

## Revisions to CMS-10068 Medicare Ombudsman Customer Service Feedback Survey

Issue #	Section	Action to be performed	Changes	Reason for the Change
1.	(Section 1: Letter from Walter Stone)	Revise as follows:	<b>Add:</b> The Office of the Medicare Ombudsman provides beneficiary assistance with complaints, grievances, and requests for Medicare related information. Feedback we receive from beneficiaries is used to identify trends, evaluate issues, and make recommendations for improving the Medicare Program.	Revised to provide an explanation of what the OMO is for clarification purposes.
2.	(Section 1: Letter from Walter Stone)	Revise as follows:	<b>Replace:</b> on the back of this letter  <b>With:</b> on the back of this letter	Revised for emphasis and clarification purposes.
3.	(Section 2: Instructions)  1st Paragraph, 1st Sentence	Revise as follows:	<b>Replace:</b> Thinking about how the Office of the Medicare Ombudsman responded to your request, please tell us how satisfied you are by answering a few questions.  <b>With:</b> This survey is to measure your satisfaction with the customer service _____ provided from the Office of the Medicare Ombudsman only (not Social Security, 1-800-MEDICARE or any other agency or department, please).	Revised to ensure the responses to the questions pertain to the service that the Ombudsman's office provided and not Medicare in general.
4.	(Section2: Instructions)  2 <sup>nd</sup> Paragraph, 2nd Sentence	Revise as follows	<b>Replace:</b> Based on a scale where 5 means you are very satisfied and 1 means you are very dissatisfied, please circle one number for each question that best describes your experience.  <b>With:</b> Based on a scale where <b>5 means you are very satisfied ☺</b> and <b>1 means you are very dissatisfied ☹</b> , please circle one number for each question that best describes your experience.	Revised for clarification purposes.

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5.	(Section 3: Survey)  Scale (a)	Revise as follows:	Replace: Very Dissatisfied/Very Satisfied  With: Very Satisfied/Very Dissatisfied	Revised to avoid beneficiary confusion about the numerical rating scale.
6.	(Section 3: Survey)  Scale (b)	Revise as follows:	Larger Font: 😞 Under Very Dissatisfied and 😊 under Very Satisfied	Added to avoid beneficiary confusion about which number means “Very Dissatisfied” vs. “Very Satisfied.”
7.	(Section 3: Survey)  #1	Revise as follows	Replace: Overall, how satisfied are you with the way the Office of the Medicare Ombudsman responded to your question?  With: Are you satisfied the information I provided answered your question(s)?	Revised for clarification and to ensure the response is regarding the service the Ombudsman’s office provided and not Medicare in general.  Moved overall satisfaction question to #6 to help beneficiaries first focus on the quality and clarity of the response.
8.	(Section 3: Survey)  #2	Revise as follows:	Replace: How satisfied are you that the information we gave you is clear and understandable?  With: Are you satisfied the information I provided is clear?	Revised clarity question for clarification purposes.
9.	(Section 3: Survey)  #3	Revise as follows:	Replace: How satisfied are you that the information we gave you responded to your question?  With: Are you satisfied with the length of time it took me to respond to you?	Revised timeliness question for clarification purposes and to ensure the response is regarding the service the Ombudsman’s office provided and not Medicare in general.  Order of questions changed for reason given in #6.
10.	(Section 3: Survey)  #4	Revise as follows:	Replace: How satisfied are you with the time it took us to respond to your question?  With: Are you satisfied with the method of response (letter, telephone, or e-mail)?	Added question to obtain new data.  Order of questions changed for reason given in #6.

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11.	(Section 3: Survey) #5	Revise as follows:	<i>Add: Are you satisfied I responded in a courteous manner?</i>	Added question to obtain new data and help focus the survey towards the Ombudsman's office only, and not Medicare in general.
12.	(Section 3: Survey) #6	Revise as follows:	<i>Replace: Overall, how satisfied are you with the way the Office of the Medicare Ombudsman responded to your question?</i>  <i>Add: Overall, are you satisfied with the customer service I provided?</i>	Revised for clarification and to ensure the response is regarding the service the Ombudsman's office provided and not Medicare in general.
13.	(Section 4: Additional Questions)  Question #1	Revise as follows:	<i>Replace: Please tell us how the <b>Office of the Medicare Ombudsman</b> can better respond to your future questions:</i>  <i>With: We welcome any suggestions to improve customer service provided by the <b>Office of the Medicare Ombudsman</b>:</i>	Revised for clarification purposes and to ensure the response is regarding the service the Ombudsman's office can provide and not Medicare in general.
14.	(Section 5: Closing)	Revise as follows:	<i>Replace: Thank you for taking the time to answer our survey. Please send us your completed survey in the enclosed postage paid envelope as soon as possible.</i>  <i>With: Thank you for taking the time to answer our survey. Please return your completed survey in the enclosed postage paid envelope.</i>	Revised to provide clarification.