## Beneficiary Satisfaction Survey PDSA Update

## Background:

One of the primary statutory missions of the Quality Improvement Organization (QIO) Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries. One method used to ensure that the QIOs are effectively meeting their mission is a survey of complainants. The information obtained via these surveys will assist CMS in (1) evaluating the success of each QIO in meeting its contractual requirements and (2) in assessing the satisfaction of Medicare beneficiaries and/or their representative with QIO contracted work.

## Analysis:

An important step in the survey development was to pilot test the survey instrument from November 2012 - January 2013. During this time, the survey contractor received a total of 117 telephone inquiries and eight email inquiries from respondents - many of which were from respondents who were unsure of the events the survey was referencing. This PDSA (Plan Do Study Act) recommendation is for a change to the introductory letter to reference the initial complaint or appeal date and the facility named in the complaint or appeal. The reason for this change is to provide additional context to the Medicare beneficiaries who are responding to the survey. Providing additional information in the letter will help to increase the survey response rate and ensure that the respondents do not have to take extra time to submit inquiries prior to completing the survey.

## Recommendation:

Our recommendation is to have this additional information inserted prominently in the letter to ensure that the beneficiary remembers the interaction with the QIO and the healthcare event that prompted the complaint or appeal. Placing the name of the QIO in bold print on the letter will provide an additional reference point for the survey respondents.

The recommended revision must be processed by OSORA and requires approval from OMB. This procedure will take approximately one to two months to complete.

