

**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:** MACBIS Software Application Electronic Surveys for Users (CMS-10719)

**PURPOSE:**

This November 2019 information collection request will authorize the collection of feedback on various Medicaid and Chip Business Information System (MACBIS) software in terms of usability and effectiveness of the software in collecting, managing, or routing MACBIS data from or to states. Survey responses will be used to improve aspects of each system’s design such as the user experience to ensure human centered design is incorporated.

Responses will also be used to ensure that the MACBIS systems meet their objectives and are best tailored to meet State and CMS expectations. Expected respondents for this survey include Federal and State operational and executive staff who are already using the MACBIS software.

**DESCRIPTION OF RESPONDENTS:**

State operational and executive staff, or drug manufacturers and other stakeholders, who are already using Medicaid and Chip Business Information System (MACBIS) software.

**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.

Name: \_\_\_\_\_

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**

Expected respondents for this survey include Federal and State operational and executive staff, or drug manufacturers and other stakeholders who are already using the MACBIS software. We estimate average hourly cost of \$100/hour. The surveys would be rotated quarterly across 4 MACBIS software systems and shared across user base.

<b>Respondents</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
State, local, or tribal governments (MACBIS system users [state exec, state stakeholder]) and private sector (drug manufacturers).  Based on annual OIT system census, 75% of 2,775 users in total or 2,081.25 respondents (2,775 users x 0.75).  2018 System Census breakdown: MDP 1,100 MACPro 650 T-MSIS 400 MACFin 625 <u>MACDW 0</u> Total 2,775	2,081.25 (at 1 response per respondent)	5 minutes (or 5/60)	173 hours

If every user were to respond, we estimate an annual cost of \$17,300 (173 hours x \$100/hour). Realistically, fewer than 15% of users are expected to respond, thereby reducing our cost estimate to \$2,595 (\$17,300 x 0.15).

**FEDERAL COST:**

<b>Respondents</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Federal Government: Internal CMS Stakeholders  Based on annual OIT system census, 25% of 2,775 users in total, or 693.75 respondents (2,775 users x 0.25).  2018 System Census breakdown:	693.75	5 minutes (or 5/60)	58 hours

<b>Respondents</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
MDP 1,100 MACPro 650 T-MSIS 400 MACFin 625 MACDW 0 Total 2,775			

The estimated annual cost to the Federal government if every user were to respond, is \$5,800 (58 hours x \$100/hour). Realistically, fewer than 40% of users are expected to respond, thereby reducing our cost estimate to \$2,320 (\$5,800 x 0.40).

**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?

These surveys will generally be presented to all MACBIS users. Since MACBIS users access MACBIS through the CMS OIT portal, we have user names and email addresses for surveys that are emailed. For surveys that are displayed on the UI, universe is all users accessing the systems.

**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
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.**