

## **Supporting Statement – Part A**

### **Supporting Statement for the Beneficiary Contact Center (BCC) Customer Satisfaction Survey (CSS) – (formerly 1/800 Medicare) (CMS-10098)**

**OMB control number 0938-0919**

#### **A. Background**

*The Centers for Medicare and Medicaid Services (CMS), Office of External Affairs and Beneficiary Services(OEABS), Call Center Operations Group (CCOG) has oversight over the contractor responsible for handling Medicare inquiries from over 40 million beneficiaries through the Beneficiary Contact Center (BCC), formerly the 800 Medicare Helpline. The inquiry channels handled by the BCC are telephone, written correspondence, e-mail and web chat. Additionally, CMS has contracted with a small business to provide training, independent quality assurance and content support for the BCC. This contract also includes managing and performing customer satisfaction assessments of the service provided by the BCC.*

*CMS is seeking approval for additional questions to be added to the original collection entitled 800-Medicare Beneficiary Satisfaction survey. The original set of questions was used when placing outbound calls to callers regarding the service they received when they called the 800 Medicare Helpline with a Medicare question. The new expanded collection will include multiple survey methods to measure customer satisfaction not only with the BCC's handling of issues via telephone, but also the service provided to beneficiaries when they write a letter regarding their Medicare issue or use the e-mail and/or web chat services provided by the BCC.*

*Each survey being submitted for approval provides a pool of questions for each method from which approximately 8-30 questions will be selected for random and/or focused topic surveys. The survey methods include an Interactive Voice Response (IVR) survey at the end of the call; an outbound call survey placed to the caller within 48 hours of the initial call to the BCC; a written correspondence survey mailed to those who wrote to Medicare regarding their inquiry; and an e-mail/web chat survey for those who used those inquiry channels to contact Medicare. Additionally, the submission will include a compilation of all of the potential questions from each of the individual surveys. CMS would also like to draw from this pool of questions for face to face focus group discussions with beneficiaries.*

*The use of Customer Satisfaction Surveys is critical to the CMS mission to provide service to beneficiaries that is convenient, accessible, accurate, courteous, professional and responsive to the needs of diverse groups.*

#### **B. Justification**

##### **1. Need and Legal Basis**

*The information gathered is required for the identification of improvement opportunities and assessing the quality of customer service provided to people with Medicare by the Beneficiary Contact Center (BCC) contractor.*

2. Information Users

*The information is captured by the customer satisfaction survey team that is part of the Training, Independent Quality Assurance and Content Contractor (TQC) and provided to the Centers for Medicare & Medicaid Services (CMS). CMS will use the information for performance evaluation of the BCC 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. Use of Information Technology

Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce burden. Give percentage that this is used electronically.

*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.*

To comply with the Government Paperwork Elimination Act (GPEA), you must also include the following information in this section:

- Is this collection currently available for completion electronically? *The IVR, e-mail and web chat surveys will be available electronically. The outbound telephone and written correspondence surveys are not electronic surveys.*

- Does this collection require a signature from the respondent(s)? *NO*

- If CMS had the capability of accepting electronic signature(s), could this collection be made available electronically?

*N/A*

- If this collection isn't currently electronic but will be made electronic in the future, please give a date (month & year) as to when this will be available electronically and explain why it can't be done sooner.

*N/A*

- If this collection cannot be made electronic or if it isn't cost beneficial to make it

electronic, please explain.

*CMS does not capture the necessary information from beneficiaries to send all surveys electronically. The survey method used is compatible with the way the contact was made to the Beneficiary Contact Center (BCC). If a contact is made to the BCC via e-mail or web chat, the Customer Satisfaction Survey will be sent to the customer in the same manner (electronically). The IVR survey captures caller responses to the end-of call survey via the telephone. The outbound telephone survey is conducted to random callers to the BCC by placing a callback within two days and documenting their responses. Those making inquiries to the BCC by writing a letter are randomly selected to receive a survey by mail, assuming that is the preferred means of communication.*

4. Duplication of Efforts

*Only the TQC contractor gathers this type of collection. There is no duplication of any other efforts. The Customer Satisfaction Surveys are the only surveys that will capture feedback from callers who previously contacted the Beneficiary Contact Center.*

5. Small Businesses

*The TQC contractor performing the collection is a small business contracted to handle this workload. There is no other impact to small businesses.*

6. Less Frequent Collection

*The results of the Customer Satisfaction Surveys provide performance indicators to CMS on the BCC contractor's ability to provide satisfactory customer service to Medicare beneficiaries. Less frequent collection of survey data will inhibit CMS in assessing the BCC's performance and will also minimize the identification of opportunities for improvement.*

7. Special Circumstances

*There are no special circumstances for collecting this information.*

8. Federal Register/Outside Consultation

*The 60-day Federal Register notice published on December 10, 2010, vol. 75, No. 237, page 76988.*

9. Payments/Gifts to Respondents

*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 caller’s level of satisfaction with services provided by the BCC, 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 Estimates (Hours & Wages)

**Hour Burden**

Survey / Contact Channel	Proposed Monthly Sample	Response Rate	Contact Attempts Needed	Average Time per Response (mins)	Total Monthly Respondent Burden (hours)
Telephone (IVR survey)	1225	4.0%	30625	9	183.63
Telephone (Outbound telephone survey)	1225	27.0%	4537	11	223.68
Written correspondence	246	28.0%	879	13	53.283
E-mail	102	25.0%	408	8	13.60
Web chat	214	25.0%	856	8	28.52
<b>Annual Total</b>	<b>36144</b>	<b>NA</b>	<b>447660</b>	<b>NA</b>	<b>6032.56</b>

