Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: XXXX-YYYY)

TITLE OF INFORMATION COLLECTION: Medicare Administrative Contractor (MAC) Provider Experience Persistent Feedback

PURPOSE:

Executive Order 12862 requires Federal Agencies to continuously reform practices and operations to improve the customer experience. It specifically instructs Agencies to provide a way or process to address customer complaints. To meet this objective，the Centers for Medicare & Medicaid Services (CMS) developed a persistent feedback mechanism to capture customer feedback on Medicare Administrative Contractor (MAC) and CMS websites and portals. MACs are private health care insurers that have been awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) health care providers on behalf of beneficiaries. CMS relies on the network of MACs to serve as the primary operational contact between the Medicare FFS program and the health care providers enrolled in the program that submit claims on behalf of beneficiaries. MACs perform functions such as claims processing, provider education, responding to telephone and written inquiries, and handling appeals.

The purpose of this fast track request is to collect feedback about immediate issues found on a webpage like technical issues with broken links or a user's inability to find information on a page. We are offering the ability to provide feedback to visitors to the MAC websites and internet portals for the sixteen MAC Jurisdictions (5, 6, 8, 15, A, B, C, D, E, F, H, J, K, L, M, and N). The feedback questions may also be used to collect information on certain CMS web pages. The end goal of this effort is to collect more actionable data to help improve the overall customer experience.

CMS will gain feedback in both Spanish and English through MAC and CMS websites and internet portals that providers use. Both versions of the survey are attached to this request.

DESCRIPTION OF RESPONDENTS:

Visitors to the following websites and online portals.

https://www.novitas-solutions.com/
https://medicare.fcso.com/
https://www.palmettogba.com/
https://med.noridianmedicare.com/
https://www.wpsgha.com/
https://www.cgsmedicare.com/
https://www.ngsmedicare.com/
https://www.cms.gov

Respondents include, but are not limited to, Medicare providers, Medicare suppliers, provider/supplier staff, billing agencies and clearinghouses.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [x] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] Focus 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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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 Abel-Matkins_____

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

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?   [X] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [X] Yes [ ] No
    a. <u>09-90-1901</u> HHS Correspondence, Customer Service, and Contact List Records SORN history: 84 FR 28823 (6/20/19)

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
Website/Portal users including Medicare providers, Medicare suppliers, provider/supplier staff, billing agencies and clearinghouses	45,000	1 minutes	750 hours

Totals	**45,000**	1 minute	**750 hours**

FEDERAL COST: The estimated annual cost to the Federal government is $36,322.69___

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?

<div align="center">[ ] Yes [x] No</div>

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?

Respondents include, but are not limited to, Medicare providers, Medicare suppliers, provider/supplier staff, billing agencies and clearinghouses, who visit a MAC website, access a MAC portal, or visit cms.gov.

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
      [x] Web-based or other forms of Social Media
      [ ] Telephone
      [ ] In-person
      [ ] Mail
      [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [x] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

<div align="center">

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.