

**MCPSS** 

MEDICARE CONTRACTOR PROVIDER  
**SATISFACTION SURVEY**



**Medicare Contractor Provider Satisfaction Survey (MCPSS)  
Public Report**

Final Report  
September 16, 2010



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**Medicare Contractor Provider  
Satisfaction Survey (MCPSS)  
Public Report**

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## **EXECUTIVE SUMMARY**

The Medicare program engages contractors to ensure that health care services provided to Medicare beneficiaries are covered by Medicare, are reasonable and appropriate, and are delivered by providers who participate in Medicare. Fee-for-Service (FFS) contractors also pay providers under procedures established by law and subsequent regulation. Each year, CMS conducts a survey of FFS providers and suppliers to measure satisfaction with contractor performance, as required by the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). This survey, the Medicare Contractor Provider Satisfaction Survey (MCPSS), elicits information from a sample of hospitals, physicians, skilled nursing facilities (SNFs), home health agencies, clinical laboratories, and other providers and suppliers.

Principal findings from the 2010 survey are:

- Before presenting the scores for 2010, it must be noted that a direct comparison to past survey results is not possible. In 2010 the survey structure was changed from a 6-point rating scale to a 5-point rating scale. This scale change will artificially cause all 2010 scores to appear lower than in previous years. Adjustments must be made to past MCPSS scores before results can be compared longitudinally.
- In 2010, the mean MCPSS score is 3.80 when based on overall satisfaction and 3.66 when based on satisfaction by business function.
- Scores were tightly distributed in 2010. The highest score based on business function was 4.05. The lowest was 3.15. Mean scores were highest for Fiscal Intermediaries (FIs) (3.72) and lowest for Part B MACs (3.52).
- Sixty-nine percent of providers stated they were satisfied or very satisfied with their contractor's overall performance. Approximately 13 percent stated they were dissatisfied or very dissatisfied.
- Overall satisfaction with FIs, Part A MACs, Regional Home Health Intermediaries (RHHIs), and Durable Medical Equipment (DME) MACs exceeded 75 percent and dissatisfaction was less than 11 percent. Satisfaction with carriers was nearly the same at 74 percent. Satisfaction with Part B MACs was notably lower at 67 percent and dissatisfaction was higher at almost 17 percent.
- Satisfaction was highest for hospices, ESRD providers, and rural health clinics. Lowest rates of satisfaction were expressed by licensed practitioners and laboratories.
- The Audit & Reimbursement and Claims Processing business functions were rated with highest rates of satisfaction, at 80 and 75 percent respectively. Lowest rates of satisfaction were expressed for Provider Enrollment (55 percent) and Appeals (59 percent). Provider Enrollment had a notably high rate of dissatisfaction at 29 percent.
- No contractor type appears to out-perform others in terms of high provider satisfaction in all business functions. For example, satisfaction with Claims Processing is highest for Part A MACs; satisfaction with Outreach & Education is highest for RHHIs.
- By contrast, satisfaction with Part B MACs was lower than any other contractor type for five of the seven business functions. In most cases, satisfaction with the performance of Part B MACs was less than 60 percent and dissatisfaction was greater than 20 percent.

Eight elements of business-function performance were identified as having special potential to increase provider satisfaction. All eight activities are connected to three business functions: Provider Inquiries, Claims Processing, and Appeals. The eight are:

1. Ability to fully resolve problems without provider having to make multiple inquiries.
2. Providing consistent written responses.
3. Providing information through automated telephone system (IVR) that meets providers' needs.
4. Providing easy access to information through automated telephone system (IVR).
5. Providing correct information in response to claims-based issues raised by provider.
6. Ability to return calls in reasonable time.
7. Responsiveness, attentiveness, and availability during the process of first-level appeals.
8. Promptly resolves claims-related issues.

