

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) Customer Experience (MCE) Program – Audit and Reimbursement

PURPOSE:

As established in Section 911 of the Medicare Prescription Drug Improvement, and Modernization Act (MMA) of 2003, CMS relies on a network of private health care insurers known as Medicare Administrative Contractors (MACs) to perform a variety of services. MACs serve as the primary operational contact between the Medicare Fee-for-Service (FFS) Program and health care providers and suppliers enrolled in the program. There are currently 16 multi-state MAC jurisdictions (represented by the following letters and numbers—J5, J6, J8, J15, JA, JB, JC, JD, JE, JF, JH, JL, JK, JL, JM and JN) responsible for processing Medicare Part A, Part B and Durable Medical Equipment (DME) claims and performing many activities including:

- Enrolling providers in the Medicare FFS Program
- Handling appeals requests
- Responding to provider inquiries
- Educating providers about Medicare FFS billing requirements
- Performing Medical Review

MMA Section 911 also requires CMS to include provider satisfaction as a MAC performance measurement. This requirement builds on Executive Order 12862, which requires Federal Agencies to continuously reform practices and operations to improve the customer experience by surveying customers to determine the kind and quality of services they want and their level of satisfaction with existing services. CMS developed the MAC Customer Experience (MCE) Program to meet these requirements.

The MCE Program consists of multiple satisfaction surveys using a variety of media (for example, website pop-up, link, etc.) to measure satisfaction with MAC services. The goals of this effort are to reduce survey fatigue, collect actionable data, and increase response rates. CMS plans to use a series of short, targeted English and Spanish surveys to get feedback at different times providers interact with their MAC. The MCE Program provides CMS a “global” view of providers’ experiences and their overall MAC satisfaction, while also allowing CMS to measure satisfaction with specific MAC functional areas like claims processing, enrollment, and appeals.

This fast track request is one in a series submitted over time as part of the overall MCE Program. Specifically, this request is to collect feedback from Medicare providers about their experience with the MACs’ Electronic Data Interchange (EDI) enrollment process. EDI is the automated transfer of data in a specific format following specific data content rules between a health care provider and Medicare, or between Medicare and another health care plan.

DESCRIPTION OF RESPONDENTS:

Respondents include, but are not limited to, Medicare providers, Medicare suppliers, provider or supplier staff, billing agencies, and clearinghouses. These respondents interact with the MACs' EDI staff and content on these MAC websites:

- <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.edissweb.com/>

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: Amy Abel-Matkins _____

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

[09-90-1901](#) 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 Hours |
|---|--------------------|--------------------|------------------|
| Respondents include, but are not limited to, Medicare providers, Medicare suppliers, provider or supplier staff, billing agencies, and clearinghouses | 5,000 | 3 minutes | 250 hours |
| Totals | 5,000 | 3 minutes | 250 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?
[] Yes [x] 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?

MACs use a variety of communication channels and mechanisms, including print and internet. Medicare providers, Medicare suppliers, provider or supplier staff, billing agencies, and clearinghouses who are involved in the Audit and Reimbursement process may be asked to complete a survey.

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.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

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 (in minutes) 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 Respondents and the Participation Time then 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.