MEDICARE CONTRACTOR PROVIDER

SATISFACTION SURVEY

Medicare Contractor Provider Satisfaction Survey (MCPSS) Public Report 2011

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Medicare Contractor Provider Satisfaction Survey (MCPSS) Public Report

Final Report

July 29, 2011, Revised December 2011

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EXECUTIVE SUMMARY

The Medicare program engages contractors to ensure that health care services provided to beneficiaries are Medicare-covered services, that the services are reasonable and necessary, and that they are delivered by Medicare-participating providers. These contractors also pay providers under procedures established by law and subsequent regulation. Each year, CMS conducts a survey of Medicare fee-for-service (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 all types of Medicare providers, for example, hospitals, physicians, skilled nursing facilities, and laboratories, among others.

Principal findings from the 2011 MCPSS include the following:

- In 2011, the mean MCPSS score was 3.77 when based on overall satisfaction and 3.64 when based on satisfaction by business function, out of a maximum possible score of 5.0.
- Scores were tightly distributed in 2011. The highest score based on business function was 3.96. The lowest was 2.98. Among contractor types, mean business function scores were highest for Regional Home Health Intermediaries (RHHIs) (3.77) and lowest for Part B Medicare Administrative Contractors (MACs) (3.56).
- Nearly three-fourths (72 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.
- Satisfaction scores changed little between 2010 and 2011. The mean score among the eleven organizations representing 34 combinations of organization and contract types operating in 2011 fell by 0.02. Only 3 of the 34 combinations of organization and contract types experienced a change in score of more than 5 percent.
- Overall satisfaction with fiscal intermediaries (FIs), carriers, and RHHIs exceeded 75 percent; in each case, dissatisfaction was about 10 percent. Satisfaction with Part A and Durable Medical Equipment (DME) MACs was nearly as high at 74 percent. Satisfaction with Part B MACs was somewhat lower at 69 percent and dissatisfaction was higher at about 15 percent.
- Among survey respondents, satisfaction was highest for home health agencies and hospices (81 percent each). Federally Qualified Health Centers (FQHCs) and End-Stage Renal Disease (ESRD) providers expressed the highest rates of dissatisfaction (16 percent each).
- The Audit & Reimbursement and Claims Processing business functions were rated with highest rates of satisfaction, at 76 and 74 percent respectively. Lowest rates of satisfaction were expressed for Provider Enrollment (53 percent) and Appeals (60 percent). No contractor type appears to outperform others in terms of high provider satisfaction in all business functions. For example, satisfaction with Claims Processing was highest for carriers; satisfaction with Provider Enrollment was highest for Part A MACs.

- Satisfaction with Part B MACs tended to be lower than for other contractor types. Satisfaction with Part B MAC performance in Provider Enrollment was only 47 percent.

Respondents identified 13 elements of business-function performance as having special potential to increase provider satisfaction. These elements are discussed in Section VI. The 13 activities identified are not necessarily the most important for provider satisfaction overall; they should just be considered the most important among those activities for which satisfaction is currently low and thus they represent important opportunities for improvement in overall satisfaction. These activities are connected to five business functions: Provider Inquiries, Claims Processing, Appeals, Provider Enrollment, and Medical Review. The following three items—two related to appeals and one related to inquiries—appeared more than once in the list:

1. Ability to fully resolve problems without provider having to make multiple inquiries (Provider Inquiries)
2. Mechanisms offered for exchanging information about first-level appeals (Appeals)
3. After leaving a message, the average time before receiving a return call (Appeals)

I. INTRODUCTION

The Medicare program engages contractors to ensure that health care services provided to beneficiaries are Medicare-covered services, that the services are reasonable and necessary, and that they are delivered by Medicare-participating providers. These contractors also pay providers under procedures established by law and subsequent regulation. Each year, CMS conducts a survey of Medicare fee-for-service (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 all types of Medicare providers, for example, hospitals, physicians, skilled nursing facilities, and laboratories, among others.

