

## ***CMS Customer Satisfaction Survey (Evaluating IVR system)***

This survey will take approximately two to three minutes and is authorized under Office of Management and Budget Control Number 1505-0191. Your participation in the survey is voluntary.

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### Purpose of call

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1. Using the numbers on your telephone keypad please select the number that best describes the purpose of your call to us today.  
Select "1" for "Claim Status"  
Select "2" for "Eligibility/Entitlement"  
Select "3" for "Financial Information"  
Select "4" for "Remittance Advice code description"  
Select "5" for "Other"  
Select \* to repeat this question.
2. Before you called today, did you first visit our website?  
Select "1" for yes or "2" for no.  
Select \* to repeat this question.

### **IF 2 = 1 (YES) ASK Q3 ELSE SKIP TO INTRO BEFORE Q4**

3. Were you able to find the information you needed on our website?  
Select "1" for yes, "2" for no or select "0" for does not apply.  
Select \* to repeat this question.

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### IVR/Automated System

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The following questions are about the automated system that handled your call today.

4. Think about how the menu choices are ordered on the automated system and how long it took you to go through the choices to find the information you needed. Please rate how convenient the order of the menu choices is to use.  
Use the numbers on your keypad for a scale of "1" to "9," where "1" is "not very convenient" and "9" is "very convenient."  
Select \* to repeat this question.
5. Now think about the information that you can access in the automated system. Please rate how well the information in the automated system meets your information needs.  
Use the numbers on your keypad for a scale of "1" to "9," where "1" is "does not meet your information needs very well" and "9" is "meets your information needs very well."
6. How easy was it to access the information that is available within the automated system?  
Use the numbers on your keypad for a scale of "1" to "9," where "1" is "not very easy" and "9" is "very easy."  
Select \* to repeat this question.

**If Q6 is answered 4 or lower ask Q7 ELSE SKIP TO Q8**

7. Which of the following most affected your ability to access the information found on the IVR?

Select "1" for "Did not know how to use the IVR."

Select "2" for "Did not have authentication information."

Select "3" for "IVR had issues recognizing my voice." – (NOTE: OMIT ANSWER CHOICE IF NO VOICE RECOGNITION CAPABILITY)

Select "4" for "Other technical issues."

Select "5" for "none of the above."

Select \* to repeat this question.

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#### ACSI Benchmark Question

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8 Using a scale where "1" means "Very dissatisfied" and "9" means "Very satisfied," please rate your satisfaction with the service you received.

Select \* to repeat this question.

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#### Outcome

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9. Were you able to get the information you were looking for?

Select "1" for "Yes" and "2" for "No." Select "0" for "does not apply."

Select \* to repeat this question.

10. Was it necessary to make multiple inquiries about this specific issue?

Select "1" for yes or "2" for no.

Select \* to repeat this question.

11. Do you still feel the need to call a Customer Service Representative about your issue?

Select "1" for "Yes" and "2" for "No."

Select \* to repeat this question.

12. One last question. What type of information would you like to have included on the IVR that you are not currently finding? Please speak clearly so we can record your response.

Thank you for taking the Medicare Customer Satisfaction Survey. Your feedback is very important to us. Goodbye.