

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0938-1185, CMS-10415)**  
**TITLE OF INFORMATION COLLECTION:**

Medicare Casework Customer Satisfaction Survey (CMS-10746)

**PURPOSE:**

The President’s Management Agenda (PMA) lays out a long-term vision for modernizing the Federal Government in key areas that will improve the ability of agencies to deliver mission outcomes, provide excellent service, and effectively steward taxpayer dollars on behalf of the American people. More specifically, CAP Goal #4, Improved Customer Experience with Federal Services, charges federal agencies will provide a modern, streamlined, and responsive customer experience across Government, comparable to leading private-sector organizations.

CMS/OPOLE staff routinely intervene to assist customers in matters relating Medicare beneficiaries’ enrollment, costs, premiums, and health/prescription drug plan coverage matters. The purpose of this collection 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. This survey will be used to establish a baseline of user satisfaction and to identify areas for customer service improvement.

The survey is to be administered only at the conclusion of telephone calls and voluntarily. There will be no written survey. The script will consist of two questions: (1) Are you satisfied with the customer service you received today, yes or no? (2) Is there anything else you would like to share? There will be no additional questions, though clarification may be requested based on the response to question #2. The information gathered will not be distributed externally. It is not being developed for use by CMS’ contractors, including Medicare Administrative Contractors, Medicare Advantage, and Part D Sponsors.

**DESCRIPTION OF RESPONDENTS:**

Medicare beneficiaries and caregivers who have contacted CMS requesting assistance in the resolution of their Medicare matter.

**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: Paul R. Collura

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? N/A
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? N/A

**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
Beneficiaries or their authorized representative	Up to 5,000 per year	2 minutes	167 Hours
<b>Total</b>	Up to 5,000 per year	2 minutes	167 Hours

**FEDERAL COST:** CMS/OPOLE is planning to conduct up to 5,000 surveys per year using in house staffing resources, resulting in no additional costs. However, in the future, CMS/OPOLE may evaluate third-party contracting options to collect this information, either expanding existing contracts or awarding a new one.

**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?  

[X] 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?

Beneficiaries needing casework assistance are identified in existing CMS case management systems, such as the Complaints Tracking Module. After a CMS employee resolves one of these cases and contacts the beneficiary or their authorized representative, the individual will be asked if they would be willing to stay on the telephone line and answer a two question survey. If so, a short survey of up to two questions will be administered.

**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

The script is attached to this information collection request.