The survey respondents are the providers (n = 16,028) that answered questions about the contractor that provides them Medicare support services. Eleven organizations act as contractors serving FFS providers that participate in Medicare. In this report, we show results for six contract service types performed by Medicare contractors:[1] fiscal intermediaries (FIs), Part A Medicare Administrative Contractors (Part A MACs), carriers, Part B Medicare Administrative Contractors (Part B MACs), Durable Medical Equipment Medicare Administrative Contractors (DME MACs), and regional home health intermediaries (RHHIs). Most of the 11 organizations act as contractors in more than one of the six categories. There were 34 combinations of organization and contractor type operating in 2011.

The survey asks about the provider's overall satisfaction with the services received from the contractor that serves them. It also asks about seven business functions that the contractor provides: Provider Inquiries, Provider Outreach and Education, Claims Processing, Appeals, Provider Enrollment, Medical Review, and Provider Audit and Reimbursement.

This public report summarizes results from the 2011 administration of the MCPSS. The report provides the following:

- An overview of provider satisfaction with contractor performance, both overall and by business function
- Satisfaction scores for all contractors, including comparisons to 2010 scores
- A summary of activities that may be regarded as sources of opportunity for improvement in contractor performance

Section II summarizes the methods used to conduct the 2011 MCPSS. Section III presents the analytic methods used to generate research results. Section IV presents satisfaction scores for each contractor based on the 2011 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

[1] Although we show six contractor types, each A/B MAC is a single contractor, divided for institutional providers (A MACs) and professional providers (B MACs).

business functions. This analysis identifies particular activities that might be linked to increased provider satisfaction.

II. SURVEY ADMINISTRATION

The 2011 MCPSS data were collected between January and May of 2011 by the Jackson Group (TJG), a subcontractor of SciMetrika. A sample of 31,452 Medicare providers was selected from all experienced Medicare providers served by the selected Medicare contractors. As in previous MCPSS administrations, an experienced provider was defined as one submitting 50 or more Medicare claims within the past 12 months.

In the 2011 MCPSS, the contractor samples included five FIs, eight carriers, seven Part A MACs, seven Part B MACs, three RHHIs, and four DME MACs. These contractor counts differ from 2010 and will change again in 2012 as the Centers for Medicare & Medicaid Services (CMS) contracting environment changes.

This survey was designed to take approximately 20 minutes; however, a reduction in time was shown by participants who took the survey by web or telephone. A shorter timeframe in completing the survey was also shown for some respondents as a result of skips in the questionnaire depending if the section was applicable to the services providers are offered by their contractor. For the web and telephone interviews using computer-assisted telephone interviewing (CATI), the survey skips were automated and the interview was customized based on the specific services that contractors provided. The paper version showed appropriate sections to skip based on how the providers answered preceding questions.

On December 10, 2010, TJG mailed a survey pre-notification letter that introduced the survey and encouraged participation by all sampled providers. The first survey mailing was on December 30, 2010. The survey cover letter included directions to take the survey online via the MCPSS website set up for this survey, along with a user ID and password unique to each provider invitation sent. A letter from the appropriate contractor was included in the survey packet, along with a postage-paid envelope for the return of a completed questionnaire on paper. The cover letters also offered two options for providers to contact TJG via email or the MCPSS Provider Helpline toll-free number.

On January 26, 2011, email invitations were sent to all email addresses available to TJG for providers that had not yet completed the survey. This invitation to take the online version of the survey (which was available in English and Spanish) was followed by weekly email reminders to all nonrespondents starting in February. The weekly reminder process remained in place until the final week of the survey when a "Final Reminder" version was sent announcing the survey close date as May 6, 2011. Thank you/reminder postcards were mailed to all valid provider addresses on February 4, 2011. A second questionnaire was mailed on March 18, 2011 to all nonrespondents with a known valid address. By early April, TJG interviewers placed telephone calls to nonrespondents and encouraged them to respond via web, mail, or telephone; the interviewers also offered a fax option if requested by the provider. Overall, 46.0 percent of the responses were returned via mail (on paper), 44.2 percent were completed on the web,

4.5 percent were submitted by fax, and 5.4 percent were completed by telephone. This report is based on a total of 16,028 questionnaires returned by providers.[2]

[2] See the Analytical Supplement for an explanation of what questionnaires were considered complete and, thus, included in the analyses.

