

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0938-1185)**

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### **TITLE OF INFORMATION COLLECTION:**

QualityNet.org and QualityNet Secure Portal Customer Satisfaction and Task Prioritization Survey for Phase 1 of the QualityNet Portal (QNP) redesign project.

### **PURPOSE:**

The Centers for Medicare & Medicaid Services (CMS) Center for Clinical Standards and Quality (CCSQ) engaged the Project/Program Management and Business Requirements Contract (PMBR) to integrate QualityNet.org with the QualityNet Secure Portal (QSP) under a single, publically available entry point. The results of this consolidation effort will be referred to throughout this document as QNP.

On the QualityNet.org web site, CMS Quality Program participants access and retrieve important program information such as specification manuals, measures information, benchmarks of care, and more. Users also obtain their QSP log in credentials from registration information posted on QualityNet.org.

In QSP, CMS Quality Program registered users can upload quality data, securely transfer files and emails, obtain reports, and manage facility information.

The QNP integrated project team (IPT) is currently conducting analysis and gathering data from existing QualityNet.org and QSP users in order to create a user-friendly navigation structure for the future QNP.

This fast track request to conduct a Customer Satisfaction and Task Prioritization survey is a part of the QNP analysis, while also supporting the CCSQ Customer Satisfaction feedback initiative to ***measure the improved navigation and findability of QNP***.

The data collected in the survey will be used to guide the QNP IPT in decision-making around future navigation and establish a customer satisfaction baseline for QNP. The survey features 13 questions with questions using one of four formats – multiple choice, numeric ranking, Likert rating, and open-ended. It is anticipated that the survey will take participants approximately 10 minutes to complete.

Benefits of the Customer Satisfaction and Task Prioritization survey include:

- Increased understanding and awareness of current QualityNet.org and QualityNet Secure Portal users and their CMS program affiliation (ex. Hospital Quality Reporting)
- Benchmarking customer satisfaction with navigational components of QualityNet.org and QSP
- Establishing task prioritization of commonly accessed sections and features of QualityNet.org and QSP

The information collected through the customer satisfaction survey is both qualitative and quantitative in nature and will be identify key themes for improving the navigation of QNP. The data collection will not include statistical analysis as the number of survey recipients will be unknown. The QNP IPT would like to cap the number of respondents to 500 for the survey.

**DESCRIPTION OF RESPONDENTS:**

Target respondents are support contractors and vendors that use QualityNet.org and QualityNet Secure Portal to aid their clients in participation in CMS Quality Programs. The survey will be distributed via email to existing list serves that are used for communication with the support contractor and vendor audiences. It is estimated that approximately 30% of participants will be small entity, and will primarily represent for-profit institutions.

**TYPE OF COLLECTION:** (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                  | <input type="checkbox"/> Other:_____                             |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

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To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Private Sector	Capped at 500	10 minutes	~83 hours
<b>Totals</b>	<b>Capped at 500</b>	10 minutes	<b>~83 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is none. Current QNP Phase 1.0 has allocated the survey cost.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
 Yes  No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The QNP Customer Satisfaction and Task Prioritization survey will be distributed via email to existing list serve recipients that represent the vendor and support contractor communities for the following Hospital Quality Reporting (HQR) programs:

- Inpatient Quality Reporting
- Outpatient Quality Reporting
- Ambulatory Surgical Center Quality Reporting

- Inpatient Psychiatric Facility Quality Reporting
- PPS-Exempt Cancer Hospital Quality Reporting
- End-Stage Renal Disease (EQRS) Quality Reporting System

The QNP IPT will be working closely with the CMS support contractor HSAG to assist in the distribution via listserv as they are the current owners of the distribution lists.

Survey responses will not be indicated as mandatory for good standing in any quality reporting program, and a cap will be placed at 500 for the number of survey responses captures to limit the number of burden hours needed for the survey. All survey responses will be anonymous, and no PII will be captured.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain: Email and Web-based
2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**