



Medicare Contractor Provider Satisfaction Survey

A Report of the 2008 Survey Results

August 2008

Prepared for:

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

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WESTAT
AN EMPLOYEE-OWNED
RESEARCH CORPORATION

MCPSS - 2008 Administration A Report of the 2008 Survey Results

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY MCPSS 2008

EXECUTIVE SUMMARY

The Centers for Medicare & Medicaid Services (CMS) is responsible for the administration of the Medicare program. One of the CMS' goals is to protect and improve beneficiary health and satisfaction. To achieve this goal, CMS examines the relationship between Medicare fee-for-service (FFS) Contractors and their Medicare providers (physicians, hospitals, home health agencies, etc). In 2008, these Contractors are comprised of 21 Fiscal Intermediaries (FIs), 1 of which is a Part A Medicare Administrative Contractor (MAC); 18 Carriers, 1 of which is a Part B MAC; 4 Regional Home Health Intermediaries (RHHIs); and 4 Durable Medical Equipment Medicare Administrative Contractors (DME MACs). These Contractor counts differ from 2007 and will fluctuate again in 2009 and 2010 due to changes in the CMS contracting environment.

One way to examine the Contractor and provider relationship is to understand satisfaction with Contractor performance from the provider's prospective. The Medicare Contractor Provider Satisfaction Survey (MCPSS) enables the CMS to gauge provider satisfaction with key services performed by the Contractors that process and pay the more than \$290 billion in Medicare claims each year.

The goals of the MCPSS are to:

1. Provide feedback from providers to Contractors so they may implement process improvement initiatives;
2. Establish a uniform measure of provider satisfaction with Contractor performance; and
3. Satisfy Medicare Modernization Act (2003) requirements to measure provider satisfaction levels.

The initiative, the Medicare Contractor Provider Satisfaction Survey, is administered on an annual basis.

The key findings from the 2008 survey are:

- The national average of the Contractor scores is 4.51.
- The MCPSS score is based on a 1 to 6 scale (with 1 representing “Not at all satisfied” and 6 representing “Completely satisfied”). Across all responding providers, 81 percent scored their Contractors between 4.0 and 6.0.
- Regional Home Health Intermediaries (RHHIs) received an average score of 4.68; Fiscal Intermediaries (FIs) and Part A Medicare Administrative Contractor (MAC) received an average score of 4.61; Durable Medical Equipment Medicare Administrative Contractors (DME MACs) received an average score of 4.41; and Carriers and Part B MAC received an average score of 4.35.
- The Claims Processing function received the highest scores among all Contractor types, while the Appeals function received the lowest scores.
- Of the provider types, Hospice providers report the highest level of satisfaction (4.74) and Physician DMEPOS Suppliers submitting DME claims report the lowest level of satisfaction (4.22).
- 82 percent of respondents would like to see more training and education material on Claims Processing.
- 77 percent of respondents would like to see more training and education material on the Appeals function.
- In general, Business Function “A” (i.e. Provider Inquiries) was the strongest predictor of satisfaction with coefficients in the 0.50 to 0.70 range. Business function “C” (i.e. Claims Processing) was the second strongest predictor of satisfaction with coefficients in the 0.09 to 0.30 range. This is a similar pattern to 2007, although in 2008 there is a further strengthening in the importance of Provider Inquiries and a slight weakening in importance of Claims Processing.
- Provider characteristics, such as provider time in Medicare or number of facilities, were generally not strong predictors of satisfaction.

Medicare Contractor Provider Satisfaction Survey (MCPSS) 2008

CHAPTER 1

INTRODUCTION

This report provides a summary of the 2008 survey results. The purpose of this report is to provide an overview of the 2008 scores across Contractor and provider types, as well as begin to document a survey trend for select Contractors.

Construct of the Report. This report starts with a summary of the 2008 survey methods (Chapter 2), to provide the reader with a context as well as a background about how the study was conducted. The summary is followed by an overview of the 2008 results (Chapter 3), presented by Contractor type, provider type, and business function. It also includes a summary of the Contractor scores. Chapter 4 provides a report card of the Contractor scores and, where applicable, trend comparisons. Finally, Chapter 5 provides a brief summary of the findings for process improvement.

CHAPTER 2

SUMMARY OF SURVEY METHODS

The 2008 administration of the MCPSS included surveys of providers who submitted claims or were otherwise served by all active Medicare Contractors. These Contractors comprise 21 Fiscal Intermediaries (FIs) of which 1 is a Part A Medicare Administrative Contractor (MAC), 18 Carriers of which 1 is a Part B MAC; 4 Regional Home Health Intermediaries (RHHIs); and 4 Durable Medical Equipment Medicare Administrative Contractors (DME MACs). These Contractor counts differ from 2007 and will fluctuate again in 2009 and 2010 due to changes in the CMS contracting environment. Contractors sampled in the 2008 MCPSS include:

Fiscal Intermediaries / Part A MAC

- BCBS of Georgia
- BCBS of Nebraska
- COSVI
- Cahaba GBA
- Chisholm Administrative Services
- First Coast Service Options
- Highmark Medicare Services
- National Government Services (formerly AHP NH)
- National Government Services (formerly AHS)
- National Government Services (formerly ASF)
- National Government Services (formerly Empire)
- National Government Services (formerly UGS)
- Noridian - Jurisdiction 3 MAC
- Noridian Administrative Services
- Palmetto GBA
- Pinnacle Business Solutions
- Riverbend GBA
- TrailBlazer
- TriSpan Health Services
- WPS Medicare (formerly Mutual of Omaha-Medicare)
- Wheatlands Administrative Services

Carriers / Part B MAC

- CIGNA Government Services
- Cahaba GBA
- First Coast Service Options
- GHI
- HealthNow New York
- Highmark Medicare Services
- NHIC
- National Government Services (formerly ASF)
- National Government Services (formerly Empire)
- Noridian - Jurisdiction 3 MAC
- Noridian Administrative Services
- Palmetto GBA
- Palmetto GBA RRB
- Pinnacle Business Solutions
- Trailblazer
- Triple S, Inc.
- Wheatlands Administrative Services
- Wisconsin Physicians Service

RHHI Contractors

- Cahaba GBA
- National Government Services (formerly AHS)
- National Government Services (formerly UGS)
- Palmetto GBA

DME MACs

- CIGNA
- NHIC
- National Government Services
- Noridian

Of the 1.2 million providers who render services to Medicare beneficiaries, a random sample of 35,886 Medicare providers was selected for the 2008 administration of the MCPSS.

Providers with Internet access received instructions to complete the survey over the Web. All providers, including those without Internet access, had the option to complete the survey over the telephone or request a paper copy of the survey instrument. Westat followed up by telephone with providers who did not complete either the Web survey or paper copy.