III. ANALYSIS

A. Frequency Distributions

Results are presented in the form of frequency distributions, as these are a readily accessible means of summarizing providers' assessments of contractors' 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 respondents 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.

Weighted frequencies[3] were computed to arrive at estimates of population proportions accounting for stratification and clustering of the survey sample.[4]

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 responses to different survey questions.

The first method, the Overall Satisfaction Score, computes the contractor's score as the weighted mean of all responses to the survey question asking providers they serve to rate their overall satisfaction with contractor performance. This score must lie between 1 and 5 for each contractor and is based on the subset of providers that use that contractor.

The second method, the Business Function Satisfaction Score, is computed in two steps. First, the mean of the ratings for satisfaction with each of the seven business functions is computed for each provider that responded.[5] 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.

To assess changes in satisfaction between 2010 and 2011 each contractor's business-function score was compared with its value in the previous year. We tested the null hypothesis that the two scores were identical using a standard t-test. Approximate standard errors were

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[3] A sample is weighted to make the responses more representative of the target population by adjusting for nonresponse and sample design. Weights were computed as the reciprocal of the probability of selection into the analytic sample multiplied by the inverse of the likelihood to respond. Thus respondents who represent a larger share of the provider population received higher weights than respondents who represent a smaller share.

[4] All calculations were performed using the SURVEYFREQ procedure in SAS, version 9.1.3.

[5] 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.

calculated using a Taylor-series expansion because of the stratification and clustering employed in the survey design.

A well-known problem associated with conducting multiple statistical tests is that the probability that one or more of the differences will be inappropriately found to be significant is larger than the standard significance value of 0.05. Therefore, because 34 sets of scores are being tested, the statistical tests shown in Section IV of this report employ the Bonferroni correction for multiple tests.

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 could 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 in Section VI of the report.

IV. SCORING CONTRACTOR PERFORMANCE

The Medicare program contracted with 11 organizations to provide Medicare FFS claims administration and operational functions. Some of these organizations operated as two or more contractor types. There were 34 combinations of organization and contractor type operating in 2011.

A. 2011 Contractor Scores

As noted in Section III, scores were computed in two separate ways for each contractor. Scores by contractor and contractor type are shown in Table IV.1. The column titled "Score–Overall Satisfaction" reports weighted scores computed from a single measure, the respondent's overall satisfaction with contractor performance. The column titled "Score–Business Function Satisfaction" reports scores computed as the weighted 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
Average for All Contractors	**3.77**	**3.64**
FI	**3.85**	**3.73**
Pinnacle Business Solutions	3.78	3.70
National Government Services	3.73	3.63
Palmetto Government Benefits Administrators	3.76	3.60
Wisconsin Physicians Service Insurance Corp.	4.00	3.85
Noridian Administrative Services	3.99	3.90
Part A MAC	**3.70**	**3.59**
Noridian Administrative Services	4.10	3.96
TrailBlazer Health Enterprises, LLC	3.87	3.71
Wisconsin Physicians Service Insurance Corp.	3.84	3.64
Palmetto Government Benefits Administrators	2.79	2.98
First Coast Service Options Inc.	3.59	3.40
National Government Services	3.76	3.66
Highmark Medicare Services	3.93	3.76
Carrier	**3.78**	**3.63**
Pinnacle Business Solutions	3.79	3.66
TrailBlazer Health Enterprises, LLC	3.72	3.49
Cahaba Government Benefits Administrators	3.75	3.61
National Government Services	3.66	3.54
Palmetto Government Benefits Administrators	3.87	3.70
CGS Administrators	3.82	3.66
Wisconsin Physicians Service Insurance Corp.	3.90	3.77
Noridian Administrative Services	3.71	3.60
Part B MAC	**3.70**	**3.56**
Noridian Administrative Services	3.77	3.63
TrailBlazer Health Enterprises, LLC	3.73	3.53
Wisconsin Physicians Service Insurance Corp.	3.92	3.84
Palmetto Government Benefits Administrators	3.37	3.30
First Coast Service Options Inc.	3.64	3.57
National Government Services	3.63	3.46
Highmark Medicare Services	3.83	3.62