Calculation Method:

Contact Channel	Proposed Monthly Sample	Response Rate	Contact Attempts Needed	Respondent Time per Completed Response	Respondent Time per Contact Attempt	Average Time per Response (mins)	Total Respondent Burden (hours)
Telephone (IVR survey)	1,225	4%	30,625	2.5	0.3	9	183.63
Telephone (Outbound telephone survey)	1,225	27%	4,537	10	0.5	11	223.68
Written correspondence	246	28%	879	10	1	13	53.283
E-mail	102	25%	408	5	1	8	13.60
Web chat	214	25%	856	5	1	8	28.52
<b>Monthly Total</b>	<b>3,012</b>		<b>37,305</b>				<b>502.713</b>
<b>Annual Total</b>	<b>36,144</b>		<b>447,660</b>				<b>6,032.56</b>

13. Capital Costs

*There are no capital costs.*

14. Cost to Federal Government

**Cost Burden**

Survey / Contact Channel	Proposed Monthly Sample	Response Rate	Contact Attempts Needed	Average Cost per Response	Total Monthly Recording/ Reporting/ Materials Cost
Telephone (IVR survey)	1225	4.0%	30625	\$ 0.47	\$ 580.10
Telephone (Outbound telephone survey)	1225	27.0%	4537	\$ 8.72	\$ 10,684.96
Written correspondence	246	28.0%	879	\$18.76	\$ 4,614.76
E-mail	102	25.0%	408	\$11.35	\$ 1,158.14
Web chat	214	25.0%	856	\$ 8.41	\$ 1,800.39
<b>Annual Total</b>	<b>36144</b>	<b>NA</b>	<b>447660</b>	<b>NA</b>	<b>\$226,060.26</b>

Calculation Method (See Chart Below)

Contact Channel	Proposed Monthly Sample	Response Rate	Contact Attempts Needed	Materials Cost per Survey Attempted	Total Materials Cost	Interviewer Time per Completed Response (mins)	Interviewer Time per Contact Attempt	Total Interviewer Hours Burden	Interviewer Hourly Rate (Loaded)	Total Interviewer Cost	Total Analyst Hours Burden	Analyst Hourly Rate (Loaded)	Total Analyst Cost	Average Cost per Response*	Total Recording/Reporting/ Materials Cost*
Telephone (IVR survey)**	1,225	4%	30,625	\$0.00	\$0.00	0.0	0.0	0	\$21.41	\$0.00	12	\$48.34	\$580.10	\$0.47	\$580.10
Telephone (Outbound telephone survey)	1,225	27%	4,537	\$0.00	\$0.00	15	3	472	\$21.41	\$10,104.88	12	\$48.34	\$580.10	\$8.72	\$10,684.98
Written correspondence	246	28%	879	\$3.08	\$2,707.32	10	2	62	\$21.41	\$1,327.33	12	\$48.34	\$580.10	\$18.76	\$4,614.76
E-mail	1,02	29%	408	\$0.00	\$0.00	10	2	27	\$21.41	\$578.03	12	\$48.34	\$580.10	\$11.35	\$1,158.14
Web chat	214	29%	856	\$0.00	\$0.00	10	2	57	\$21.41	\$1,220.29	12	\$48.34	\$580.10	\$8.41	\$1,800.39
<b>Monthly Total</b>	<b>3,012</b>		<b>37,305</b>		<b>\$2,707.32</b>			<b>618</b>		<b>\$13,230.51</b>	<b>60</b>		<b>\$2,900.52</b>		<b>\$18,838.35</b>
<b>Annual Total</b>	<b>36,144</b>		<b>447,661</b>		<b>\$32,487.84</b>			<b>7,416</b>		<b>\$158,766.18</b>	<b>720</b>		<b>\$34,806.24</b>		<b>\$226,060.26</b>

\*Personnel cost information includes direct costs and indirect cost allowances of 24.0% for fringe benefits and 14.12% for G&A.

### 15. Changes to Burden

*The increase burden is a result of OEABS seeking approval of the original and additional customer satisfaction survey questions. The original questions were designed to evaluate service when a beneficiary contacted Medicare by phone. The new expanded collection will measure not only contact via the telephone but also services provided through written correspondence, e-mail, and web chat. Also, the additional questions are designed to create a robust pool of questions that can be rotated and/or used to focus on specific topics over the next 3 year approval period. This will require multiply survey methods which are needed to ensure that world class customer service is being provided through all the communication channels provided by 1-800-Medicare. The use of Customer Satisfaction Surveys is critical to the CMS mission of providing service to beneficiaries that is convenient, accessible, accurate, courteous, professional and responsive to the needs of diverse groups.*

### 16. Publication/Tabulation Dates

*CMS does not plan to publish this data.*

### 17. Expiration Date

*These are on-going surveys, allowing for continued measurement of the quality of service delivered by the Beneficiary Contact Center contractor. Placing an expiration date on the survey would increase costs for CMS. We are seeking approval to not display the expiration date. CMS would like an exemption from displaying the expiration date as these forms are used on a continuing basis. To include an expiration date would result in having to discard a potentially large number of forms.*

18. Certification Statement

*There are no exceptions.*