicare Contractors who serve as liaisons to CMS. Examining this relationship can reveal barriers and obstacles to Medicare beneficiaries ultimately receiving the best care possible. This information is necessary for the Agency to:

- Increase its understanding of Contractor performance using quantitative, objective measures
- Appropriately understand provider concerns regarding their interaction with the Contractors
- Provide resources for Contractors in using the survey results for performance improvement

Survey Design

The MCPSS pilot **survey instrument included seven modules, each related to a specific business function** performed by Medicare Contractors

- Provider communication,
- Provider inquiries,
- Claims processing,
- Appeals,
- Provider enrollment,
- Medical review, and
- Provider reimbursement.

Each module included multiple questionnaire items intended to measure the underlying business function. The items were all based on a scale of 1 to 6, where '1' indicated "Not at all Satisfied" and 6 indicated "Completely Satisfied."

The target population for the MCPSS **pilot consisted of all Medicare providers served by twelve different Medicare Contractors**. These Contractors are comprised of four Fiscal Intermediaries, four Carriers, two Regional Home Health Intermediaries (RHHIs) and two Durable Medical Equipment Carriers (DMERCs). **A sample of 8,422 providers was selected for the pilot**. Providers included Hospitals, Skilled Nursing Facilities (SNFs), Rural Health Clinics, Dialysis Centers, Physicians, Licensed Practitioners (e.g., RNs, Physician's

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Assistants), Ambulance Service Providers, Home Health Agencies, and Durable Medical Equipment (DME) Suppliers.

One of the many factors that affects response rate is whether the study topic is salient. As part of the study design, outreach activities were completed to enhance the survey's saliency by increasing awareness. These activities were also designed to persuade providers that the survey would benefit them by helping to improve Contractors' provision of services to them and to beneficiaries.

Survey Administration

Data collection for the MCPSS pilot started on January 17, 2005 and ended on April 1, 2005. All sampled providers first received a survey notification package in the mail which contained a letter from CMS, a letter from their respective Medicare Contractor, and a flyer with instructions on how to access and complete the survey over the Web. A reminder/thank-you postcard was mailed to all sampled providers 10 days after the survey notification package. Non-responders were contacted again two weeks after the reminder/thank you postcard was mailed, using one of three methods: telephone prompt, telephone interview or mailing of a hard-copy survey instrument.

Pilot Response Rates

The overall response rate for the pilot was 32.2 percent. A large portion of the nonresponse is attributable to a high percentage of non-locatable providers; **more than one-third of the sample was not located.** Removing non-locatables from the response rate calculation yields a response rate of 49.9 percent. One goal of the pilot study is to approximate the response rates for the main study, and to generate recommendations for improving response rates (as needed). One major improvement needed for the 2006 national implementation is increasing the proportion of the sample that is locatable. Other changes to the methodology to increase response rates may include increasing the field period, using telephone interviews as follow-up for all nonrespondents, and conducting a screener interview to determine the most appropriate contact at the contractor.

Reporting of Results

While there are data available at the item level, the ultimate goal is to **rate contractors using summary scores.** Contractors who participated in the pilot received a summary score sheet that included their overall score (over all questionnaire items) compared with the average score of all contractors (of a similar type). These scores were also reported by provider type (for those contractors serving more than one type of provider). In addition to receiving their overall score, contractors received their scores by business function as well. These overall business function scores were also presented by provider type.

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In addition to providing contractors with their specific scores, contractors are **also provided with a “benchmark” score**, which is an average across all contractors (of similar type). This benchmark score allows contractors to compare their scores with the overall average for similar Contractors. Contractors in the pilot were provided guidance on how to interpret their scores:

Guide to Interpreting the Scores

You can use the results of the pilot to see how you compare with other Contractors like you; look at differences in your own scores across provider types, business functions and business functions within each provider group and determine which business functions and what processes within a business function need most attention.

The business function scores at the provider level will give you insight on which specific areas need attention. The business functions that need the most attention are the ones in which you are scoring consistently lower than your overall score. The business function scores are reported at two levels—across all provider types and by provider type. You should review both to determine if there is a chronic issue with a particular business function or if the issue is isolated to a provider type.

In addition to the scores, the results also included cell sizes and standard errors. Since providers may have answered some but not all of the modules or only some of the questions for a particular module, the cell size for calculating the scores can vary across sections of the survey. A cell size is presented with each score so contractors know how many providers responded to each question, this provides an indication of the stability of the score. If only a few providers answered the question, then the survey estimate could fluctuate considerably if we happened to survey a different set of providers – the larger the number of providers who respond to an item, the more confident we are that the survey estimate is close to the “true” answer we would find had we not selected a sample, but instead surveyed all providers. The standard errors are intended to help the contractor determine how close the contractor score is to the average contractor score.

