

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

## **TITLE OF INFORMATION COLLECTION:**

Surveying our Customers – Post-activity Evaluation (CMS-10732)

## **PURPOSE:**

This collection of information request is directly related to the President’s Management Agenda (PMA), specifically Priority Areas for Transformation, CAP Goal 4, *Improving Customer Experience with Federal Services*. This is a fast track that is associated with the PMA objective of providing a modern, streamlined, and responsive customer experience across Government. Our evaluation, while voluntary to complete, is designed and tailored to each audience to elicit consumer feedback on how well OPOLE is addressing the informational needs of our stakeholders and partners with whom we interact throughout the year and, particularly, in the summer and fall. In addition to meeting the goals of PMA CAP Goal 4, our stakeholder feedback questions were created to meet the expectation of the CMS Administrator, who has asked OPOLE to be able to demonstrate that we are attuned to and meeting our customers’ informational needs. The summer and fall is when our customer engagements are at their peak, and so we seek expedited OMB approval to begin this critical new level of engagement with our stakeholders and customers.

## **DESCRIPTION OF RESPONDENTS:**

There are four main types of respondents anticipated - each respondent will receive the same evaluation questions, but tailored to their audience type:

- **Medicare Beneficiary** – individuals entitled to benefits under Medicare Part A plan and enrolled under Medicare Part B plan, or enrolled in both Medicare Part A and B and who resides in the United States. These individuals pay deductibles and 20 percent coinsurance for most services and equipment.
- **Marketplace Consumer** – individuals with income up to 138 percent of the federal poverty line who purchase health insurance that provides coverage for essential health services, including pre-existing conditions, and do not have access to coverage through an employer or public insurance program (Medicaid or Medicare).
- **Provider/supplier** – an enrolled Medicare Program physician or other practitioner, or an entity other than a provider, that furnishes health care services to Medicare beneficiaries. There are a broad range of Institutional Providers, including, but not limited to: Community Mental Health Centers; Federally Qualified Health Centers; Hospices; Hospitals, Outpatient physical therapy/speech pathology providers; Rural Health Clinics; and Skilled Nursing Facilities; Equally broad are the Suppliers, not limited to: Ambulance services; Certified nurse-midwives; Clinical psychologist; Clinical social workers; Durable medical equipment; and Outpatient services.
- **State Health Insurance Assistance Program or other assister or partners** – provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.

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

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group
- Customer Satisfaction Survey
- 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: John Hammarlund, Deputy Director, Office of Program Operations & Local Engagement, Local Engagement & Administration, Centers for Medicare & Medicaid Services.

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
Provider/supplier (see attached – LEA Engagement Prov.Supp and Webinar Hyperlink)	8,928	3 minutes	446 hours
Medicare Beneficiary (see attached – LEA Engagement Eval Medicare Bene and Webinar Hyperlink)	4,464	3 minutes	223 hours
Marketplace Consumer (see attached – LEA Engagement Marketplace Consumer and Webinar Hyperlink)	4,464	3 minutes	223 hours
State Health Insurance Assistance Program or other	4,464	3 minutes	223

assister or partners (see attached – LEA Engagement SHIP or Other and Webinar Hyperlink)			hours
<b>Total</b>	<b>22,320</b>	3 minutes	<b>1,115 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is negligible due to the fact the majority of responses will be done online and go directly into our CMS Relationship, Events, Contacts, and Outreach Network (RECON) web based contact management tracking system. This will not require any additional work by any federal employee. Responses completed by those attending an outreach events in person will be gathered and brought back to the local office by a CMS Outreach employee to enter into the RECON system as part of their routine “after event” documentation.

**Note:** In 2019, there were a total of 554 outreach engagements and trainings with a total attendance of 89,285 (source: RECON tracking system. According to [www.customerthermometer.com](http://www.customerthermometer.com) the average survey response in 2018 rate is 33 percent, while [www.surveygizmo.com](http://www.surveygizmo.com) reports an average of 10-15 percent response rate for external surveys in 2015. This feedback evaluation is considered an external evaluation, therefore, we estimate out of a 2019 attendance of 89,285, we should reasonably expect to receive 22,320 voluntary responses (using 25 percent as a rational average, based upon industry standards, and midpoint between a high of 33 percent and a low of 10–15 percent).

**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?

Respondents participating in local outreach engagements or trainings, based upon invitation, or recommendation from a stakeholder association, will be given the opportunity, on a voluntary basis, to complete an evaluation at the conclusion of the engagement as follows:

**If attending in person**, the evaluation will be offered in hardcopy format, at the conclusion of the engagement event. The evaluation is tailored to the audience type.

**If attending via webinar**, the evaluation will be offered online, via hyper-link, tailored to the audience, at the conclusion of the webinar. This will work as follows:

- If the attendee decides to voluntarily complete the feedback evaluation, they will click on the link provided on the end page of the Slide Deck, which takes them to the online evaluation.
- The evaluation asks for the name of the CMS Activity they just attended and the date so that it can be tracked for reporting purposes.
- The attendee will then select from a drop-down list the audience that describes them (Medicare Beneficiary, Marketplace Consumer, Provider/Supplier, or State Health Insurance Assistance Program or other assister or partners. Once selected, the evaluation is then tailored to that audience type.
- Upon completion of the evaluation, the respondent clicks on the “submit” box at the end of the page and the data is electronically transferred into the CMS RECON system.

### **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