## **I. INTRODUCTION**

This public report summarizes results from the 2010 administration of the MCPSS. The report provides:

- An overview of provider satisfaction with contractor performance, both overall and by business function;
- Satisfaction scores for all contractors; and
- A summary of activities that may be of special importance in improving provider satisfaction with contractor performance.

Section II summarizes the methods used to conduct the 2010 MCPSS. Section III presents the analytic methods used to generate research results. Section IV presents satisfaction scores for each contractor based on the 2010 survey. Section V presents the distribution of provider satisfaction with contractor performance, both overall and by contractor type. Finally, Section VI presents results from an analysis of specific elements of performance within specific business functions. This analysis identifies particular activities that may be linked to increased provider satisfaction.

## **II. SURVEY ADMINISTRATION**

The 2010 MCPSS data were collected between January and May of 2010 by DataStat, Inc. of Ann Arbor, MI. A sample of 33,168 Medicare providers was selected from all experienced Medicare providers served by the FFS Medicare contractors. As in previous MCPSS administrations, an experienced provider was defined as one submitting 50 or more Medicare claims in the prior year.

In the 2010 MCPSS, the contractor samples included: 7 FIs; 9 Carriers; 7 Part A MACs; 7 Part B MACs; 3 RHHIs; and 4 DME MACs. These contractor counts differ from 2009 and will change again in 2011 as the CMS contracting environment changes.

The questionnaire was easy to answer and was designed to take 20-25 minutes to complete depending on the business functions contractors offered to the responding provider. The questionnaire began with five overall items that classified the type, size, and length of time the entity has been a Medicare provider. There was also an introductory question that determined overall satisfaction with the provider's Medicare contractor. The questionnaire continued by asking general satisfaction and detailed use of and satisfaction with seven business functions that contractors provide: Provider Inquiries, Provider Outreach & Education, Claims Processing, Appeals, Provider Enrollment, Medical Review, and Audit & Reimbursement. The survey was customized based on the specific services that contractors provided.

A total of 18,458 providers out of 33,168 responded to the 2010 MCPSS compared to 17,074 out of 32,302 in 2009. The overall response rate for the 2010 administration of MCPSS was 55.7 percent.<sup>1</sup> There was, however, a wide range of response rates for different types of providers. Physicians had the lowest response rate of 39.1 percent, while Home Health Agencies had the highest response rate of 70.4 percent.

Because web surveys of large populations are more cost effective than surveys conducted by other modes, CMS is migrating the MCPSS from a predominantly telephone-based survey to a predominantly web-based survey. To this end, as directed by CMS, DataStat offered providers three modes of submitting their survey responses. In January 2010, they mailed a survey notification letter that introduced the survey and encouraged participation to all sampled providers. Providers were asked to send their most knowledgeable respondent's e-mail addresses to DataStat. Once the survey fielding began in January, a hyperlink and unique password was returned to the most knowledgeable respondent. Providers who did not supply an e-mail address for a respondent were mailed hard copy questionnaires with postage paid return envelopes. To encourage web response, the cover letter that accompanied the hard copy questionnaire had the provider's unique hyperlink and password. Reminder letters were sent to non-responders three weeks after the first questionnaire mailing. A second questionnaire was mailed in late February. Reminder e-mails with hyperlinks to the survey were sent to respondents with known e-mail addresses weekly. By early April, DataStat interviewers placed telephone calls to non respondents and encouraged them to respond via web, mail, or telephone and also offered a fax option that proved to be quite popular. The migration to a web mode of response is proving to be successful. Overall, 65 percent of the responses were web-based, 23 percent by fax, 10 percent by mail, and 2 percent by telephone.

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<sup>1</sup> The 2010 RR was calculated by dividing completed interviews by eligible sample. All sampled providers in a bundle or chain were considered eligible unless they were retired or out-of-business. To compare the 2010 and 2009 response rates, it is necessary to use this same calculation and treat all bundle and chain providers in a similar fashion.

