

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

TITLE OF INFORMATION COLLECTION:

Medicare Part D Beneficiaries’ Satisfaction on Potential Process Changes Associated With Comprehensive Medication Reviews (CMRs) and Targeted Medication Reviews (TMRs)

PURPOSE:

Information about Medicare Part D beneficiaries’ satisfaction on potential process changes associated with CMRs and TMRs will be collected in order to determine if and how these processes should be revised. This collection is designed to make changes based on what the end users (i.e., Medicare beneficiaries) would like to see made, based on interviews of 30 beneficiaries in early 2015 and subsequent recommendations from an expert panel associated with this project. Responses will be used to help improve other beneficiaries’ satisfaction and utility from CMRs and TMRs they may receive.

DESCRIPTION OF RESPONDENTS:

Respondents are Medicare beneficiaries who have Part D coverage and who meet Medication Therapy Management Program eligibility criteria.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: Phone interviews |

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: Amy K. Larrick, Acting Director, Medicare Drug Benefit and C & D Data Group

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [x] 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 [x] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
(1) Individuals	50	20 min	16.7 hr
Totals	50	20 min	16.7 hr

FEDERAL COST: The estimated annual cost to the Federal Government is \$15,000.00, which is the fully-loaded cost for the selected contractor to develop, perform, analyze and report the findings from this one-time set of telephone interviews.

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 targets 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 this universe? [x] Yes [] No

If the answer is yes, please provide a description of both below (or attach a 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?

In conducting an antecedent phase of this research activity, we acquired a large sample (n = ~500,000) of demographic data of Medicare beneficiaries who had recently received a CMR. Our plan is to:

1. Randomly select 200 observations from this dataset.
2. Associate phone numbers with these observations, based on their demographic data (i.e., names and addresses).
3. Administer the phone survey to the first 50 observations. In cases where the respondent refuses to participate, cannot be reached or is deceased, we will replace that observation with another one starting at observation #51.
4. In the unlikely scenario that we have exhausted all 200 observations but have not completed 50 interviews, we will randomly select another 200 observations (without replacement) and continue this process until we have completed 50 interviews.

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? Interviewers Yes No; Facilitators 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”

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 (in minutes) 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 Respondents and the Participation Time then 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 targets 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 with the request.