

## Revisions to CMS-10068 Medicare Ombudsman Customer Service Feedback Survey

Issue #	Section	Action to be performed	Changes	Reason for the Change
1.	(Section 1: Title)	Revise as follows:	<p>Replace: Beneficiary Customer Service Feedback Survey</p> <p>With: Medicare Ombudsman Customer Service Feedback Survey</p>	Revised to help focus the survey towards the Ombudsman’s office only, and not Medicare in general.
2.	(Section 2: Instructions)  1st Paragraph, 1st Sentence	Revise as follows:	<p>Replace: Thinking about the way we handled your letter, please tell us how much you agree or disagree with each of the following statements, using a scale where 5 means you strongly agree and 1 means you strongly disagree.</p> <p>With: Thinking about how the <b>Office of the Medicare Ombudsman</b> responded to your request, please tell us how satisfied you are by answering a few questions.</p>	<p>Revised to ensure the responses to the questions pertain to the service that the Ombudsman’s office provided and not Medicare in general.</p> <p>Changed measurement scale based on satisfaction, rather than agreement for clarification purposes.</p>
3.	(Section2: Instructions)  2 <sup>nd</sup> Paragraph, 2nd Sentence	Revise as follows	<p>Replace: Just use a pen or pencil to circle one number for each question.</p> <p>With: Based on a scale where <b>5 means you are very satisfied</b> and <b>1 means you are very dissatisfied</b>, please circle one number for each question that best describes your experience.</p>	Revised for clarification purposes.
4.	(Section 3: Survey)  Scale (a)	Revise as follows:	<p>Replace: Strongly Disagree/Strongly Agree</p> <p>With: Very Dissatisfied/Very Satisfied</p>	Revised for clarification purposes.
5.	(Section 3: Survey)  Scale (b)	Add:	<p>Add: ☹ Under Very Dissatisfied and ☺ under Very Satisfied</p>	Added to avoid beneficiary confusion about which number means “Very Dissatisfied” vs. “Very Satisfied.”

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6.	(Section 3: Survey)  #1	Revise as follows	<p>Replace: Medicare answered my letter within a reasonable time.</p> <p>With: Overall, how satisfied are you with the way the Office of the Medicare Ombudsman handled your concern?</p>	<p>Revised to ensure the response is regarding the service the Ombudsman's office provided and not Medicare in general.</p> <p>Moved timeliness question to #3 to help beneficiaries first focus on the quality &amp; clarity of the response.</p>
7.	(Section 3: Survey)  #2	Revise as follows:	<p>Replace: Medicare gave me the information I needed.</p> <p>With: How satisfied are you that the information we gave you is clear and understandable?</p>	<p>Revised clarity question for clarification purposes.</p> <p>Order of questions changed for reason given in #6.</p>
8.	(Section 3: Survey)  #3	Revise as follows:	<p>Replace: The information I received from Medicare was clear and understandable.</p> <p>With: How satisfied are you that the information we gave you responded to your question?</p>	<p>Revised quality question for clarification purposes.</p> <p>Order of questions changed for reason given in #6.</p>
9.	(Section 3: Survey)  #4	Revise as follows:	<p>Replace: I am satisfied with the way my letter was handled.</p> <p>With: How satisfied are you with the time it took us to respond to your question?</p>	<p>Revised timeliness question for clarification purposes.</p> <p>Order of questions changed for reason given in #6.</p>
10.	(Section 4: Additional Questions)  Question #1	Revise as follows:	<p>Replace: If you have any suggestions for ways we can improve how we respond to your written requests for information, please tell us here:</p> <p>With: Please tell us how the Office of the Medicare Ombudsman can better respond to your future questions:</p>	<p>Revised for clarification purposes and to ensure the response is regarding the service the Ombudsman's office can provide and not Medicare in general.</p>
11.	(Section 4: Additional Questions)  Question #2	Delete	<p>Delete: Please circle YES or NO to answer this question: If you have another question like this in the future, would you write to us again?</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p>	<p>Deleted because responses to this question in previous surveys were either not given or provided little or no value in measuring overall satisfaction with the Office of the Medicare Ombudsman.</p>

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12.	(Section 4: Additional Questions)  Question#3	Delete	Delete: If you have any other comments or questions about the service we gave you, please tell us here:	Deleted because this question in previous surveys proved to be too open-ended and placed additional burden on the Office of the Medicare Ombudsman to answer other unrelated questions.
13.	(Section 5: Closing)	Revise as follows:	<p>Replace: Thank you for taking the time to answer our questions. Please send us your completed survey in the enclosed envelope as soon as possible.</p> <p>With: Thank you for taking the time to answer our survey. Please send us your completed survey in the enclosed postage paid envelope as soon as possible.</p>	Revised to provide clarification.