Regardless of the mode of data collection, all versions of the survey instrument contained the same 65 questions presented in the same order, and took approximately 22 minutes to complete. The survey instrument covered seven key areas of the interface between the providers and their Contractors as presented in Table 2-1:

Table 2-1: Seven key areas of service

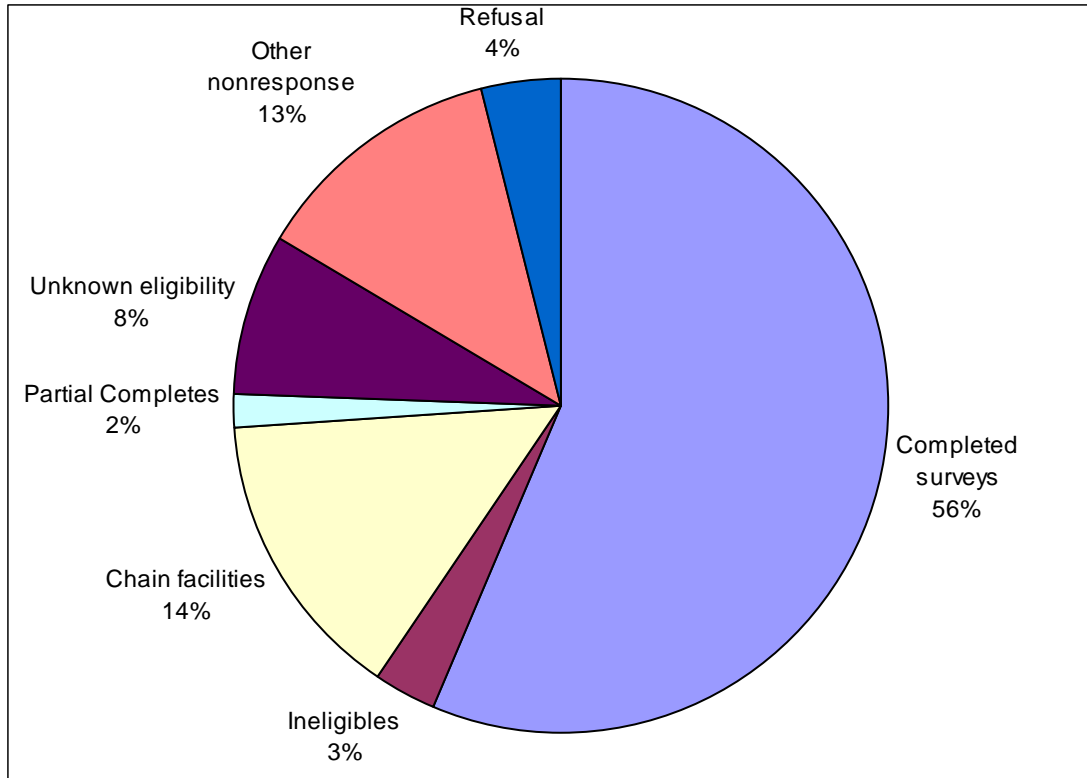
Provider Inquiries	Provider Outreach and Education
Claims Processing	Appeals
Provider Enrollment	Medical Review
Provider Audit and Reimbursement	

Not all service areas were relevant for all Contractors. The survey instruments were therefore designed to ask only about the relevant services rendered by the Contractor to its providers. In addition, providers were able to skip sections if the service was not applicable to them in the past 12 months.

Data collection for the 2008 administration started in late 2007 and ended on April 25, 2008. The 2008 administration yielded a final response rate of 69.6 percent.

Figure 2-1 presents the summary sample dispositions for the 2008 administration.

Figure 2-1: 2008 Administration MCPSS Summary Sample Disposition



Source: MCPSS Survey, Westat 2008.

Compared to other satisfaction surveys and surveys of providers, a 69.6 percent response rate is high. In 2008, a case was considered complete if three core items¹ were answered by the provider. This decision was based on analysis of the 2007 data which found that a provider’s overall satisfaction could be mostly predicted by three core items. This definition of a complete is new in 2008. In prior years completed surveys were defined as cases where the respondent provided a survey response to at least one item in section C “Claims Processing” and at least one item in any other survey section. Completed surveys account for 20,251 cases or 56 percent of the cases.

Partially completed surveys are cases where the provider answered some survey questions, but at least one of the three “core” questions was not answered; there were 577 partial cases, about 2 percent.

¹ Analysis conducted for CMS indicated that the “core” MCPSS questions are as follows: for Part B providers and providers submitting DME claims the core items are questions A5, A7 and C1; for Part A providers the core items are questions A4, A7 and C1; and for home health and hospice providers the core items are questions A3, A4 and C1.

The partially completed surveys are not included in the response rate calculation or in the final analytic file.

Ineligibles are cases (1,082 or 3 percent of the sample) where a respondent did not fit the eligibility criteria (e.g., provider has reportedly not submitted a Medicare claim in the past 12 months) or a respondent is out of scope of the study (e.g., the facility has closed or its contract terminated).

Chain facilities (5,163 or 14 percent of the sample) are cases where a respondent is affiliated with one or more facilities in the sample.

There were 4,535 other nonresponse cases (13 percent). These are cases known or assumed eligible for the survey, but a completed survey was not obtained. There were 2,919 cases (8 percent) where we were unable to communicate with the respondent due to language issues or a lack of viable contact information; for these cases the eligibility of the provider for the survey is unknown. Finally, 1,359 providers (4 percent) are cases where a respondent declined to participate (also known as refusals) in the study.

The response rate was calculated using the following equation:

$$\frac{\text{Completes}}{\text{Completes} + \text{Partial Completes} + \text{Other Nonresponse} + \text{Refusal} + ((\text{Unknown Eligibility}) * \text{Eligibility Rate})}$$

Where Eligibility Rate =

$$\frac{\text{Completes} + \text{Partial Completes} + \text{Other Nonresponse} + \text{Refusal}}{\text{Completes} + \text{Partial Completes} + \text{Other Nonresponse} + \text{Refusal} + \text{Ineligible} + \text{Chain Facilities}}$$

CHAPTER 3

OVERVIEW OF 2008 RESULTS

This chapter presents the summary results across all Contractors, described by Contractor type, individual Contractor, provider type, and business function.

The 2008 MCPSS survey included seven survey sections, each reflecting a different business area/function of the Contractors. The seven areas are:

- Provider Inquiries (Section A)
- Provider Outreach and Education (Section B)
- Claims Processing (Section C)
- Appeals (Section D)
- Provider Enrollment (Section E)
- Medical Review (Section F)
- Provider Audit & Reimbursement (Section G)

These seven key areas are not uniformly applicable across all Contractor types. For example, while sections A-G apply for FI/A MACs and RHHIs, section G is not applicable for Carriers/B MACs and DME MACs.