Table IV.1 *(continued)*

	Score–Overall Satisfaction	Score–Business Function Satisfaction
DME MAC	**3.76**	**3.66**
NHIC, Corp.	3.83	3.75
National Government Services	3.73	3.65
CGS Administrators	3.78	3.65
Noridian Administrative Services	3.71	3.59
RHHI	**3.95**	**3.77**
Cahaba Government Benefits Administrators	4.15	3.90
National Government Services (formerly UGS)	3.83	3.70
Palmetto Government Benefits Administrators	3.87	3.72

Source: 2011 Medicare Contractor Provider Satisfaction Survey.

Note: Contractor scores are weighted as described in Section III.B. Overall averages and averages by contractor type are the simple unweighted means of scores across contractors. See Analytical Supplement for the formula for these.

FI = fiscal intermediary; Part A MAC = Part A Medicare Administrative Contractor; Part B MAC = Part B Medicare Administrative Contractor; DME MAC = Durable Medical Equipment Medicare Administrative Contractor; RHHI = regional home health intermediary.

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.2 in Section V.

Table IV.2 displays mean scores for each business-function component as reported by all providers and also disaggregated by provider type. Across provider types, claims processing most frequently receives the highest score.

B. Trends in Business-Function Scores

To assess changes in satisfaction between the time of the 2010 and the 2011 surveys, we compared the business-function scores (weighted means) for each provider type in the two years. Table IV.3 shows the difference in scores for each contractor between the two years, the percentage difference, and the t-value for the difference.[6] The mean score computed across all 34 combinations of organization and contract type was nearly identical in the two years, falling by just 0.02 (less than 1 percent) between 2010 and 2011.

We computed t-statistics to assess the significance of differences in scores for each of the 34 combinations of organization and contractor type as shown in Table IV.3. Only three of the 34 combinations—Noridian Administrative Services Part A MAC, Palmetto Government Benefits Administrators Part A MAC, and Cahaba Government Benefits Administrators—

[6] The difference is computed as the 2011 score minus the 2010 score, while the score change is the difference divided by the 2010 score. Apparent discrepancies between results reported in this table versus calculating differences using Table IV.1 in the 2010 and 2011 reports are due to rounding.

exhibited a statistically significant change after Bonferroni adjustment to individual significance levels. These three are indicated in Table IV.3 with the * symbol.

Table IV.2. Business Function Component Scores by Provider Type, 2011

Provider Type	Provider Inquiries	Provider Outreach and Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit and Reimbursement
Overall Mean	3.51	3.54	3.81	3.46	3.24	3.45	3.82
Ambulance	3.57	3.51	3.83	3.59	3.16	3.63	NA
Laboratory	3.69	3.70	4.01	3.73	3.58	4.01	NA
Licensed Practitioner	3.54	3.46	3.82	3.35	3.19	3.30	NA
Other - Carrier/B MAC	3.39	3.50	3.65	3.22	3.22	3.31	NA
Physician - Carrier/B MAC	3.47	3.54	3.82	3.47	3.16	3.43	NA
Other – DME MAC	3.65	3.70	3.75	3.41	NA	3.28	NA
Physician – DME MAC	3.75	3.55	3.93	3.62	NA	3.49	NA
Supplier	3.69	3.65	3.82	3.39	NA	3.22	NA
ESRD Provider	3.19	3.03	3.37	3.13	4.38	3.94	3.77
Federally Qualified Health Center	3.46	3.44	3.61	3.78	3.26	3.70	3.71
Hospital	3.58	3.64	3.74	3.60	3.53	3.69	3.74
Other - FI/A MAC	3.56	3.44	3.70	3.27	3.36	3.42	3.60
Rural Health Clinic	3.69	3.65	3.84	3.74	3.19	3.64	3.79
Skilled Nursing Facility	3.68	3.72	3.82	3.61	3.65	3.51	3.90
Home Health Agency	3.70	3.69	3.91	3.41	3.63	3.49	3.88
Hospice	3.58	3.74	3.77	3.43	3.56	3.59	3.82

Source: 2011 Medicare Contractor Provider Satisfaction Survey.

