

## Account Manager Satisfaction Survey

All questions, except where noted, will have a 1-5 Likert Scale: (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree, with an opportunity for the respondent to provide comments alongside each question. All questions, including comments, are optional (i.e. the respondent can skip question(s) and still submit the survey)

### PACE Organization Questions:

1. My Account Manager is readily accessible.
2. Quarterly call conversations with my Account Manager are collaborative and educational.
3. My Account Manager effectively facilitates the resolution of questions/issues and/or directs me to the appropriate resource to obtain an answer.
4. My Account Manager provides technical support during the corrective action plan monitoring phase following an audit.
5. How would you rate your experience with your Account Manager?
6. Do you have any suggestions on how PACE Account Management could be improved?  
(Open text field)

### All Other Organization Questions (includes Medicare Advantage, Prescription Drug Plan Organizations, Medicare-Medicaid Plan Organizations, and Cost Plan Organizations):

1. Does your combined Medicare enrollment exceed 500,000 members? (yes/no)
2. My Account Manager is readily accessible.
3. Routine conversations with my Account Manager are collaborative and educational.
4. My Account Manager effectively facilitates the resolution of questions/issues and/or directs me to the appropriate resource to obtain an answer.
5. How would you rate your experience with your Account Manager?
6. Do you have any suggestions on how Medicare Account Management could be improved?  
(Open text field)

***PRA Disclosure Statement*** –*The purpose of this voluntary survey is to measure Account Manager satisfaction from Medicare health and drug plans. 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 ten 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.*