### III. ANALYSIS

#### A. Frequency Distributions

Results are presented in the form of frequency distributions, as these are a readily accessible means of summarizing provider assessment of contractor performance. The distributions report the proportions of providers responding ‘very satisfied,’ ‘satisfied,’ ‘neither satisfied nor dissatisfied,’ ‘dissatisfied,’ and ‘very dissatisfied.’ All reported frequencies are computed as a percentage of responses that provided a rating. That is, responses of ‘don’t know’ and missing responses are excluded from all calculations. In some instances, the first two and final two response categories are collapsed to form three groups—satisfied, neutral, or dissatisfied—to prevent tables from becoming too large.

Frequencies were computed to arrive at estimates of population proportions accounting for stratification and clustering of the survey sample.<sup>2</sup>

#### B. Calculation of Scores

Contractor scores were computed using two separate methods. Both methods assigned values to satisfaction categories in the same way: a value of 1 for ‘very dissatisfied,’ 2 for ‘dissatisfied,’ 3 for ‘neither satisfied nor dissatisfied,’ 4 for ‘satisfied,’ and 5 for ‘very satisfied.’ Note that there is no *mathematical* reason for the scores to resemble each other, as they are based on different sets of provider responses.

The first method, the ‘Overall Satisfaction Score,’ computes the contractor’s score as the mean of all responses to the survey question asking providers to rate their overall satisfaction with contractor performance. This score must lie between 1 and 5 for each contractor.

The second method, the ‘Business Function Satisfaction Score,’ is computed in two steps. First, the mean of the ratings for overall satisfaction with each business function is computed for each survey respondent.<sup>3</sup> Second, the mean of these provider-level business-function scores is then computed for each contractor. Again, the score must lie between 1 and 5.

The scores computed in this way are not comparable with scores computed in 2009 because the 2010 questionnaire employed a 5-point response scale, unlike the 6-point scale used in 2009. Both sets of scores can be rescaled to have a minimum value of zero and a maximum value of 100 as follows:

$$\text{Transformed score} = 100 \cdot (\text{Survey score} - \text{MIN}) / (\text{MAX} - \text{MIN})$$

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<sup>2</sup> All calculations were performed using the SURVEYFREQ procedure in SAS, version 9.3.

<sup>3</sup> Not all respondents report overall satisfaction for all seven business functions. Carriers, Part B MACs, and DME MACs, for example, do not report satisfaction with Provider Audit and Reimbursement. Note that individual scores for Provider Outreach and Education were considered to be missing for all providers who stated they used no education and training resources of their contractor.

where MIN represents the lowest score possible (1 in both 2009 and 2010) and MAX represents the highest score possible (6 in 2009 and 5 in 2010). While this process places both scores on the same scale, it does not assure their comparability. The 5-point scale used in 2010 permits a ‘center’ or ‘neutral’ rating of 3, while the 6-point scale used prior to 2010 does not.

### **C. Process Improvement**

Results compiled from the survey questionnaire elicit information on overall satisfaction with specific aspects of each business function. To identify those aspects that may be of special importance, we determined, for each of four contractor groups, those activities for which mean satisfaction was below the median. Within this group of activities, we then identified the subset of activities with the highest correlation with overall provider satisfaction. These activities are identified, together with the contractor type for which they are applicable, in tabular form. This method of presentation may convey the essential message more effectively than an alternative graphical form that is sometimes used.

## IV. SCORING CONTRACTOR PERFORMANCE

The Medicare program contracted with 11 organizations to provide Medicare fee-for-service claims administration and operational functions. Some of these organizations operated as two or more contractor types. There are 37 combinations of organization and contractor type.

As noted in Section II, scores were computed in two separate ways for each contractor. Scores by contractor and contractor type are shown in Table IV.1 below. The column titled “Overall Satisfaction” reports scores computed from a single measure, the respondent’s overall satisfaction with contractor performance. The column titled “Business Function Satisfaction” reports scores computed as the mean of provider satisfaction with each business function, by contractor.