The questions in each section were presented on a scale of 1 to 6, where 1 was “Not At All Satisfied” and 6 was “Completely Satisfied.” The scores presented in this report are also presented on this same scale. In addition to the seven sections, the survey included one overall satisfaction item. This item is used primarily for analyzing correlations and predictors of satisfaction. It is not included in calculating the composite scores. The scores were computed for each Contractor at the Contractor level, as well as by each of the business functions and by the provider types the Contractor serves.

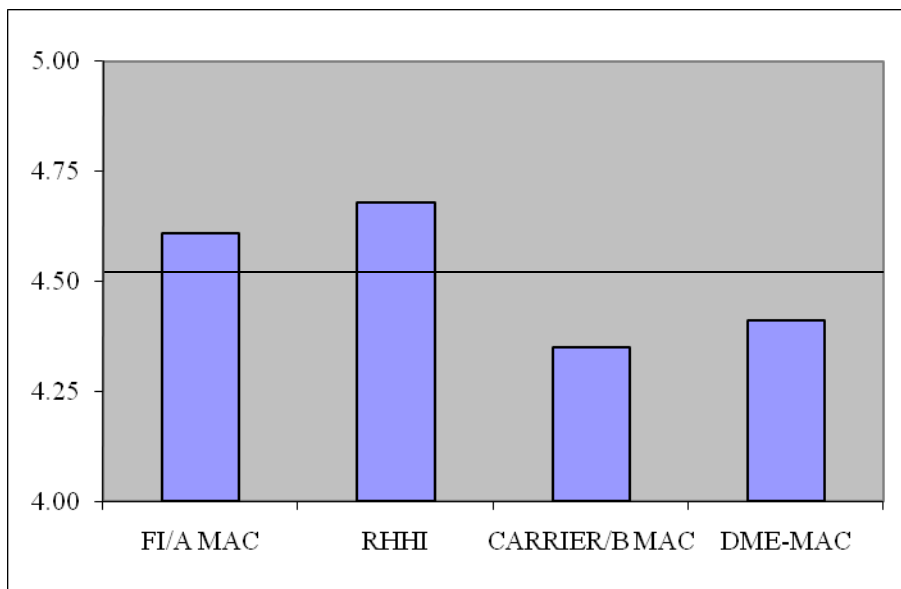
It is important to note that, since each of the Contractor types are different, all the analysis has been conducted within the four Contractor types-FI/A MACs, RHHIs, Carriers/B MACs, and DME MACs. However, in order to provide a national average, we have also provided the overall score across all Contractors, irrespective of type.

Overall Scores by Contractor Type

In reviewing the scores across all Contractor types, as shown in Figure 3-1, RHHIs have the highest scores compared to the other Contractor types. The chart shows the average Contractor type score. The average score bar reflects the score based on responses to all applicable sections of the survey.

The horizontal line represents the national average of all Contractors (4.51). As shown in the chart, the FI/A MAC and RHHI averages are above the national average (4.61 and 4.68 respectively), and the Carrier/B MAC and DME MAC averages are below (4.35 and 4.41, respectively).

Figure 3-1: Average Scores by Contractor Type



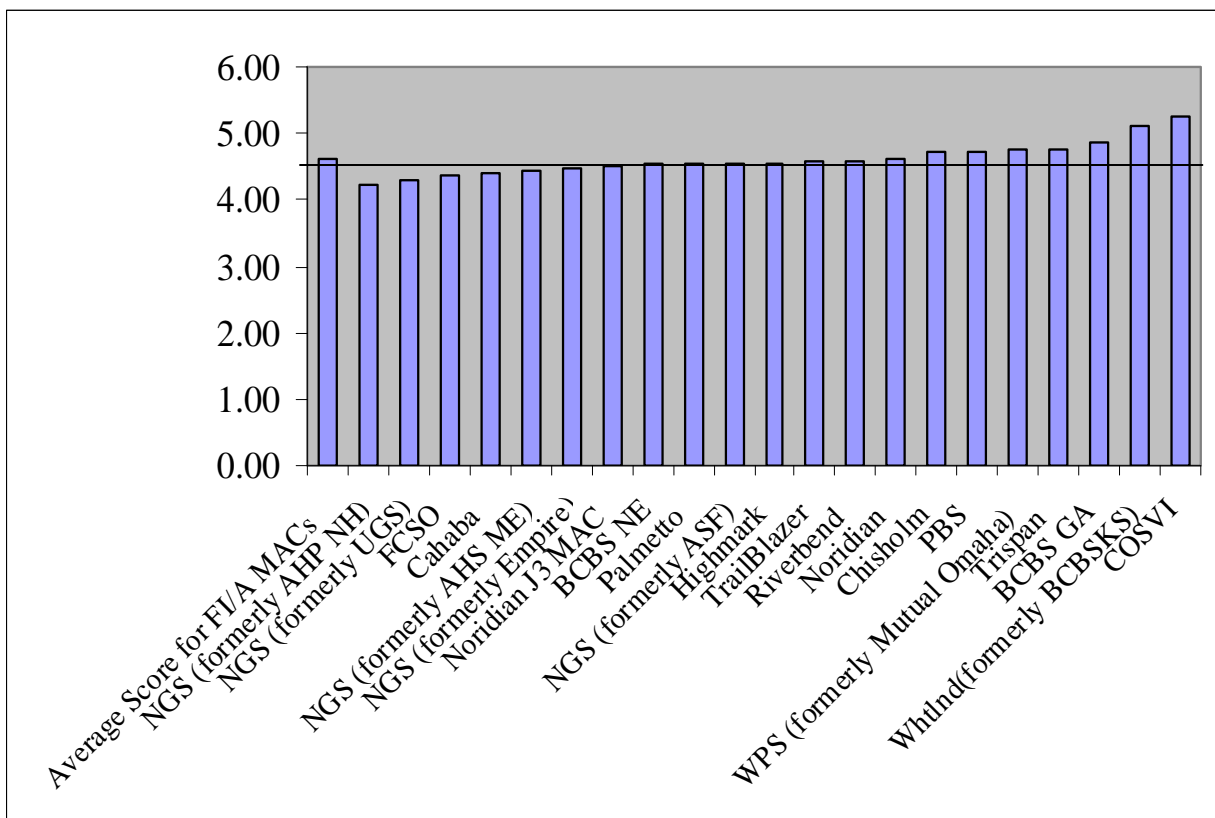
Source: MCPSS Survey, Westat 2008.

Contractor Scores

Figures 3-2 through 3-5 provide an overview of the Contractor scores. The graphs provide a comparison to the average within each contractor type, the first bar on the left, as well as the national average across all contractors (4.51), indicated by the horizontal line.