FI = fiscal intermediary; A MAC = Part A Medicare Administrative Contractor; B MAC = Part B Medicare Administrative Contractor; DME MAC = Durable Medical Equipment Medicare Administrative Contractor; ESRD = End Stage Renal Disease.

Table IV.3. Change in Contractor Business Function Scores, 2010 to 2011

	Score Change	Percentage Score Change	t Value
Average for All Contractors	**-0.02**	**-0.5**	
FI			
Pinnacle Business Solutions	-0.12	-3.1	-2.06
National Government Services	0.01	0.2	0.20
Palmetto Government Benefits Administrators	0.11	3.1	2.36
Wisconsin Physicians Service Insurance Corp.	0.04	1.1	0.92
Noridian Administrative Services	-0.03	-0.7	-0.73
Part A MAC			
Noridian Administrative Services	***0.16***	***4.3***	***4.31****
TrailBlazer Health Enterprises, LLC	-0.08	-2.1	-2.40
Wisconsin Physicians Service Insurance Corp	-0.05	-1.3	-1.12
Palmetto Government Benefits Administrators	***-0.62***	***-17.2***	***-13.61****
First Coast Service Options Inc.	-0.18	-5.1	-2.98
National Government Services	-0.01	-0.3	-0.20
Highmark Medicare Services	0.03	0.8	0.67
Carrier			
Pinnacle Business Solutions	-0.06	-1.6	-0.84
TrailBlazer Health Enterprises, LLC	-0.02	-0.6	-0.32
Cahaba Government Benefits Administrators	***0.22***	***6.6***	***3.56****
National Government Services	-0.02	-0.5	-0.25
Palmetto Government Benefits Administrators	-0.06	-1.5	-0.95
CGS Administrators	0.14	4.0	2.35
Wisconsin Physicians Service Insurance Corp.	-0.03	-0.6	-0.59
Noridian Administrative Services	-0.08	-2.2	-1.31
Part B MAC			
Noridian Administrative Services	-0.04	-1.1	-0.61
TrailBlazer Health Enterprises, LLC	0.04	1.1	0.57
Wisconsin Physicians Service Insurance Corp	0.11	2.8	1.93
Palmetto Government Benefits Administrators	0.14	4.5	1.85
First Coast Service Options Inc.	0.01	0.4	0.22
National Government Services	0.10	3.1	1.42
Highmark Medicare Services	-0.08	-2.1	-1.31
DME MAC			
NHIC, Corp.	0.09	2.5	1.59
National Government Services	-0.05	-1.2	-0.83
CGS Administrators	-0.05	-1.5	-0.97
Noridian Administrative Services	-0.05	-1.4	-0.92
RHHI			
Cahaba Government Benefits Administrators	-0.15	-3.7	-3.21
National Government Services (formerly UGS)	-0.15	-4.0	-3.21
Palmetto Government Benefits Administrators	0.05	1.3	0.95

Source: 2010 and 2011 Medicare Contractor Provider Satisfaction Survey.

Note: * indicates that score differences between 2010 and 2011 are statistically significant after Bonferroni correction for multiple comparisons. Significance at the 0.05 level is achieved if the absolute value of the t-statistic exceeds 3.27.

FI = fiscal intermediary; Part A MAC = Part A Medicare Administrative Contractor; Part B MAC = Part B Medicare Administrative Contractor; DME MAC = Durable Medical Equipment Medicare Administrative Contractor; RHHI = regional home health intermediary.

Table IV.4 summarizes the distribution of score changes, computed as the 2011 value minus the 2010 value. The table makes clear how closely the 2011 scores resembled those from one year earlier. Of the 34 combinations of organization and contractor types, 23 had scores within 0.10 of their 2010 value. In relative terms, as Table IV.3 shows, the difference in scores between 2010 and 2011 exceeded 5 percent for only three contractors.[7] Only one contractor (Palmetto Government Benefits Administrators Part A MAC) experienced a change of more than 10 percent.

