

Medicare Casework Satisfaction Survey- Telephone Script
CMS-10746, OMB 0938-1185

Before we conclude today's call, would you mind staying on the line for a brief two question survey?

If the customer says "no," state one of the following:

- *"That it is fine. Thank you very much. Have a nice day."*
- *"No problem. Thank you very much. Have a nice day."*
- *"I understand. Thank you very much. Have a nice day."*

If yes, state: "Great, thank you."

- *"First, are you satisfied with the customer service you received today, yes or no?"*
 - o State: *"Thank you"* after the response.
- *"Secondly, is there anything else you would like to share?"*
 - o If needed, ask individual to clarify response.
 - o State: *"Thank you"* complete.

Upon the conclusion of the call state, one of the following:

- *"We appreciate staying on the line a little longer to provide that feedback. Have a nice day."*
- *"We appreciate staying on the line a little longer to provide that feedback. Have a nice evening."*
- *"We appreciate staying on the line a little longer to provide that feedback. Have a nice weekend."*

PRA Disclosure Statement –*The purpose of this voluntary survey is to measure satisfaction from Medicare beneficiaries or their authorized representatives, who are provided assistance in the resolution of their casework matter by CMS staff. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.*

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 0938-1185. The time required to complete this information collection is estimated to average of 2 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: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.