**Table IV.1. Contractor Scores, by Contractor Type – Report Card**

	Score – Overall Satisfaction	Score – Business Function Satisfaction
<b>Average for all contractors</b>	<b>3.80</b>	<b>3.66</b>
<b>FI</b>	<b>3.84</b>	<b>3.72</b>
Pinnacle Business Solutions	3.92	3.82
National Government Services	3.74	3.62
Cahaba Government Benefits Administrators	3.77	3.44
Blue Cross Blue Shield of Georgia	3.87	3.96
Palmetto Government Benefits Administrators	3.51	3.49
Wisconsin Physician Services Insurance Corp	3.97	3.80
Noridian Administrative Services	4.11	3.92
<b>Part A MAC</b>	<b>3.81</b>	<b>3.69</b>
Noridian Administrative Services	4.02	3.80
Trail Blazer Health Enterprises, LLC	3.90	3.79
Wisconsin Physician Services Insurance Corp	3.80	3.69
Palmetto Government Benefits Administrators	3.67	3.60
First Coast Service Options Inc	3.66	3.58
National Government Services	3.80	3.67
Highmark Medicare Services	3.82	3.73
<b>Carrier</b>	<b>3.78</b>	<b>3.63</b>
Pinnacle Business Solutions	3.77	3.72
National Heritage Insurance Company	3.94	3.75
Trail Blazer Health Enterprises, LLC	3.65	3.51
Cahaba Government Benefits Administrators	3.58	3.39
National Government Services	3.75	3.56
Palmetto Government Benefits Administrators	3.94	3.75
Connecticut General Life Insurance Company	3.57	3.52
Wisconsin Physician Services Insurance Corp	3.96	3.80
Noridian Administrative Services	3.86	3.68
<b>Part B MAC</b>	<b>3.68</b>	<b>3.52</b>
Noridian Administrative Services	3.83	3.67
Trail Blazer Health Enterprises, LLC	3.71	3.49
Wisconsin Physician Services Insurance Corp	3.89	3.73
Palmetto Government Benefits Administrators	3.26	3.15
First Coast Service Options Inc	3.79	3.56
National Government Services	3.47	3.36
Highmark Medicare Services	3.81	3.70

	Score – Overall Satisfaction	Score – Business Function Satisfaction
<b>DME MAC</b>	<b>3.81</b>	<b>3.68</b>
National Heritage Insurance Company	3.79	3.66
National Government Services	3.83	3.69
Connecticut General Life Insurance Company	3.87	3.71
Noridian Administrative Services	3.74	3.64
<b>RHHI</b>	<b>3.99</b>	<b>3.86</b>
Cahaba GBA	4.29	4.05
National Government Services (formerly UGS)	3.86	3.85
Palmetto GBA	3.82	3.67

Source: 2010 Medicare Contractor Provider Satisfaction Survey.

Note: Averages reported in this table are the simple unweighted means of scores across contractors.

The mean overall score is higher than the mean business-function score, reflecting higher satisfaction expressed overall than with individual business functions. Mean scores by contractor type were highest for RHHIs and lowest for Part B MACs, a result consistent with the distributions reported in Table V.3 in Section V.

The scores in Table IV.1 are lower than those appearing in the 2009 report—a natural consequence of change in the questionnaire from a 6-point to a 5-point response scale. Because of this change in scoring, significance testing and trending analyses of differences between 2009 scores and 2010 scores would not be meaningful. Because a 5-point satisfaction scale will be used in the future, testing of differences and trend analyses between 2010 and 2011 scores will be conducted provided no transition of contractor jurisdictions has occurred.<sup>4</sup>

In an effort to provide some context between the 2009 and 2010 scores, we have computed transformed means (see Section III). However, this does not ensure a one-to-one comparability between the scores. The transformed means (see Section III) are computed as:

$$\text{Transformed mean (2009)} = 100 \cdot (4.54 - 1)/5 = 70.8$$

$$\text{Transformed mean (2010)} = 100 \cdot (3.66 - 1)/4 = 66.5,$$

where the business-function score was used for the 2010 to provide context to the scores computed in 2009.