The overall scores for FI/A MAC Contractors (Figure 3-2) range from a low of 4.24 (NGS, formerly Anthem Health Plans of NH) to a high of 5.25 (COSVI); the high and low performers were the same in the 2007 administration of the MCPSS. The average score for FI/A MACs is 4.61 (shown as the first bar on the left in the Figure below). As shown by Figure 3-2, two-thirds of the FI/MAC Contractors scored higher than the national average.

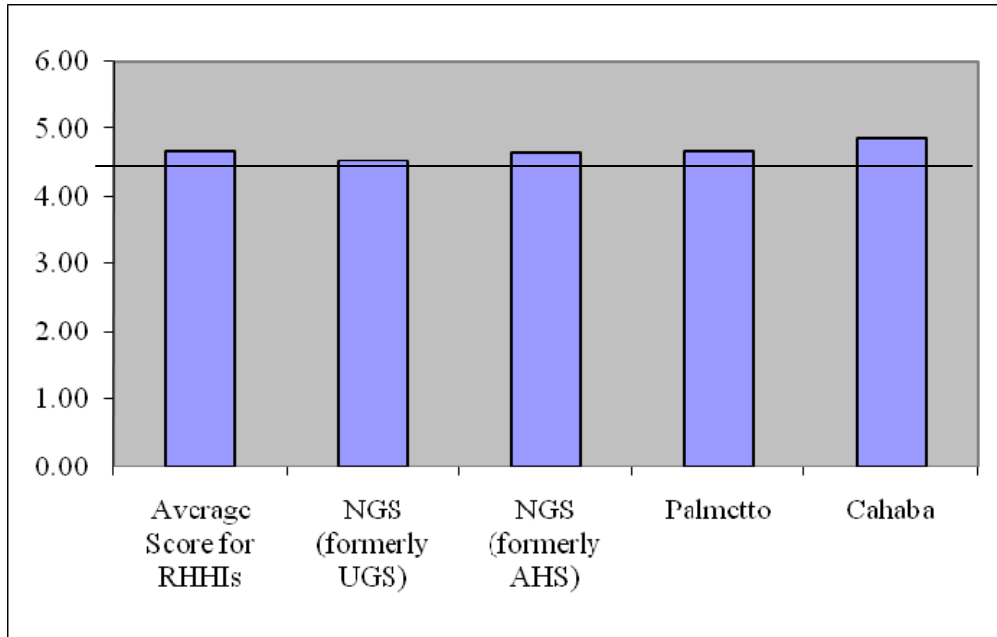
Figure 3-2: FI/A MAC Scores by Contractor



Source: MCPSS Survey, Westat 2008.

Since there are only four RHHIs (Figure 3-3), the range of overall scores for RHHI Contractors is small. The lowest overall score is 4.54 (NGS, formerly UGS) and the highest score is 4.86 (Cahaba); the average is 4.68. As in the previous two national administrations of the MCPSS, the RHHIs score high and all have scores above the national average (4.51).

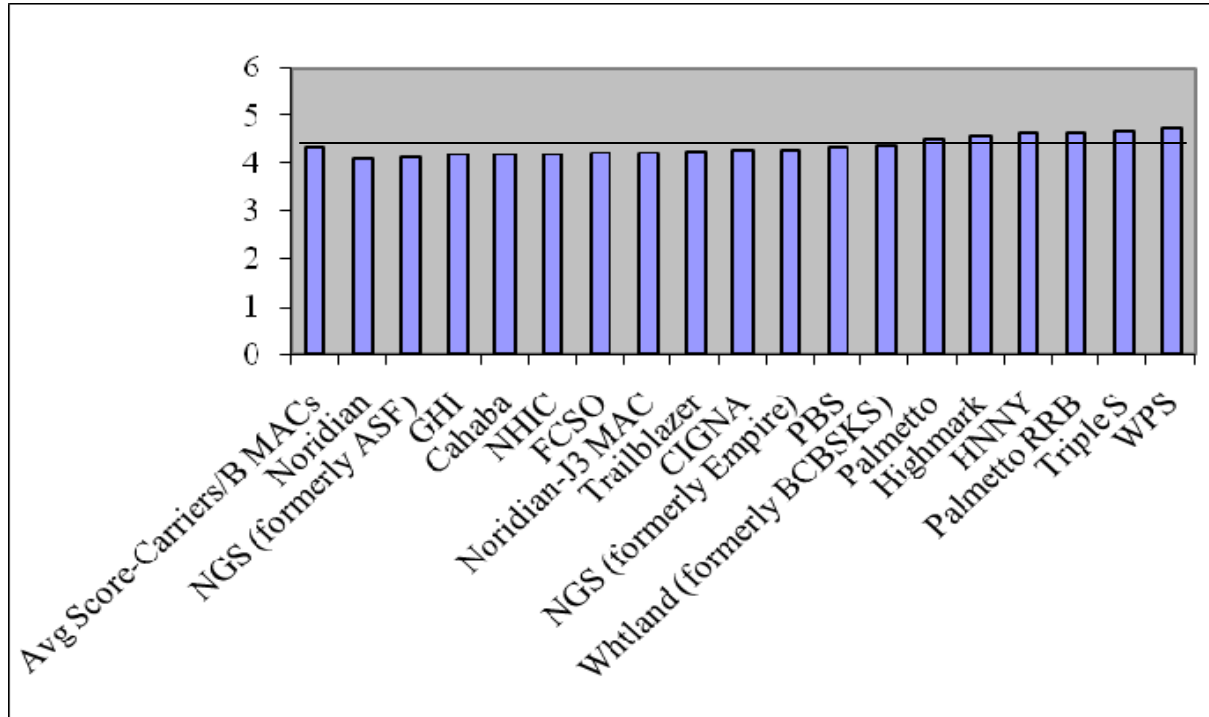
Figure 3-3: RHHI Scores by Contractor



Source: MCPSS Survey, Westat 2008.

The overall scores for Carrier/B MAC Contractors (Figure 3-4) range from a low of 4.08 (Noridian, outside of Jurisdiction 3) to a high of 4.75 (WPS), with the average of 4.35 (the first bar on the left).

