

CMS Customer Satisfaction Survey ***(Evaluating Customer Service Reps)***

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

Purpose of call

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 "Claim Denial"
Select "3" for "Eligibility information"
Select "4" for "Policy question"
Select "5" for "General Information"
Select "6" for "Other"
Select * to repeat this question.

Before you called today did you use any of the following self-service tools?

2. Our website. Select "1" for yes or "2" for no.
Select * to repeat this question.
3. IVR or Interactive Response Unit. Select "1" for yes or "2" for no.
Select * to repeat this question.

If Q2 or Q3 = 1 (YES) ASK Q4 ELSE SKIP TO Q5

4. Were you able to find the information you needed from the self-service tools?
Select "1" for yes, "2" for no or select "0" for does not apply.
Select * to repeat this question.

Customer Service Representative

5. Please rate your wait time before you spoke to a CSR. Use the numbers on your telephone keypad for a scale of "1" to "9," where "1" is "poor" and "9" is "excellent."
Select * to repeat this question.

The following questions are about the CSR who helped you today.

6. Please rate the communication skills of the CSR who helped you today. Use the numbers on your telephone keypad for a scale of "1" to "9," where "1" is "poor" and "9" is "excellent."
Select * to repeat this question.
7. Please rate the knowledge of the CSR who helped you today. Use the numbers on your telephone keypad for a scale of "1" to "9," where "1" is "poor" and "9" is "excellent."
Select * to repeat this question.

ACSI Benchmark Question

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.
9. Now imagine an ideal customer service experience. How well did your experience compare with that ideal service experience? "1" means "Not very close to the ideal," and "9", means "Very close to the ideal." Select * to repeat this question.

Outcome

10. Was your issue resolved to your satisfaction? Select "1" for "Yes", "2" for "No." Select "0" for "Does Not Apply."
Select * to repeat this question.
11. Was it necessary to make multiple inquiries about this specific issue?
Select "1" for yes or "2" for no.
Select * to repeat this question.

If Q11=1 (YES) ASK Q12 ELSE GO TO INTRO BEFORE Q13

12. Did you receive a consistent response? Select "1" for yes or "2" for no.
Select * to repeat this question.
13. Did the representative refer you to any additional sources of information? Select "1" for yes or "2" for no. Select * to repeat this question.
14. One last question. What else can CMS do to provide you with better service in our call centers? 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.