

**Appendix B1.**  
**Appellant Climate Survey**  
**Telephone Script**  
**(English)**



U.S. Department of Health and Human Services  
Office of Medicare Hearings and Appeals

**Medicare Administrative Law Judge Hearings  
Telephone Survey**

I am calling on behalf of the Office of Medicare Hearings and Appeals within the U.S. Department of Health and Human Services. The purpose of my call is to learn more about the level of customer service you received when you experienced the Medicare Administrative Law Judge hearing process.

The Office of Medicare Hearings and Appeals has asked my firm, 2M Research, to administer the survey in order to keep your answers completely anonymous. We will not reveal your name, or other personal identifying information, with your comments to the survey or in any report to the government.

As we go through the survey, when we say “OMHA” I mean the Office of Medicare Hearings and Appeals.

Do you have any questions for me before we begin the survey?

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(to be included in internet version and read upon request for telephone version)

According to the **Paperwork Reduction Act** of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0330. The time required to complete this information collection is estimated to average 11 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

## Section I. Hearings History

1. Approximately how many OMHA hearings have you participated in during the last 12 months?
  - a. 0
  - b. 1
  - c. 2 to 10
  - d. More than 10

Please respond to the survey questions based on your **most recent hearing** experience with OMHA over the last 12 months.

When answering these questions, think of the last hearing you participated in, which we show as [DATE] in the [FIELD OFFICE]. Is that correct? [IF NO, THEN ASK]

2a. Approximately when was the last hearing you participated in? Month \_\_\_\_\_ Year \_\_\_\_\_

2b. Do you recall the office that heard this case?

Albuquerque  
Arlington  
Atlanta  
Cleveland  
Denver  
Irvine  
Kansas City  
Miami  
New Orleans  
Phoenix  
Seattle

**FOR QUESTION BELOW, STOP READING ANSWER OPTIONS IF THE CALLER PICKS ONE BEFORE LIST IS FINISHED.**

3. Which of the following best describes your relationship to the appellant? Are you. . .
  - a. The appellant
  - b. Employee of the appellant
  - c. Appellant's authorized or appointed representative
  - d. Other. Please specify:

## Section II – Overall Experience

4. Independent of the Judge’s decision, to what extent do you think you were given the opportunity to have your case fully heard and considered?
  - a. Very great extent
  - b. Great extent
  - c. Some extent
  - d. Very little extent
  - e. Not heard and considered at all
  
5. Next, think about the entire process of working with OMHA, from requesting a hearing up to receiving a final decision. Regardless of the outcome of that decision, how satisfied were you with the process of working with OMHA overall?
  - a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied

**[IF ANSWER TO QUESTION 5 IS D OR E, THEN READ ONLY IF THE RESPONDENT BEGINS TO OFFER FEEDBACK:]** Your feedback is important to us and there is a place later in the survey where I can note it. But first, I have a few more specific questions to ask you.

6. How satisfied were you with the professionalism of OMHA staff when they assisted you with the hearing process **[INTERVIEWER, REMIND IF NEEDED: FROM REQUESTING A HEARING UP TO RECEIVING A FINAL DECISION]**?
  - a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied

## Section III – Hard Copy, Internet, and Phone Information

I am going to describe a [couple of documents] /[a document] you may have received during the appeals process.

- 7a. **[SKIP IF NON-BENEFICIARY]** First, is the Notice of Nondiscrimination (Form OMHA – 001). This document included instructions in a variety of languages on how to obtain free aid and services for people with disabilities and how to obtain free language services. Did you receive this document?”
  - a. Yes
  - b. No
  - c. Don’t know

- 7b. The [next document] / [first document] is the Index of the Administrative Record (Form-156) or Exhibit List. How satisfied were you with how clearly it listed all the documents admitted to the administrative record and was organized?”
- Very satisfied
  - Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied
  - Didn't receive
  - Don't know
8. Have you used the online Administrative Law Judge Appeal Status Information System or AASIS? This feature of the OMHA website allows you to look up the status of appeals you have filed with OMHA.
- Yes
  - No **[GO TO 11]**
9. **[IF ANSWER TO PRIOR QUESTION IS A]** How satisfied are you with AASIS's capability to provide **accurate** updates on your appeal?
- Very satisfied **[GO TO 11A]**
  - Satisfied **[GO TO 11A]**
  - Neither satisfied nor dissatisfied **[GO TO 11A]**
  - Dissatisfied
  - Very dissatisfied
10. **[IF ANSWER TO PRIOR QUESTION IS D OR E]** Why were you dissatisfied?
- [GO TO 11A]**
11. Have you accessed OMHA's website?
- No, I did not try
  - No, I do not have access to a computer and/or the Internet
  - No, I tried to but could not find it
  - Yes
- 11A. Do you have any suggestions for improving the OMHA website?