The mean transformed score fell by 4.3 points, or about six percent between 2009 and 2010. There are two possible sources for the decline, which cannot, given available data, be disentangled. The fall in mean transformed scores may reflect a real deterioration in provider satisfaction with contractors. It might, however, be nothing more than an artifact of the differing ways that the 2009 and 2010 questionnaires required providers to report satisfaction, as noted in Section III. That is to say, it may be that in 2009, respondents who would have chosen a neutral rating instead chose a slightly positive rating because the 2009 survey did not permit a neutral response. These same respondents in 2010 would choose a neutral rating because it was available in that year. If this occurred, it could lead transformed scores to fall even if there was no decline in satisfaction.

<sup>4</sup> A contractor must be operational in a jurisdiction for two years for trending analysis to be meaningful.

## V. RESULTS AND DISCUSSION

This chapter describes provider satisfaction with the performance of Medicare contractors as measured by responses to the 2010 administration of the MCPSS.

### A. Overall Satisfaction with Contractor Performance

Table V.1 shows the distribution of overall provider satisfaction with contractor performance in the twelve months prior to the survey.<sup>5</sup> Responses are strongly skewed, with 69 percent of providers stating they were ‘satisfied’ or ‘very satisfied’ and less than 13 percent saying they were ‘dissatisfied’ or ‘very dissatisfied.’ Only 15 percent said they were neither satisfied nor dissatisfied.

**Table V.1. Overall Satisfaction with Contractor Performance**

Provider Response	Percent
Very dissatisfied	5.16
Dissatisfied	8.22
Neither satisfied nor dissatisfied	14.61
Satisfied	49.71
Very satisfied	19.16
<b>Total</b>	<b>100.00</b>
Number don't know/missing <sup>a</sup>	365
Unweighted N <sup>b</sup>	18,458

Source: 2010 Medicare Contractor Performance Satisfaction Survey.

<sup>a</sup> Includes those who responded ‘don't know’ or who left the item blank.

<sup>b</sup> Unweighted N refers to the total number of actual respondents.

Table V.2 displays overall provider satisfaction for each of the six designated contractor types (FI, Part A MAC, Carrier, Part B MAC, RHHI and DME MAC). The pattern of responses is broadly similar in each instance. For every type of contractor, the most frequent response was ‘satisfied,’ the second-most frequent was ‘very satisfied,’ and the least frequent was ‘very dissatisfied.’ The distribution of responses for FIs, Part A MACs, and RHHIs are nearly identical, with 77-81 percent of providers saying they were satisfied or very satisfied and 9-10 percent saying they were dissatisfied or very dissatisfied. DME MACs were rated nearly the same as the three types above, with 76 percent satisfied and 10 percent dissatisfied.

Provider satisfaction with carriers was slightly lower, with about 74 percent expressing satisfaction and 11 percent expressing dissatisfaction and 15 percent neither satisfied nor dissatisfied. Ratings for Part B MACs were markedly lower; the proportion expressing overall satisfaction was 67 percent—seven percentage points lower than for carriers and 13 percentage points lower than for

<sup>5</sup> Overall satisfaction is measured by responses to the question, “Thinking about ALL your interactions with your contractor, in the last 12 months, how satisfied have you been with your contractor’s performance overall?”

FIs and Part A MACs. Nearly 17 percent of providers expressed overall dissatisfaction with Part B MACs, higher than for any other contractor type.

