

Memo

To: CMS Desk Officer, Office of Management and Budget
 From: Carolyn Scott, Division of Clinical and Operational Performance, MDBG, CM
 CC: William Parham, CMS/OSORA
 Date: July 20, 2012
 Re: Non-material/non-substantive changes to Complaints Resolution Survey Instrument

Based upon the findings from the 2011 administration of the survey, non-material and non-substantive changes to our currently approved Complaints Resolution Survey Instrument (CMS-10308) and Tasks outlined in the Statement of Work (SOW) have been identified. An explanation for each change is listed below. In addition, a red-line document that identifies each change is provided. These changes do not increase, decrease, or otherwise change the burden associated with this data collection.

Non-Material/Non-Substantive Changes	Explanation
Updates to Survey Instrument Introduction	<p>The question numbers referenced in the introduction were updated to reflect the non-substantive changes that were made to the survey instrument.</p> <p>Reference to the location of the case ID number was updated to reflect its location at the top right of the letter rather than above the date.</p>
Q2	In Q2a, "the" was removed from the question.
Q3	<p>Rephrased the question to clarify the specific complaint to which the question pertains. This will focus beneficiary responses to the specific complaint being discussed and not other general concerns.</p> <p>Q3c and Q3d were combined into one question as it was determined that these questions collected similar information. Q3d was removed and Q3c reworded to ask about the loss and insufficiency of insurance coverage. The combining of these two questions also allowed for an additional question to be included in the survey while the survey instrument was kept within the one page parameter that had been set.</p>
Q4	This open-ended question was removed from the survey since the data was not used in analyses and often garnered long, unspecific responses.
Q6	This question was added to the survey in order to assess the number of times that respondents attempted to resolve their complaint. It facilitates understanding of the beneficiary's experience during the complaint process and subsequent satisfaction or dissatisfaction with the process.
Implementation of web-based data collection	In order to open the beneficiary satisfaction survey to all Medicare beneficiaries who filed a complaint, a web-based survey will supplement the ongoing telephone and paper-based surveys. The web-based survey will be associated with the same burden to beneficiaries and will follow the same format of the other survey methods used. This instrument allows real-time data collection and if successful will have a positive impact on survey implementation costs as it has a substantially lower-cost

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	than phone-surveys. The survey will be still collected with a maximum of 6,500 respondents divided across survey mechanisms (phone, paper and web-based)
Replaced SOW task to develop a performance measure.	Based on survey findings from Year 1, CMS replaced the task, "to develop and support the implementation of a performance measurement tool". This work could be duplicative of information currently available from the Consumer Assessment of healthcare and Systems (CAHPS) survey. In lieu of this task, the Contractor will perform the following 3 tasks: 1) Complete the development of a Real Time Survey model. 2) Develop and implement a web based survey tool. 3) Develop and implement a Complaint Rate Prediction Model to be presented in a monthly flash report.

Please contact me at Carolyn.Scott@cms.hhs.gov or 410 786-1190 if you have any questions. Thank you for your assistance.