12. Did you ever use the beneficiary or national toll-free helplines to contact OMHA?
- a. Yes **[GO TO Q13]**
  - b. No **[GO TO Q14]**
13. How satisfied were you with the customer service provided by OMHA through the toll-free helpline?
- a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied

## Section IV- Experience Scheduling Your Hearing

Next, I will ask you some questions about your satisfaction with scheduling your hearing.

14. There were four different phases of the scheduling process, starting with your initial request for a hearing up to when you actually participated in the hearing and received the Judge's decision. The first is \_\_\_\_\_. Would you say that you were very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied or very dissatisfied with \_\_\_\_\_? The next phase was \_\_\_\_\_? Were you . . .

	Very Satisfied	Satisfied	Neither Sat. nor Dissat.	Dissatisfied	Very Dissatisfied
a. The timeframe between filing your request for hearing and when you were notified that your case had been assigned to a Judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The amount of time you waited after the appeal was assigned until your hearing was scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The timeframe after the hearing was scheduled but before it was held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The timeframe between the hearing and receiving a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Overall, how satisfied were you with the entire process to schedule the Judge hearing(s)?

- a. Very satisfied
- b. Satisfied
- c. Neither satisfied nor dissatisfied
- d. Dissatisfied
- e. Very dissatisfied

16. **[IF ANSWER TO PRIOR QUESTION IS D OR E]** Please specify:

17. After your hearing was scheduled, was it ever rescheduled?

- a. Yes **[ASK 18A AND 18B]**
- b. No **[GO TO 19]**

18A. Did you request the hearing to be rescheduled or did the Judge change the time and/or place of the hearing?

- a. Respondent requested the hearing be rescheduled.
- b. The Judge changed the time and/or place of the originally scheduled hearing.
- c. Both parties requested the hearing be rescheduled and/or change in time and/or place at least one time.

18B. How satisfied were you with the rescheduling process?

- a. Very satisfied
- b. Satisfied
- c. Neither satisfied nor dissatisfied
- d. Dissatisfied
- e. Very dissatisfied

## Section V – Interaction With OMHA Between Scheduling and Hearing

19. Did you have any interaction with OMHA staff after the hearing was scheduled, but before the hearing was conducted?

- a. Yes
- b. No **[GO TO Q23]**

20. What was the purpose of the interaction between you and OMHA staff [please check all that apply]?

- a. Submit evidence or other documents
- b. Request a copy of the administrative record
- c. Discuss procedural matters
- d. Get general questions about the hearing process answered
- e. Other. Please specify:



21. During the period after the hearing was scheduled but before it was held, how satisfied were you with your interaction with OMHA staff overall?
- a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied
22. **[IF ANSWER TO QUESTION 21 WAS D, OR E]** Please describe why your interaction with OMHA staff was less than helpful.

## Section VI – Telephone Hearing

Next is a question about your telephone hearing.

23. Overall, how satisfied were you with the **use of the telephone** to conduct your hearing(s)?
- a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied
24. **[IF D OR E TO QUESTION 23]** Please specify:

## Section VII – Final Questions for ALL Appellants

25. Regardless of the Judge's decision, how satisfied were you with the interaction(s) you had with the Judge?
- a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied

26. Regardless of the Judge’s decision, how satisfied were you with how clearly the decision explained the final outcome and reasoning behind the Judge’s decision?
- Very satisfied
  - Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied

27. Regardless of the Judge’s decisions, please respond to the following statements about the Judge <b>during your hearing(s) experience.</b>	Always	Often	Some-times	Never	Don’t Know
a. The Judge clearly stated the relevant issues in my case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The Judge was professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The Judge was an effective listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The Judge was prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The Judge conducted an orderly hearing(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Based on your experience with the OMHA appeals process, do you have any suggestions for improvement?

## Section VIII – Final Questions for Non-Beneficiaries Only

As part of a broader effort to improve the Medicare appeals process, OMHA has offered alternative methods instead of the hearing process to seek review of appeals. The next questions describe one of OMHA’s Special Initiatives.

	YES	NO
29. OMHA’s Settlement Conference Facilitation (SCF) program, is an alternative dispute resolution process at OMHA that gives certain providers and suppliers an opportunity to resolve their eligible Part A and Part B appeals through mediation with the Centers for Medicare and Medicaid Services (CMS). Are you aware of this program?		

30. **[ASK IF Q29=YES]** Have you participated in the Settlement Conference Facilitation program?
- Yes **[GO TO 31]**
  - No **[GO TO CLOSING STATEMENT]**

31. How satisfied were you with your settlement conference facilitation experience?
- a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied

**END, closing statement ►**

These are all the questions we have for you. Thank you very much for taking the time to speak with us. If you would like to make a comment about this survey or confirm that it meets the necessary requirements as a valid information collection tool under the Paperwork Reduction Act, please contact the OMHA Survey Team at 1-866-207-4466.