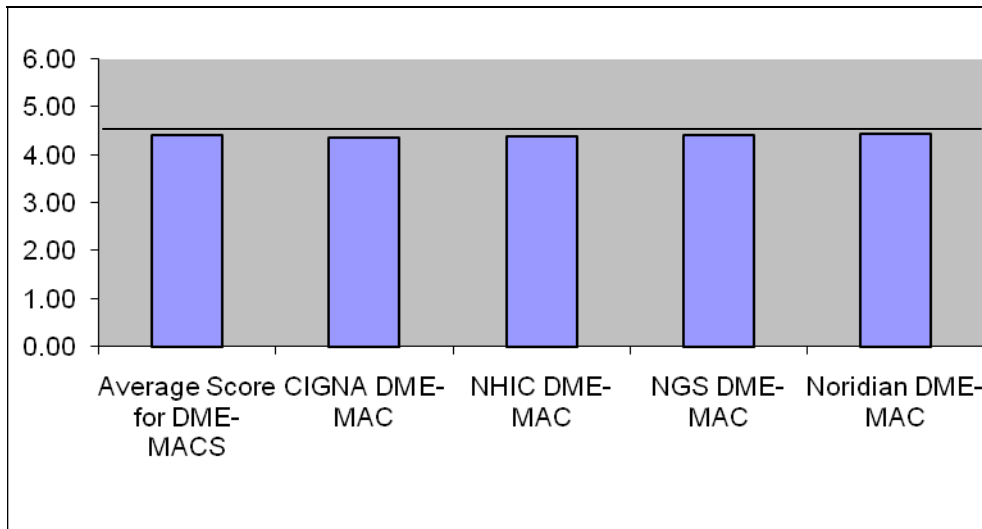
Figure 3-4: Carrier/B MAC Scores by Contractor



Source: MCPSS Survey, Westat 2008.

Similar to RHHIs, since there are only four DME MACs (Figure 3-5), the range of overall scores for DME MACs is very limited. The lowest overall score is 4.36 (CIGNA) and the highest score is 4.45 (Noridian); the average is 4.41. DME MACs tend to have lower scores than average; all four have scores below the national average (4.51).

Figure 3-5: DME MAC Scores by Contractor

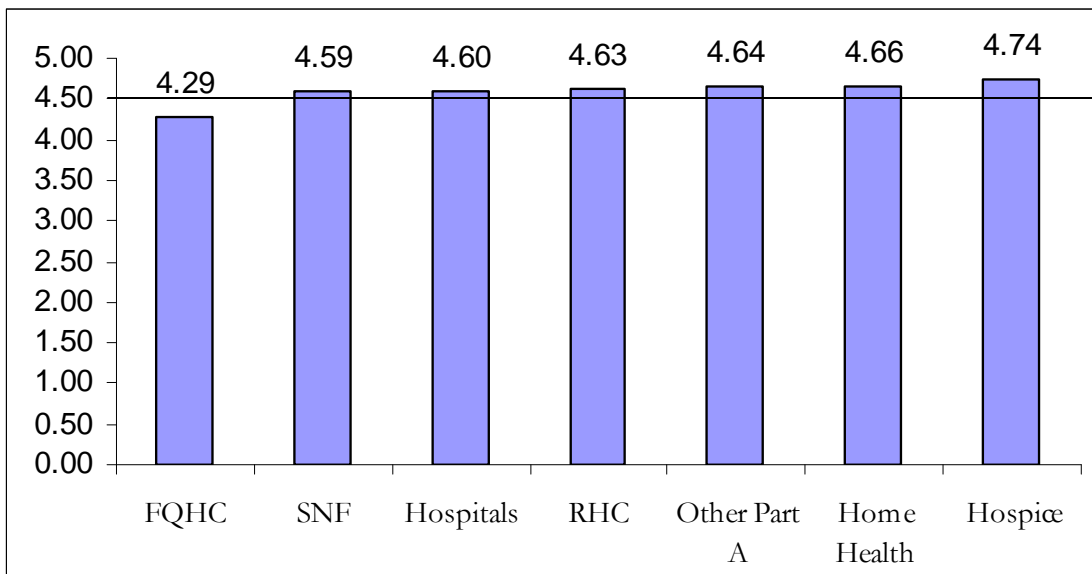


Source: MCPSS Survey, Westat 2008.

Overall Scores by Provider Type

While it is important to assess Contractor performance on the survey overall, it is also important to assess whether specific provider types have different experiences than others. As shown in Figure 3-6, among FI/A MAC and RHHIs, the Hospice providers had the highest satisfaction rating at 4.74. The horizontal bar at 4.51 represents the national average across all Contractor types. The Federally Qualified Health Center (FQHC) providers fall below the bar and had the lowest satisfaction rating at 4.29. All the other FI/A MAC provider types² report satisfaction levels above the national average (4.51).

Figure 3-6: FI/A MAC and RHHI Satisfaction by Provider Type



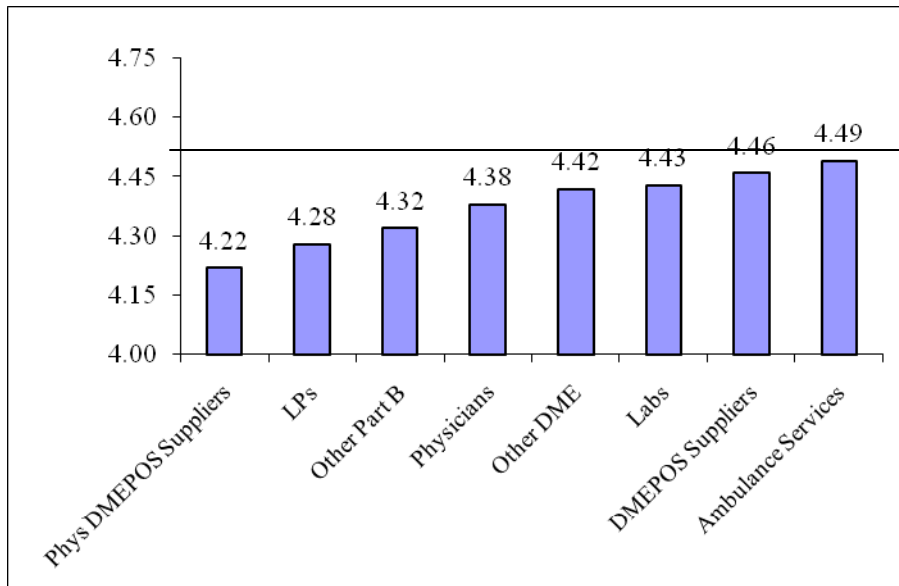
Source: MCPSS Survey, Westat 2008.

Note: There are fewer than 30 responding ESRDs; due to confidentiality concerns, the results are suppressed from the public report.

² Other Part A includes FI/A MAC Provider types that do not fit in the other categories, for example rehabilitation clinics, community mental health centers, and critical access hospitals

Figure 3-7 shows the scores for the provider types served by Carriers/B MAC and DME MACs. As shown in the chart, in 2008 Ambulance Service providers reported to highest satisfaction rating (4.49) closely followed by DME Suppliers (4.46), Labs (4.43) and the Other DME³ providers (4.42). In 2008, none of the Carrier/B MAC or DME provider groups exceeds the national average (4.51). Physician DMEPOS Supplier and Licensed Practitioner groups report the lowest satisfaction ratings (similar pattern to 2007), 4.22 and 4.28, respectively. The Other Part B⁴ group satisfaction rating was at 4.32.