**Table V.2. Overall Satisfaction with Contractor Performance by Contractor Type**

<b>Provider Response</b>	<b>FI</b>	<b>FI Part A MAC</b>
Very dissatisfied	4.1	3.5
Dissatisfied	5.3	5.7
Neither satisfied nor dissatisfied	13.3	10.1
Satisfied	58.6	66.7
Very satisfied	18.8	14.0
<b>Total</b>	<b>100.00</b>	<b>100.00</b>
Number don't know/missing	64	72
Unweighted N	6,407	3,619
<b>Provider Response</b>	<b>Carrier</b>	<b>Part B MAC</b>
Very dissatisfied	4.2	6.5
Dissatisfied	7.0	10.2
Neither satisfied nor dissatisfied	14.6	16.3
Satisfied	52.3	48.3
Very satisfied	21.9	18.6
<b>Total</b>	<b>100.00</b>	<b>100.00</b>
Number don't know/missing	97	67
Unweighted N	3,140	2,342
<b>Provider Response</b>	<b>RHHI</b>	<b>DME MAC</b>
Very dissatisfied	2.7	4.5
Dissatisfied	7.4	5.9
Neither satisfied nor dissatisfied	10.9	13.2
Satisfied	52.2	55.9
Very satisfied	26.7	20.5
<b>Total</b>	<b>100.00</b>	<b>100.00</b>
Number don't know/missing	24	41
Unweighted N	1,495	1,455

Source: Source: 2010 Medicare Contractor Provider Satisfaction Survey

Table V.3 shows overall satisfaction by provider type. As noted earlier, the satisfied and very satisfied categories are collapsed, as are the dissatisfied and very dissatisfied categories, in Tables V.3-V.5b in order to prevent the tables from becoming excessively dense and difficult to read.

Hospices, ESRD providers, and rural health clinics expressed the highest rates of satisfaction and the lowest rates of dissatisfaction. Licensed practitioners, and laboratories provided the lowest overall satisfaction ratings—all under 70 percent. Rates of dissatisfaction were highest for laboratories at about 17 percent, and were also notably high for physicians at over 15 percent.

**Table V.3. Overall Satisfaction with Contractor Performance, by Provider Type**

Provider Type	Percent Satisfied	Percent Neither Satisfied nor Dissatisfied	Percent Dissatisfied	Unweighted N
Hospital	75.0	12.2	12.8	1,524
Physician	70.3	14.3	15.4	2,460
Home Health Agency	78.3	10.7	11.0	1,004
Skilled Nursing Facility	76.5	13.6	9.8	3,289
Hospice	80.8	11.3	7.8	467
Licensed Practitioner	68.2	18.5	13.3	1,559
ESRD Provider	90.8	7.3	1.8	2,835
Laboratory	68.6	14.7	16.7	356
Federally Qualified Health Centers	74.8	13.7	11.5	432
Rural Health Clinic	80.9	11.8	7.2	528
Ambulance	73.2	14.6	12.1	542
Supplier	78.7	12.0	9.3	453
Other	73.8	15.5	10.8	2,638

Source: 2010 Medicare Contractor Provider Satisfaction Survey.

Note: 'Other' includes Community Mental Health Clinics, Comprehensive Outpatient Rehabilitation Facilities, Immunization or Radiation Centers, and Pain Management Centers.

'Unweighted N' represents the simple count of respondents by provider type.

## B. Satisfaction by Business Function

The survey asked providers to express their satisfaction with each business function relevant to them. Responses to these function-specific satisfaction questions appear in Table V.4. Providers report somewhat lower satisfaction when asked about specific business functions than they do when asked about overall satisfaction. While 69 percent of providers expressed overall satisfaction (Table IV.1), their satisfaction with individual business functions exceeded 69 percent in just two cases—Claims Processing and Audit & Reimbursement. Satisfaction with Appeals and Provider Enrollment were both less than 60 percent.

Of particular note is the relatively higher proportion dissatisfied with Provider Enrollment. This same level of dissatisfaction is expressed in more detailed questions regarding enrollment (specific survey questions not shown here) specifically, between 25 and 30 percent of respondents expressed dissatisfaction with the ability of their contractor to answer questions about the Medicare enrollment application (Form 855) and the consistency of responses. There was little or no suggestion that providers were dissatisfied with the professionalism and courtesy of representatives in connection with the enrollment process.