Table IV.4. Distribution of Change in Scores: 2010 to 2011

	Number of Contractors	Percent of Contractors
Score decreased by more than 10 percent	1	2.9
Score decreased by between 5 and 10 percent	1	2.9
Score within ± 5 percent	31	91.2
Score increased by between 5 and 10 percent	1	2.9
Score increased by more than 10 percent	0	0

Source: 2010 and 2011 Medicare Contractor Provider Satisfaction Survey.

[7] While Table IV.4 identifies a change of score greater or less than a 5% change, only two of these three are significant, as noted in Table IV.3.

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V. RESULTS AND DISCUSSION

This chapter describes provider satisfaction with the performance of Medicare contractors as measured by responses to the 2011 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 12 months before the survey.[8] Responses are strongly skewed, with about 73 percent of providers stating they were satisfied or very satisfied and about 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	Weighted Percentage
Very satisfied	18.02
Satisfied	54.48
Neither satisfied nor dissatisfied	14.87
Dissatisfied	7.51
Very dissatisfied	5.13
Total	**100.00**
Number don't know/missing[a]	455
Unweighted n[b]	15,573

Source: 2011 Medicare Contractor Provider Satisfaction Survey.

[a] Includes those who responded don't know or who left the item blank.

[b] Unweighted n refers to the total number of item 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 for all contractor types. In every case, the most frequent response was satisfied. The second-most frequent response was very satisfied, and the least frequent was very dissatisfied. The distribution of responses for FIs, carriers, and RHHIs is nearly identical, with over three-fourths of providers saying they were satisfied or very satisfied and about 10 percent saying they were dissatisfied or very dissatisfied.

Provider satisfaction with Part B MACs was generally lower than for other contractor types, with 69 percent expressing satisfaction, and about 15 percent expressing dissatisfaction.

[8] Overall satisfaction is measured by responses to the following 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?"

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

Provider Response	FI	Part A MAC	Carrier	Part B MAC	RHHI	DME MAC
Very satisfied	18.2	14.9	20.5	16.7	23.1	17.6
Satisfied	60.1	59.2	55.5	52.6	58.1	56.4
Neither satisfied nor dissatisfied	11.6	12.3	13.9	16.3	9.7	15.9
Dissatisfied	6.1	10.2	5.7	8.6	5.3	5.7
Very dissatisfied	3.9	3.5	4.4	5.9	3.7	4.3
Total	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**
Number don't know/missing[a]	64	64	153	110	10	54
Unweighted n[b]	2,416	4,079	3,253	3,051	1,200	1,574

Source: 2011 Medicare Contractor Provider Satisfaction Survey.

[a] Includes those who responded don't know or who left the item blank.

[b] Unweighted n refers to the total number of item respondents. All percentages are weighted.

FI = fiscal intermediary; Part A MAC = Part A Medicare Administrative Contractor; Part B MAC = Part B Medicare Administrative Contractor; RHHI = regional home health intermediary; DME MAC = Durable Medical Equipment Medicare Administrative Contractor.

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 through V.5 in order to improve readability of the tables.

Home health agencies and hospices expressed the highest rates of satisfaction and the lowest rates of dissatisfaction among all provider types. Rates of dissatisfaction were highest among Federally Qualified Health Centers and ESRD providers at about 15 percent.

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

Provider Type	Percentage Satisfied	Percentage Neither Satisfied nor Dissatisfied	Percentage Dissatisfied	Unweighted n
Ambulance	75.5	11.0	13.4	375
Laboratory	77.6	10.6	11.8	286
Licensed Practitioner	72.1	13.6	14.3	1,756
Other - Carrier/B MAC	68.5	16.3	15.2	411
Physician - Carrier/B MAC	71.0	16.6	12.3	3,476
Other – DME MAC	73.5	17.8	8.8	877
Physician – DME MAC	79.2	13.5	7.3	170
Supplier	72.9	13.9	13.2	527
ESRD Provider	72.9	11.4	15.7	2,424
Federally Qualified Health Center	72.4	12.0	15.6	178
Hospital	77.4	10.8	11.8	1,173
Other - FI/A MAC	75.1	11.7	13.2	360

Table V.3 *(continued)*

Provider Type	Percentage Satisfied	Percentage Neither Satisfied nor Dissatisfied	Percentage Dissatisfied	Unweighted n
Rural Health Clinic	76.9	12.6	10.5	449
Skilled Nursing Facility	77.9	12.4	9.7	1,911
Home Health Agency	81.4	9.1	9.5	795
Hospice	80.7	11.4	7.9	405

Source: 2011 Medicare Contractor Provider Satisfaction Survey.