Finally, in addition to quantitative data, the survey instrument included an open-ended question at the end of each module. The contractor reports include a content analysis of any narrative comments provided by providers in the contractor’s sample.

A sample of a contractor score sheet is provided in Exhibit A. (Note that the data presented in Exhibit A are manufactured and are not based on real contractor results.)

Medicare Contractor Provider Satisfaction Survey (MCPSS) Pilot – EXHIBIT A

Medicare Contractor Provider Satisfaction Survey (MCPSS) - PILOT SUMMARY SCORE SHEET FOR CONTRACTOR

Note: Your scores are based on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied."

CONTRACTOR OVERALL SCORE	4.67	AVERAGE CARRIER SCORE	4.42
standard error (se)	0.11	standard error (se)	0.07
cell size (n)	165	cell size (n)	640

PROVIDER SCORES FOR CONTRACTOR

PROVIDER TYPE	SCORE	se	AVERAGE CARRIER SCORE	se
PHYSICIANS	4.53 (n=69)	0.13	4.56 (n=307)	0.07
LICENSED	4.56 (n=63)	0.13	4.39 (n=212)	0.09
AMBULANCE SERVICES	4.86 (n=12)	0.24	4.71 (n=59)	0.19

BUSINESS FUNCTION SCORES FOR CONTRACTOR

BUSINESS FUNCTION	SCORE	se	AVERAGE CARRIER SCORE	se
Provider Inquiries	4.52 (n=132)	0.11	4.51 (n=490)	0.03
Provider Communication	4.16 (n=112)	0.12	4.35 (n=425)	0.06
Claims Processing	4.75 (n=129)	0.11	4.61 (n=509)	0.04
Appeals	4.16 (n=93)	0.16	4.22 (n=346)	0.06
Provider Enrollment	4.49 (n=73)	0.17	4.32 (n=274)	0.05
Medical Review	4.12 (n=59)	0.15	4.31 (n=252)	0.07
Provider Reimbursement	4.51 (n=116)	0.11	4.52 (n=228)	0.08

Medicare Contractor Provider Satisfaction Survey (MCPSS) Pilot – EXHIBIT A, continued...

BUSINESS FUNCTION SCORES BY PROVIDER TYPE FOR CONTRACTOR

<u>PHYSICIANS</u>					<u>LICENSED PRACTITIONERS</u>				
BUSINESS FUNCTION	SCORE	se	AVERAGE CARRIER SCORE	se	BUSINESS FUNCTION	SCORE	se	AVERAGE CARRIER SCORE	se
Provider Inquiries	4.92 (n=62)	0.14	5.04 (n=259)	0.066	Provider Inquiries	4.95 (n=52)	0.19	4.82 (n=181)	0.10
Provider Communication	4.43 (n=50)	0.19	4.86 (n=221)	0.088	Provider Communication	4.51 (n=44)	0.25	4.62 (n=163)	0.12
Claims Processing	5.08 (n=58)	0.17	5.21 (n=276)	0.066	Claims Processing	5.14 (n=57)	0.15	4.90 (n=191)	0.09
Appeals	4.49 (n=49)	0.21	4.68 (n=209)	0.088	Appeals	4.70 (n=31)	0.24	4.43 (n=111)	0.14
Provider Enrollment	4.76 (n=31)	0.23	4.79 (n=145)	0.132	Provider Enrollment	5.12 (n=50)	0.21	4.87 (n=99)	0.13
Medical Review	4.55 (n=36)	0.25	4.84 (n=152)	0.099	Medical Review	4.64 (n=22)	0.33	4.50 (n=111)	0.18
Provider Reimbursement	4.93 (n=61)	0.22	4.95 (n=111)	0.154	Provider Reimbursement	5.06 (n=44)	0.20	4.93 (n=66)	0.14

AMBULANCE SERVICES

BUSINESS FUNCTION	SCORE	se	AVERAGE CARRIER SCORE	se
Provider Inquiries	5.39 (n=15)	0.29	4.98 (n=22)	0.29
Provider Communication	4.71 (n=15)	0.34	5.04 (n=99)	0.25
Claims Processing	5.46 (n=15)	0.25	5.34 (n=54)	0.17
Appeals	5.14 (n=16)	0.40	5.20 (n=39)	0.28
Provider Enrollment	5.71 (n=16)	0.34	5.02 (n=46)	0.29
Medical Review	5.40 (n=19)	0.42	4.94 (n=36)	0.19
Provider Reimbursement	5.23 (n=12)	0.32	5.05 (n=25)	0.23

* results were suppressed due to small cell sizes; a cell size of 5 or less