Figure 3-7: Carrier/B MAC and DME MAC Satisfaction by Provider Type



Source: MCPSS Survey, Westat 2008.

³ Other DME includes DME provider types that do not fit in the other categories, for example Pharmacy/Department store, optician, prosthetic personnel

⁴ Other Part B includes Carrier/B MAC provider types that do not fit in the other categories, for example chiropractors, podiatrists, optometrist, etc.

Overall Scores by Business Function

While the overall level of satisfaction is important to CMS, it is also important to be able to assess whether there are differences across the various business functions that the Contractors are responsible for.

Table 3-1: Business Function Score by Contractor Type

Contractor Type	FI/A MAC	RHHI	Carrier/B MAC	DME MAC
Overall Score	4.61	4.68	4.35	4.41
Provider Inquiries	4.55	4.68	4.33	4.42
Provider Outreach & Education	4.59	4.74	4.40	4.51
Claims Processing	4.80	4.90	4.51	4.56
Appeals	<i>4.44</i>	<i>4.25</i>	<i>4.23</i>	<i>4.14</i>
Enrollment	4.49	4.79	<i>4.23</i>	na
Medical Review	4.63	4.58	4.41	na
Audit & Reimbursement	4.79	4.83	na	na

Source: MCPSS Survey, Westat 2008.
 Bold and Blue text: Highest satisfaction
 Italic and Red text: Lowest satisfaction

As was true in the 2007 survey, the RHHIs have higher scores in 2008 than the other Contractor types across most business functions. The business functions where they score lower include Appeals and Medical Review (where FI/A MAC contractors have higher scores in 2008). In 2007, DME MACs had the lowest scores for most business functions; in 2008, it is the Carrier/B MAC Contractors with the lowest scores, except for Appeals, where the DME MACs received the lowest ratings.

Claims Processing has high scores, shown in bold, across all Contractor types, similar to both 2006 and 2007. The Appeals function, shown in red italics above, is low across all Contractor types, similar to 2007 scores.

CHAPTER 4

REPORT CARD

Introduction

The purpose of this chapter is to present the report card of scores for each Contractor for the 2008 MCPSS.

Fiscal Intermediaries/A MAC

Table 4-1 presents the FI/A MAC Contractors' composite scores in descending order.

Table 4-1: FI/A MAC Scores by Contractor

Contractor	Score
National Average of Contractor Scores	4.51
National Average of FI/A MAC Contractor Scores	4.61
COSVI	5.25
Wheatland Administrative Services (formerly BCBS of Kansas)	5.11
BCBS Georgia	4.87
Trispan	4.77
Wisconsin Physician Services (formerly Mutual Omaha)	4.75
Pinnacle Business Solutions	4.72
Chisholm	4.71
Noridian	4.62
Riverbend	4.59
TrailBlazer	4.57
Highmark	4.56
National Government Services (formerly ASF)	4.55
Palmetto	4.54
BCBS Nebraska	4.53
Noridian J3 MAC	4.50
National Government Services (formerly Empire)	4.49
National Government Services (formerly AHS ME)	4.43
Cahaba	4.41
First Coast Service Options	4.36
National Government Services (formerly UGS)	4.30
National Government Services (formerly AHP NH)	4.24

Source: MCPSS Survey, Westat 2008.

RHHIs

Table 4-2 presents the RHHI Contractors' composite scores in descending order.

Table 4-2: RHHI Scores by Contractor

Contractor	Score
National Average of Contractor Scores	4.51
National Average of RHHI Contractor Scores	4.68
Cahaba	4.86
Palmetto	4.67
National Government Services (formerly AHS)	4.66
National Government Services (formerly UGS)	4.54

Source: MCPSS Survey, Westat 2008.

Carriers

Table 4-3 presents the Carrier/B MAC Contractors' composite scores in descending order.

Table 4-3: Carrier/B MAC Scores by Contractor

Contractor	Score
National Average of Contractor Scores	4.51
National Average of Carriers/B MAC Scores	4.35
Wisconsin Physician Services	4.75
Triple S	4.68
Palmetto RRB	4.66
Health Now New York	4.64
Highmark	4.58
Palmetto	4.52
Wheatland Administrative Services (formerly BCBS of Kansas)	4.38
Pinnacle Business Solutions	4.35
National Government Services (formerly Empire)	4.28
CIGNA	4.27
Trailblazer	4.25
Noridian-J3 MAC	4.23
First Coast Service Options	4.23
NHIC	4.20
Cahaba	4.20
GHI	4.19
National Government Services (formerly ASF)	4.12
Noridian (not J3)	4.08

Source: MCPSS Survey, Westat 2008.

DME MACs

Table 4.4 presents the DME MAC composite scores in descending order. All four Contractors received scores below the national average.

Table 4-4: DME MAC Scores by Contractor

Contractor	Score
National Average of Contractor Scores	4.51
National Average of DME MAC Scores	4.41
Noridian	4.45
National Government Services (formerly ASF)	4.42
NHIC	4.40
CIGNA	4.36

Source: MCPSS Survey, Westat 2008.

Business Functions by Contractor

This year CMS has added to the public report a description of how each Contractor performs on the various business functions. Tables 4-5 to 4-8 include scores for each of the seven business functions. As already indicated, not every business function applies to each Contractor. For those that do not apply for a given Contractor, “N/A” is used in the tables that follow.

Table 4-5: FI/A MAC Business Function Scores by Contractor

	Provider Inquiries	Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
FI/Part A MAC							
Avg. for Contr. Type	4.55	4.59	4.80	4.44	4.49	4.63	4.79
Blue Cross and Blue Shield of Georgia	4.81	4.82	4.94	4.76	4.90	4.95	4.88
Blue Cross Blue Shield of Nebraska	4.48	4.20	4.61	4.38	4.67	4.73	4.64
Cahaba GBA	4.38	4.50	4.62	4.07	4.39	4.26	4.66
Chisholm Administrative Services	4.86	4.44	4.92	4.61	4.57	4.70	4.86
COSVI	5.48	5.44	5.44	5.23	4.47	5.34	5.37
First Coast Service Options	4.41	4.52	4.75	4.00	3.92	4.27	4.62
Highmark Medicare Services	4.48	4.61	4.64	4.29	4.51	4.55	4.83

Table 4-5: FI/A MAC Business Function Scores by Contractor (continued)