Notes: “Other” includes smaller categories of providers supported by A MAC, B MAC, and DME MAC contractors.

“Unweighted n” represents the simple count of item respondents by provider type.

FI = fiscal intermediary; A MAC = Part A Medicare Administrative Contractor; B MAC = Part B Medicare Administrative Contractor; DME MAC = Durable Medical Equipment Medicare Administrative Contractor; ESRD = End Stage Renal Disease.

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. Although 73 percent of providers expressed overall satisfaction (Table V.1), their satisfaction with individual business functions exceeded that 73 percent threshold in only two cases—Claims Processing and Audit & Reimbursement. Satisfaction with Provider Enrollment was at the low end of the range at 53 percent.

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

Business Function	Percentage Satisfied	Percentage Neither Satisfied nor Dissatisfied	Percentage Dissatisfied
Provider Inquiries	63.6	18.6	17.8
Provider Outreach & Education	60.5	28.3	11.2
Claims Processing	74.2	15.5	10.3
Appeals	60.2	22.4	17.3
Provider Enrollment	52.7	18.9	28.4
Medical Review	61.1	21.5	17.4
Provider Audit & Reimbursement	75.7	20.2	4.1

Source: 2011 Medicare Contractor Provider Satisfaction Survey.

Tables V.5 show provider satisfaction by business function for each of the six contractor types. 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.

Table V.5 Satisfaction with Contractor Performance, by Business Function, by Contractor Type

Business Function	Percentage Satisfied	Percentage Neither Satisfied nor Dissatisfied	Percentage Dissatisfied
FI			
Provider Inquiries	69.1	18.1	12.8
Provider Outreach & Education	66.0	24.6	9.4
Claims Processing	75.2	17.1	7.7
Appeals	68.7	19.8	11.5
Provider Enrollment	68.1	14.6	17.3
Medical Review	69.4	20.7	10.0
Provider Audit & Reimbursement	72.7	21.9	5.3
Part A MAC			
Provider Inquiries	62.4	20.1	17.6
Provider Outreach & Education	59.6	27.3	13.2
Claims Processing	70.4	16.2	13.5
Appeals	57.8	31.3	10.9
Provider Enrollment	71.6	15.2	13.2
Medical Review	67.9	18.8	13.4
Provider Audit & Reimbursement	80.8	15.2	3.9
RHHI			
Provider Inquiries	69.5	16.2	14.4
Provider Outreach & Education	71.2	17.9	10.9
Claims Processing	76.1	16.4	7.5
Appeals	59.7	20.7	19.6
Provider Enrollment	70.5	15.5	14.0
Medical Review	64.3	19.8	16.0
Provider Audit & Reimbursement	73.8	23.6	2.6

Table V.5 *(continued)*

Business Function	Percentage Satisfied	Percentage Neither Satisfied nor Dissatisfied	Percentage Dissatisfied
Carriers			
Provider Inquiries	67.0	18.5	14.6
Provider Outreach & Education	59.9	28.7	11.4
Claims Processing	77.5	13.7	8.8
Appeals	63.3	22.4	14.3
Provider Enrollment	56.9	19.2	23.9
Medical Review	66.8	19.2	14.0
Provider Audit & Reimbursement	NA	NA	NA
Part B MACs			
Provider Inquiries	60.6	18.9	20.4
Provider Outreach & Education	58.5	30.0	11.5
Claims Processing	72.7	16.0	11.3
Appeals	58.6	21.8	19.6
Provider Enrollment	47.0	19.6	33.4
Medical Review	56.3	23.0	20.7
Provider Audit & Reimbursement	NA	NA	NA
DME MACs			
Provider Inquiries	70.3	17.5	12.2
Provider Outreach & Education	67.1	26.1	6.8
Claims Processing	73.9	17.3	8.8
Appeals	58.1	23.3	18.6
Provider Enrollment	NA	NA	NA
Medical Review	51.5	25.6	22.9
Provider Audit & Reimbursement	NA	NA	NA

Source: 2011 Medicare Contractor Provider Satisfaction Survey.

