

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

**TITLE OF INFORMATION COLLECTION:** End Stage Renal Disease (ESRD) Grievant Satisfaction Survey

**PURPOSE:**

The ESRD Grievant Satisfaction Survey endeavors to provide data to perform a nationwide evaluation of grievances received from ESRD patients or other individuals who file a grievance with a Medicare-certified ESRD provider or ESRD Network. The evaluation will rely on data collection instruments to identify the following:

1. Grievant satisfaction with the Network in resolving the grievance.
2. Grievant experience with the Networks’ grievance process as it relates to:
  - a. Customer service.
  - b. Collecting feedback on the grievant’s personal experience when filing a grievance.
3. Grievant overall satisfaction with the Network Program for filing, investigating, and resolving the grievance.
4. Grievant knowledge and understanding of the Network grievance resolution

process. The information gathered from this data collection will be used to:

1. Track and trend results of beneficiary level satisfaction with Network Grievance Protocol throughout key stages in the process:
  - Intake of grievance
  - Feedback and communication activities
  - Investigation
  - Referral arrangements
2. Identify opportunities for process improvement in Network Grievances.
3. Provide recommendations to Networks on how to improve the Network grievance program.
4. Share key observations drawn from aggregate data with patient SME groups<sup>1</sup> to gather feedback on patient centered improvements in the Network grievance process.
5. Develop a validated data-driven system based on analysis of aggregated data to utilize in the Network performance evaluation process.

**DESCRIPTION OF RESPONDENTS:**

Respondents include ESRD beneficiaries, their representatives, other family members/caregivers, facility employees, physicians and other practitioners, federal or state agencies, Quality Improvement Organizations (QIOs), and State Survey Agencies (SAs), who filed a grievance with an ESRD Network.

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

Customer Comment Card/Complaint Form       Customer Satisfaction Survey

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<sup>1</sup> Small focus groups consisting of volunteer patients from ESRD Networks.

- Usability Testing (e.g., Website or Software)  
 Focus Group

- Small Discussion Group  
 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.

Name: Kathleen M. Egan RN MSN CPHQ – GTL/COR ESRD/NCC – (Grievant Survey a task within this contract)

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**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households	384 <sup>2</sup>	12 minutes per respondent	76.8 hours
<b>Totals</b>	<b>384</b>	<b>12 minutes per respondent</b>	<b>76.8 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$15,000<sup>3</sup>.

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

<sup>2</sup> Using the most conservative assumption of a 50% proportion (based on the pilot study and previous experience with the Medicare population), a sample size of 384 will yield sufficient statistical power to produce a 95% confidence interval, with a 5% margin of error.

<sup>3</sup> Includes estimated cost of survey vendor and pre-notification letter mailings.

### **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?

### **Universe**

As measured in 2011<sup>4</sup>, over 5,900 dialysis facilities provided life-sustaining treatment to more than 415,000 ESRD patients. Of that patient pool, 1,651 complaints were tracked, whereas only 31 formal grievances were noted across the 18 ESRD Networks (CMS changed the terminology for grievances in 2013, no longer distinguishing between a complaint and a grievance).

### **Sampling Plan**

Based on the 2015 survey administration and previous experience with the Medicare population, CMS expects a response rate of approximately 30%. Assuming an overall response rate of 30% for the study, CMS would need a sample of 1,280 (i.e., 384 x 3.3) to achieve a final sample size of 384.

To achieve a sample size of 384, 1,280 survey participants will be sampled from data extracted from the Patient Contact Utility (PCU), a national Access database that allows Networks to enter grievance data. Stratified random sampling will be used to select an equal number of participants from each Network. This will produce a total of 71 participants from each Network, yielding a total sample size of 1,278.

### **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
  2. Will interviewers or facilitators be used?  Yes  No
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<sup>4</sup>Centers for Medicare and Medicaid Services. *End Stage Renal Disease Network Organization Program 2011 Summary Annual Report*. Baltimore, MD: CMS; 2012.