**Table V.4. Satisfaction with Contractor Performance, by Business Function**

Business Function	Percent Satisfied	Percent Neither Satisfied nor Dissatisfied	Percent Dissatisfied
Provider Inquiries	64.2	18.1	17.7
Provider Outreach & Education	60.4	27.4	12.2
Claims Processing	74.5	14.6	10.9
Appeals	59.1	21.4	19.5
Provider Enrollment	55.4	15.7	28.9
Medical Review	60.5	21.8	17.7
Provider Audit & Reimbursement	80.2	17.0	2.8

Source: 2010 Medicare Contractor Provider Satisfaction Survey.

Tables V.5a and V.5b show provider satisfaction by business function for each of the six types of contractors. In most cases, satisfaction exceeds 60 percent and dissatisfaction is less than 15 percent. For Part B MACs, however, satisfaction was notably lower, echoing the results in Table IV.1. For four of six business functions, satisfaction with Part B MACs was lower than 60 percent and dissatisfaction was greater than 20 percent. For all but one business function (Appeals) satisfaction was lower and dissatisfaction was higher for Part B MACs than for any other contractor type.

**Table V.5a. Satisfaction with Contractor Performance, by Business Function, by Contractor Type: FI, Part A MAC, RHHI**

Business Function	Percent Satisfied	Percent Neither Satisfied nor Dissatisfied	Percent Dissatisfied
<b>FI</b>			
Provider Inquiries	70.2	15.4	14.4
Provider Outreach & Education	68.5	22.8	8.6
Claims Processing	75.9	16.4	7.7
Appeals	66.1	19.6	14.3
Provider Enrollment	69.0	12.1	18.9
Medical Review	69.5	18.8	11.7
Provider Audit & Reimbursement	80.1	17.3	2.6
<b>Part A MAC</b>			
Provider Inquiries	71.4	16.7	11.9
Provider Outreach & Education	69.5	22.7	7.8
Claims Processing	78.8	13.7	7.5
Appeals	60.7	30.2	9.1
Provider Enrollment	71.6	13.1	15.3
Medical Review	62.1	17.2	20.7
Provider Audit & Reimbursement	81.8	15.1	3.1
<b>RHHI</b>			
Provider Inquiries	72.0	13.4	14.6
Provider Outreach & Education	70.6	19.1	10.3
Claims Processing	77.2	13.1	9.8
Appeals	48.1	27.0	24.9
Provider Enrollment	71.1	14.6	14.2
Medical Review	74.5	13.8	11.7
Provider Audit & Reimbursement	80.4	17.0	2.6

Source: 2010 Medicare Contractor Provider Satisfaction Survey.

**Table V.5b. Satisfaction with Contractor Performance, by Business Function, by Contractor Type: Carrier, Part B MAC, DME MAC**

Business Function	Percent Satisfied	Percent Neither Satisfied nor Dissatisfied	Percent Dissatisfied
<b>Carriers</b>			
Provider Inquiries	67.0	18.7	14.3
Provider Outreach & Education	60.1	28.8	11.1
Claims Processing	77.5	13.2	9.3
Appeals	67.5	19.4	13.1
Provider Enrollment	61.8	15.9	22.3
Medical Review	64.9	24.9	10.2
Provider Audit & Reimbursement	-----	-----	-----
<b>Part B MACs</b>			
Provider Inquiries	60.4	18.6	21.0
Provider Outreach & Education	57.1	28.7	14.2
Claims Processing	72.0	15.4	12.6
Appeals	54.4	21.3	24.3
Provider Enrollment	47.8	16.4	35.8
Medical Review	54.4	22.6	23.0
Provider Audit & Reimbursement	-----	-----	-----
<b>DME MACs</b>			
Provider Inquiries	71.6	15.9	12.5
Provider Outreach & Education	66.1	24.8	9.1
Claims Processing	75.7	15.5	8.8
Appeals	61.8	25.1	13.0
Provider Enrollment	-----	-----	-----
Medical Review	62.0	20.4	17.6
Provider Audit & Reimbursement	-----	-----	-----

Source: 2010 Medicare Contractor Provider Satisfaction Survey.