FI = fiscal intermediary; Part A MAC = Part A Medicare Administrative Contractor; RHHI = regional home health intermediary; Part B MAC = Part B Medicare Administrative Contractor; DME MAC = durable medical equipment Medicare Administrative Contractor.

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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 a number of other questions about their satisfaction with specific aspects of provider performance in that business function. In total, more than 60 such detailed questions regarding satisfaction with contractor performance were asked across all business functions.

To identify activities with special potential for improving provider satisfaction, we determined, within each of four contractor groups (FI/Part A MAC, Carrier/Part B MAC, RHHI, and DME MAC), those specific elements of provider activity that were in the highest quartile[9] 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 (1) were most highly correlated with overall satisfaction and (2) were most poorly rated by providers. This process identified four items for each of the four contractor groups. Results appear in Table VI.1. As shown in the table, five of the items are repeats from last year and the rest are new. All of the items for DME MACs and most of the items for RHHI and Carrier/Part B MAC are new this year.

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 can be considered the most important among those activities for which satisfaction is currently low and, thus, they represent important opportunities for improvement in overall satisfaction. 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. Although the listed elements meet the criteria specified by the methodology, they often do not stand out sharply in the data.

The items identified by the process described here included elements from five of the seven business functions. (No items from audit and reimbursement or from outreach and education are included.) Of the 16 items, only three—two related to appeals and one related to inquiries—appeared more than once.

The procedure used here identified clear differences across contractors in the activities that can be considered possible sources of process improvement. Issues related to appeals were of particular importance for RHHIs and issues related to medical review were of special importance to DME MACs.

[9] In descriptive statistics, a quartile is any of the three values that 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
Carrier/Part B MAC	
Provider Inquiries	Ability to fully resolve problems without provider having to make multiple inquiries (A1e)[a] [2010][b]
Provider Enrollment	Consistency of responses or decisions (E2b) [New]
Appeals	After leaving a message, the average time before receiving a return call (D2e) [New]
Appeals	Mechanisms offered for exchanging information about first-level appeals (D2b) [New]
FI/Part A MAC	
Provider Inquiries	Providing consistent written responses (A1c) [2010]
Provider Inquiries	Ability to fully resolve problems without provider having to make multiple inquiries (A1e) [2010]
Claims Processing	Promptness in resolving claims-related issues raised by provider (C1e) [New]
Claims Processing	Correctness of information provided in response to claims-related issues (C1g) [2010]
RHHI	
Appeals	After leaving a message, the average time before receiving a return call (D2e) [2010]
Appeals	Mechanisms offered for exchanging information about first-level appeals (D2b) [New]
Appeals	Average telephone hold time before talking to a person (D2d) [New]
Appeals	Responsiveness, attentiveness, and availability during the process of first-level appeals (D2c) [New]
DME MAC	
Medical Review	Effort to make things as easy as possible for your medical review (F2f) [New]
Medical Review	Follow-through provided after medical review decisions (F2d) [New]
Medical Review	Consistency of medical review decisions and answers to questions (F2g) [New]
Medical Review	Clarity of explanations of medical review decisions (F2b) [New]

Source: 2011 Medicare Contractor Provider Satisfaction Survey.

[a] Parenthetical references denote 2011 MCPSS question numbers.

[b] Bracketed references denote whether the activity was identified in the 2010 analysis or is new in 2011.

Part B MAC = Part B Medicare Administrative Contractor; FI = fiscal intermediary; Part A MAC = Part A Medicare Administrative Contractor; RHHI = regional home health intermediary; DME MAC = Durable Medical Equipment Medicare Administrative Contractor.