




CMS MEDICARE BENEFICIARY AND FAMILY CENTERED SATISFACTION SURVEY

The CMS Medicare Beneficiary and Family Centered Satisfaction Survey is being conducted by the Centers for Medicare & Medicaid Services.

SURVEY INSTRUCTIONS

Please complete this survey and return it in the enclosed, postage-paid envelope to:

**1600 Research Blvd RC B16
Rockville, MD 20850-3129**

- Please use a black or blue pen to complete this survey.
- Your answers are important.
Please print clearly using uppercase, block letters (for example, "WEEKLY").
- If you want to change your answer, shade in the wrong answer. 

If you have any questions about this survey or how to fill it out, please call

1-888-518-2690, or send an e-mail to qiosurvey@amsaq.com

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0938-1177, and it expires September 30, 2015. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Your Medicare Quality of Care Complaint

1. Our records show that on [Complaint DATE] you filed a complaint about the quality of care you or another person received under Medicare. Is that right?

- Yes
- No → If No, please return the survey in the postage-paid envelope.

The questions in this survey refer to the Medicare quality of care complaint that you filed on [Complaint DATE] as "your quality of care complaint".

2. Have you received the results or findings in response to your quality of care complaint?

- Yes
- No → If No, go to #4

3. How satisfied are you with the results or findings in response to your quality of care complaint?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

4. Please give us your comments on the results or findings in response to your quality of care complaint and concerns.

Quality of Care Complaint Process

The next questions are about the way your quality of care complaint was handled and the process that [QIO NAME (Max length 60 characters)], the Quality Improvement Organization (QIO) in your state, used to get information and coordinate the steps in the process.

The questions will refer to the representative from [QIO NAME], the QIO in your state, as the "QIO representative". You may have spoken to the QIO representative when you filed your quality of care complaint, or in a follow-up conversation after your quality of care complaint was filed.

5. Did you speak to a QIO representative about your quality of care complaint?

- Yes
- No → If No, go to #14

Continued on next page.



6. **How satisfied were you that the QIO representative was as helpful as you thought he or she should be?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

7. **How satisfied were you that the QIO representative explained things in a way you could understand?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

8. **How satisfied were you that the QIO representative spent enough time with you?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

9. **How satisfied were you that the QIO representative listened carefully to you?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

10. **How satisfied were you that the QIO representative showed respect for what you said?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

How much do you agree or disagree with the following statements:

11. **The QIO representative was as responsive to your quality of care complaint as you thought he or she should be.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

12. **The QIO representative understood the situation related to your quality of care complaint.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

13. **The QIO representative talked with you about programs and services in your community that are available to help you with your health and wellbeing.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Letter(s) about your Quality of Care Complaint

14. **Did you get any forms or letters from the Centers for Medicare & Medicaid Services or the QIO about your quality of care complaint?**

- Yes
- No → **If No, go to #19**

Continued on next page.



15. How satisfied were you that the forms or letters you got about your quality of care complaint explained things in a way you could understand?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

16. How satisfied were you that the forms or letters you got about your quality of care complaint had all the information you needed?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

17. How satisfied were you that the forms or letters you got about your quality of care complaint showed respect for your concerns?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

18. How satisfied were you that the forms or letters you got about your quality of care complaint were consistent with the information you were told in telephone conversations with the QIO?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- I did not have any telephone conversations with the QIO

Overall Quality of Care Complaint Process

19. In responding to your quality of care complaint [QIO NAME], the QIO in your state, gathered information about your quality of care complaint, explained the complaint steps, and gave you the results or findings of your case. We are referring to this as the "quality of care complaint process". Using any number from 0 to 10 where 0 is the worst quality of care complaint process possible, and 10 is the best quality of care complaint process possible, what number would you use to rate the overall quality of care complaint process?

- 0 - Worst process possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - Best process possible

20. Please give us your comments on the process that was used in responding to your quality of care complaint. Include any comments you have on what worked well, and suggestions you have on ways to improve the process.

Thank you for your participation.

