

Supporting Statement for 1-800-MEDICARE Beneficiary Satisfaction Survey

A. Background

The Division of Call Center Operations (DCCO) would like to request OMB approval for the continued collection titled 800-MEDICARE Beneficiary Satisfaction survey. Over the next several months several CMS components plan to use the survey to continue evaluating the effectiveness of their initiatives. This will include Regional and Nationwide initiatives designed to encourage the Medicare population to call 1-800-MEDICARE. These ad campaigns have been highly viable media events, and have had the interest and participation from the HHS Secretary. One of the major means of feedback on these campaign's impact is through this survey.

The Division of Website Project Management sponsors the second initiative (DWPM), which has implemented several enhancements to the medicar.gov website over the past year. The web group will need to use this survey to evaluate the effectiveness of the changes as well as gather suggestions/recommendations for future releases.

The third initiative is our DCCO team which uses the survey results as one of the measures for the 1-800-MEDICARE contract evaluation. We can assess the level of customer service provided to the Medicare population when calling 1-800-MEDICARE. The results of the survey will continue to gather beneficiary needs to improve the performance of the call center. This will allow us to ensure that we are aligned with the CMS mission of delivering the highest level of quality customer service.

B. Justification

1. Needs and Legal Basis

The information gathered is required for measurement of the 1-800-MEDICARE customer service contract for quality of service delivered.

2. Information Users

The Centers for Medicare & Medicaid Services (CMS) will use the information for performance evaluation of the contractor. Information gathered will be used to validate the quality of service delivered, and/or direct the contractor to performance improvement. The results will also be shared with other components of CMS to evaluate the impact of their initiatives conducted by the call center staff.

3. Improved Information Technology

Consideration was given to utilization of the Voice Response Unit (VRU) for collection of survey data following completion of the beneficiary contact experience. However, the demographic of 1-800-MEDICARE users are largely adverse to the use of automated response technologies. The use of "live" post-service contacts has instead been employed, to reduce reluctance to survey participation.

Survey responses are collected via a desktop application, which run off of a PC at the Customer Service Representatives' (CSRs) workstation. Random contact leads are gathered for the survey via a daily import from the Medicare Next Generation Desktop (NGD) contact database. Beneficiary responses are recorded in the survey application, and delivered to the contractor's data warehouse, from which weekly reports are generated. Responses delivered to the data warehouse include a unique call identifier that authenticates each contact.

4. Duplication of Similar Information

The 1-800-MEDICARE Helpline contractor only gathers this type of collection; we are not duplicating other efforts. The Beneficiary Satisfaction is the only survey that will capture feedback from callers who previously called 1-800-MEDICARE.

5. Small Businesses

Small businesses will not be impacted by the collection requirements, because the survey will be conducted by existing 1-800-MEDICARE customer service representatives.

6. Less Frequent Collection

Less frequent collection of survey data will inhibit the ability of CMS to determine the conformance of the contractor to their contractual obligation for quality service delivery. It would also slow the contractor feedback/service improvement process

7. Special Circumstances

There are no special circumstances for collecting this information.

8. Federal Register Notice/Outside Consultation

A 60-day Federal Register Notice was published on December 22, 2006, attached. No additional consultation has been performed.

9. Payment/Gift To Respondent

Respondents to the survey are not offered, nor do they receive any payment or gift for their participation.

10. Confidentiality

The information gathered is only used to measure the callers level of satisfaction with 1-800-MEDICARE, so personal identifiable information is not captured. The Beneficiary's names and responses are not shared with any other entity.

11. Sensitive Questions

There are no sensitive questions associated with this survey.

12. Burden Estimate (Total Hours & Wages)

\$2,584.68/month (1,086 completed surveys per month at a contact rate of 30%, an

average call time of 2.25 minutes, and a standard CSR unit rate of \$19.04/Hr).

CSR Unit Rate	\$19.04	# of Calls Required to	
Average Length of Call	2.25 Minutes	complete 1,086 surveys	43,440
#of Calls Required to complete	43,440	Average Length of Call	2.25
1,086 surveys		Divided by #of minutes	<u>60</u>
Total hours required	<u>1,629.0</u>	in an hour	
Total cost:	<u>\$31,016.16</u>	Total hours required	<u>1,629.0</u>

NOTE: The 30% mentioned in this item is not referring to the response rate, but rather the percentage of time the CSRs place a call and speak to the correct person who called in to 1-800-MEDICARE. We expect a response rate of over 85% for the Beneficiary Satisfaction survey.

13. Capital Costs (Maintenance of Capital Costs)

There are no capital costs.

14. Cost to Federal Government

Total cost to the government is \$31,016.16

Ongoing Annual Cost (based on no changes to

The current survey format/quantities: \$31,016.16

15. Program or Burden Changes

The original requirement called for the survey of 400 Pearson beneficiary contacts, 400 beneficiary contacts by the Co-prime contractor (Palmetto GBA), and 400 print ordering beneficiaries. This was amended by CMS in May of 2006 to a requirement of 500 of each survey type per month. Effective with implementation of the BCC on March 1 of 2007, the requirement is now to complete 543 surveys of Vangent beneficiary contacts (now the sole prime on the 1-800-Medicare contract), and 543 surveys from print-ordering beneficiaries each month.

16. Publication and Tabulation Dates

CMS does not plan to publish this data.

17. Expiration Date

This is an on-going survey, allowing for continued measurement of the quality of service delivered by the 1-800-MEDICARE Helpline contractor. Placing an expiration date on the survey would increase cost for CMS. We are seeking approval to not display the expiration date.

18. Certification Statement

There are no exceptions.

C. Collection of Information Employing Statistical Methods

1. Potential respondents include any beneficiary that has dialed 1-800-MEDICARE Helpline, and that has had a documented customer service experience with the Helpline.
2. Information is collected via a PC- based, script-driven survey application by a contractor-employed CSR. Survey contacts are monitored and evaluated via random digital recording by a third party to ensure conformance to survey scripting, and accuracy of the information recorded.
3. Contact attempts are made at various times of the day and week, so as to optimize the opportunity to make successful contact with potential respondents in every time zone. The average response rate during our pilot was higher than 85%. We will also send out pre-notification letters to the beneficiaries to maximize our response rate.
4. A test pilot was conducted with beneficiaries to determine if the questions were easily understandable. The pilot allowed us to conclude all relevant questions were posed.
5. No outside parties were consulted.