	Provider Inquiries	Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
Avg. for Contr. Type	4.55	4.59	4.80	4.44	4.49	4.63	4.79
National Government Services (formerly ASF)	4.37	4.50	4.82	4.35	4.63	4.49	4.68
National Government Services (formerly AHP NH)	3.90	4.14	4.47	3.92	4.46	4.30	4.50
National Government Services (formerly AHS)	4.13	4.41	4.64	4.27	4.43	4.48	4.65
National Government Services (formerly Empire)	4.34	4.50	4.69	4.30	4.38	4.50	4.74
National Government Services (formerly UGS)	4.11	4.28	4.52	4.00	4.28	4.24	4.63
Noridian Administrative Services	4.51	4.50	4.83	4.57	4.44	4.75	4.74
Noridian Administrative Services (J3 MAC)	4.29	4.48	4.65	4.51	4.43	4.53	4.59
Palmetto GBA	4.31	4.72	4.74	4.50	4.22	4.68	4.64
Pinnacle Business Solutions, Inc.	4.90	4.56	4.88	4.43	4.71	4.46	5.10
Riverbend GBA	4.59	4.51	4.75	4.35	4.53	4.49	4.88
TrailBlazer	4.56	4.66	4.73	4.38	4.10	4.81	4.72
Trispan Health Services	4.66	4.62	4.92	4.64	4.82	4.77	4.98
Wheatlands Administrative Services, Inc.	5.18	5.23	5.27	5.00	4.91	5.13	5.06
WPS Medicare-Part A (formerly Mutual of Omaha)	4.74	4.68	5.02	4.70	4.56	4.71	4.85

As is evident in Table 4-5, FI/A MAC providers generally score Claims Processing and Audit and Reimbursement higher than any of the other business functions. These two business functions also have a smaller range in scores across Contractors than the other business functions. Appeals also had a relatively small range in scores, although Appeals has the lowest overall score of the business functions. In terms of greatest variability across Contractors, Provider Inquiries had the largest range in scores from a low of 3.90 for NGS (formerly AHP NH) to a high of 5.48 for COSVI.

Table 4-6: RHHI Business Function Scores by Contractor

	Provider Inquiries	Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
RHHIs							
Avg. for Contr. Type	4.68	4.74	4.90	4.25	4.79	4.58	4.83
Cahaba GBA	5.02	5.01	5.04	4.32	4.96	4.71	4.95
National Government Services (formerly AHS)	4.51	4.64	4.86	4.33	5.08	4.47	4.71
National Government Services (formerly UGS)	4.50	4.63	4.84	3.92	4.74	4.36	4.82
Palmetto GBA	4.70	4.68	4.87	4.41	4.40	4.77	4.84

RHHI providers have a similar pattern with highest ratings for Claims Processing and Audit and Reimbursement, and the lowest rating for the Appeals function.

Table 4-7: Carrier/B MAC Business Function Scores by Contractor

	Provider Inquiries	Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
Carriers/Part B MAC							
Avg. for Contr. Type	4.33	4.40	4.51	4.23	4.23	4.41	N/A
Cahaba GBA	4.03	4.25	4.45	4.10	4.04	4.34	N/A
CIGNA Government Services	4.23	4.42	4.44	4.20	3.87	4.47	N/A
First Coast Service Options	4.38	4.28	4.58	4.02	3.96	4.17	N/A
GHI	4.25	4.21	4.33	3.94	4.18	4.23	N/A
HealthNow New York	4.71	4.54	4.79	4.55	4.46	4.79	N/A
Highmark Medicare Services	4.56	4.60	4.73	4.53	4.54	4.55	N/A
National Government Services (formerly ASF)	3.73	4.25	4.20	4.02	4.13	4.37	N/A
National Government Services (formerly Empire)	4.20	4.48	4.34	4.15	4.09	4.41	N/A
NHIC	4.27	4.43	4.48	3.94	3.82	4.25	N/A
Noridian Administrative Services	3.99	4.05	4.12	3.96	4.16	4.22	N/A

Table 4-7: Carrier/B MAC Business Function Scores by Contractor (continued)

	Provider Inquiries	Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
Avg. for Contr. Type	4.33	4.40	4.51	4.23	4.23	4.41	N/A
Noridian Administrative Services (J3 MAC)	4.22	4.17	4.26	4.15	4.30	4.27	N/A
Palmetto GBA	4.46	4.49	4.70	4.39	4.53	4.56	N/A
Palmetto GBA Railroad Medicare	4.61	N/A	4.80	4.56	N/A	N/A	N/A
Pinnacle Business Solutions, Inc.	4.29	4.42	4.51	4.23	4.33	4.34	N/A
TrailBlazer	4.29	4.51	4.56	4.25	3.65	4.23	N/A
Triple S, Inc.	4.70	4.59	4.74	4.47	4.76	4.81	N/A
Wheatlands Administrative Services, Inc.	4.47	4.44	4.51	4.26	4.27	4.31	N/A
Wisconsin Physicians Service (WPS) Medicare	4.79	4.60	4.89	4.69	4.85	4.67	N/A

In Table 4-7, we see that Carrier/B MAC providers generally score Claims Processing higher than any of the other business functions. As with the FI/A MAC providers, Appeals has the smallest range in scores, and the lowest overall score of the business functions, across Contractors. In terms of greatest variability across Contractors, Provider Enrollment had the largest range in scores (from a low of 3.65 for Trailblazer, to a high of 4.85 for WPS).

Table 4-8: DME MAC Business Function Scores by Contractor

	Provider Inquiries	Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
DME MACs							
Avg. for Contr. Type	4.42	4.51	4.56	4.14	N/A	N/A	N/A
CIGNA Government Services	4.37	4.49	4.55	4.02	N/A	N/A	N/A
National Government Services (formerly ASF)	4.40	4.57	4.63	4.08	N/A	N/A	N/A
NHIC	4.37	4.47	4.49	4.28	N/A	N/A	N/A
Noridian Administrative Services	4.53	4.49	4.58	4.18	N/A	N/A	N/A

Providers submitting DME claims have a similar pattern, providing the highest ratings for Claims Processing and the lowest rating for Appeals.

Trends Over Time

In response to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), CMS has worked to significantly reform contracting for administration of claims. An important goal of the MMA was to encourage competition and to provide incentives for high quality Contractor performance. The new contractual arrangements, Medicare Administrative Contractors (MACs), include explicit language about CMS using the MCPSS to assist in performance evaluation. CMS is implementing the transition to MACs in phases. The transition, which began with awards in 2006, will continue through the end of fiscal year 2009.