## VI. PROCESS IMPROVEMENT

The survey questionnaire elicited provider satisfaction with specific elements of contractor services for each of the seven business functions. In relation to Provider Inquiries, for example, respondents were asked (1) how satisfied they were with how quickly they could reach a contractor representative by telephone, (2) whether they received correct information by telephone, (3) the consistency of written responses to questions, and so on. In total, there are over 60 such detailed questions regarding satisfaction with contractor performance across all business functions.

To identify activities with special potential for improving provider satisfaction (sometimes termed “key drivers”), we determined, within each of four contractor groups (FI/Part A MAC, Carrier/Part B MAC, RHHI, DME MAC), those specific elements of provider activity that were in the highest quartile<sup>6</sup> in terms of correlation with overall satisfaction. Among these, we identified those items in the lowest quartile of mean satisfaction. In this way, we isolated those survey items that (a) were most highly correlated with overall satisfaction and (b) were most poorly rated by providers. This process identified four items for FI/Part A MACs and RHHIs. Because sample sizes were sometimes much lower for DME MACs, carriers, and Part B MACs, only two items were identified for those contractor types. Results appear in Table VI.1.

It is crucial to bear in mind that activities identified in the table are not “most important” for provider satisfaction. Nor should activities that do not appear be considered unimportant. Rather, activities listed in the table may be considered the most important among those activities for which satisfaction is currently low. Moreover, in many cases, the correlations were only slightly higher or the mean values slightly lower than for items that do not appear in the table. While the listed elements meet the criteria specified by the methodology, they often do not stand out sharply in the data.

Eight items were identified by the above process; four of the eight were related to provider Inquiries. Of particular note is that one item was identified for all four contractor types: the ability to resolve problems without the need for multiple inquiries by the provider.

All of the activities identified as having special potential to improve provider satisfaction were located in four of the seven business functions: Provider Inquiries, Claims Processing, Audit & Reimbursement, and Appeals. While no clear elements divide those activities that appear in Table VI.1 from those that do not, clarity, responsiveness, and ease of information-flow between provider and contractor appear to play a significant role.

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<sup>6</sup> In descriptive statistics, a quartile is any of the three values which divide the sorted data set into four equal parts, so that each part represents one fourth of the sampled population.

**Table VI.1. Activities with Special Potential to Produce Increases in Provider Satisfaction**

Business Function	Activity
<b>Carrier/Part B MAC</b>	
Provider Inquiries	Ability to fully resolve problems without provider having to make multiple inquiries. (A1e) <sup>a</sup>
Appeals	Ability to return calls in reasonable time. (D2e)
<b>FI/Part A MAC</b>	
Provider Inquiries	Providing consistent written responses (A1c)
Provider Inquiries	Ability to fully resolve problems without provider having to make multiple inquiries. (A1e)
Claims Processing	Providing correct information in response to claims-based issues raised by provider. (C1g)
Appeals	Responsiveness, attentiveness, and availability during the process of first-level appeals. (D2c)
<b>RHHI</b>	
Provider Inquiries	Ability to fully resolve problems without provider having to make multiple inquiries. (A1e)
Provider Inquiries	Providing information through automated telephone system (IVR) that meets providers' needs. (A1f)
Provider Inquiries	Provides easy access to information through automated telephone system (IVR) (A1g)
Appeals	Ability to return calls in reasonable time. (D2e)
<b>DME MAC</b>	
Provider Inquiries	Ability to fully resolve problems without provider having to make multiple inquiries. (A1e)
Claims Processing	Promptly resolves claims-related issues. (C1e)

Source: 2010 Medicare Contractor Provider Satisfaction Survey.

<sup>a</sup> Parenthetical references denote 2010 MCPSS question numbers.