The implications of the transition to MACs are that providers may have worked with multiple Contractors in any given MCPSS year. This means that provider ratings of satisfaction, measured by the MCPSS for the “prior year”, may in fact be based on provider experiences with more than one Contractor. This complicates Contractor evaluation. During transition, CMS cannot solely attribute provider sentiments for the target Contractor. To have a pure assessment of the target Contractor, the provider population for the Contractor must be stable. The same is obviously true for trend analyses – only when a Contractor’s scope and jurisdiction are stable for two MCPSS administrations can we know that we are comparing “apples to apples” in terms of the Contractor’s service to the same provider community over time.

With the 2008 data collection, we now have data from two stable, post-transition populations, allowing trend results for these two Medicare Contractors. The 2007-2008 comparisons for these Contractors are provided below.

Table 4.8 Comparison of 2007 and 2008 scores for the National Government Services DME MAC

DME MAC: NATIONAL GOVERNMENT SERVICES (formerly ASF)			
<u>Overall Satisfaction</u>		<u>2007</u>	<u>2008</u>
Overall Survey Score	Score	4.50	4.42
	Sample size	450	428
Overall Satisfaction Question	Score	4.72	4.54(-)
	DME MAC Rank	1	1
<u>Business Function</u>			
Provider Inquiries	Score	4.55	4.40(-)
	DME MAC Rank	1	2
Provider Outreach and Education	Score	4.47	4.57
	DME MAC Rank	2	1
Claims Processing	Score	4.65	4.63
	DME MAC Rank	1	1
Appeals	Score	4.33	4.08(-)
	DME MAC Rank	1	3
Provider Enrollment	Score	N/A	N/A
	DME MAC Rank		
Medical Review	Score	N/A	N/A
	DME MAC Rank		
Provider Audit and Reimbursement	Score	N/A	N/A
	DME MAC Rank		

Note: +(-)=Significantly higher (lower) than previous year (p<.05)

Table 4.9 Comparison of 2007 and 2008 scores for the NHIC DME MAC

DME MAC: NHIC			
<u>Overall Satisfaction</u>		<u>2007</u>	<u>2008</u>
Overall Survey Score	Score	4.20	4.40+
	Sample size	520	458
Overall Satisfaction Question	Score	4.37	4.46
	DME MAC Rank	4	3
<u>Business Function</u>			
Provider Inquiries	Score	4.33	4.37
	DME MAC Rank	4	4
Provider Outreach and Education	Score	4.21	4.47+
	DME MAC Rank	4	4
Claims Processing	Score	4.35	4.49+
	DME MAC Rank	3	4
Appeals	Score	3.89	4.28+
	DME MAC Rank	4	1
Provider Enrollment	Score	N/A	N/A
	DME MAC Rank		
Medical Review	Score	N/A	N/A
	DME MAC Rank		
Provider Audit and Reimbursement	Score	N/A	N/A
	DME MAC Rank		

Note: +(-)=Significantly higher (lower) than previous year (p<.05)

As indicated elsewhere, the DME MACs only provide services in four of the seven business functions. Medical Review and Provider Audit and Reimbursement do not apply to DME claims, and Provider Enrollment activities are not handled by the DME MACs. Therefore the tables above only include results for four business functions (as well as for the overall satisfaction question and the overall survey score).

As is evident in Tables 4.8 and 4.9, the narrative for these two Contractors is quite different. NHIC, in Jurisdiction A, saw significant improvement; the overall survey score increased from 4.20 in 2007 to 4.40 in 2008. Three of the four business functions had significant improvement: Provider Outreach and Education, Claims Processing and Appeals. The largest difference between 2007 and 2008

is seen in the area of Appeals. In 2007 NHIC providers scored this business function as only 3.89; in 2008 this improved to 4.28.

While NHIC saw consistent improvement from 2007 to 2008, NGS/ASF had lower scores in 2008 than 2007. Two of the business functions received significantly lower scores in 2008 than 2007, with Appeals facing the larger decrease (from 4.33 in 2007 to 4.08 in 2008). The other statistically significant decrease was in the overall satisfaction question (a 4.72 score in 2007 compared with 4.54 in 2008). No other differences reached statistical significance (95% confidence interval with an alpha of 0.05).

While NGS/ASF saw decreases between 2007 and 2008, it is still high performing in 2008 compared with the remaining DME MACs. Compared with NHIC, the NGS/ASF 2008 scores are all higher (absolute differences), except for the business function Appeals (which saw a significant and substantial drop for NGS in 2008, whereas NHIC had a significant and substantial increase in 2008).

In subsequent years of the MCPSS, additional trend analyses will be feasible. Trend reporting will extend further as Contractors stabilize, and more Contractors will be trended as more transition into the MAC environment.

CHAPTER 5

SUMMARY OF FINDINGS FOR PROCESS IMPROVEMENT

Introduction

A goal of the MCPSS is to provide feedback from providers to Contractors so they may implement process improvement initiatives. This chapter presents a summary of the results that Contractors could use in developing their process improvement priorities.

One of the techniques Westat has used in analyzing customer satisfaction data is key driver analysis. Key driver analysis uses multivariate techniques to assess the independent effects of measured aspects of a service or product (drivers) on measures of customer satisfaction. Measures can include additional items as they predict the composite index score, or how components of the composite index score predict overall satisfaction, or both. Once the regressions are completed, we can compare the relative size of the standardized regression coefficients associated with the drivers and identify the services that have the strongest influence, independently of the other characteristics in the model, on indicators of customer satisfaction. Based on these results it would be possible to determine which characteristics of services to focus on to improve or maintain customer satisfaction. This is to say, the results of key driver analysis can help Contractors identify important improvement opportunities.

General Findings

There were several general findings widely applicable across models.

- The models exhibited a good fit, with R-square values ranging from 0.56 to 0.74 across both the business function and individual question models. This means that the majority of the variation in overall satisfaction was explained by the variables in the models.
- Nearly all of the business function variables were highly statistically significant with positive coefficients in every model.
 - This means that higher performance in each of these functional areas was associated with higher provider satisfaction, although the magnitudes of the effect varied. This also indicates that every section of the questionnaire measures a relevant aspect of performance with respect to overall satisfaction.
 - In general, business function A, Provider Inquiries was the strongest predictor of satisfaction with coefficients in the 0.53 to 0.73 range. Business function C, Claims

Processing, was the second strongest predictor with coefficients in the 0.09 to 0.38 range. The remaining business functions generally had coefficients in the 0.03 to 0.10 range.

- In summary, the business areas that Contractors should consider focusing on are Provider Inquiries and Claims Processing. This is a similar pattern to 2007, although in 2008 there is a further strengthening of the importance of Provider Inquiries and a weakening of Claims Processing.
- Provider time in Medicare was generally not significant although there were some weak patterns in some models.
- Geographic region, as measured by the CMS jurisdiction variable, was generally not significant although there were some weak patterns in the Carrier/B MAC and FI/A MAC models.