**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 – Provider Contact Center - Palmetto Web Chat Library of Questions

**PURPOSE:**

Section 911 of the 2003 Medicare Prescription Drug Improvement, and Modernization Act (MMA) created a network of private health care insurers, or Medicare Administrative Contractors (MACs), to perform a variety of services for us. MACs are the main operational contacts between the Medicare Fee-for-Service (FFS) Program and health care providers and suppliers enrolled in Medicare. There are now16 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) that process Medicare Part A, Part B, and Durable Medical Equipment (DME) claims and also:

- Enroll providers in the Medicare FFS Program
- Handle appeals requests
- Respond to provider inquiries
- Educate providers about Medicare FFS billing requirements
- Perform medical review

MMA Section 911 also requires us to use provider satisfaction as 1 way to measure MAC performance. This requirement builds on Executive Order 12862, which requires federal agencies to survey customers to:

- Find out the kind and quality of services they want and how satisfied they are with the services they're already getting
- Keep improving practices and operations

We developed the MAC Customer Experience (MCE) Program to meet these requirements.

The MCE Program uses satisfaction surveys offered in a variety of ways (for example, on a website, in a pop-up, by link, etc.) to measure provider satisfaction with MAC services.

Our MCE Program goals are to:

- Reduce survey fatigue
- Collect data we and the MACs can act on
- Raise response rates

We plan to use a series of short, targeted English and Spanish surveys to get feedback when providers interact with their MACs. The MCE Program:

- Gives us an overview of providers' experiences and their overall MAC satisfaction
- Allows us to measure satisfaction with specific MAC functional areas like claims processing, enrollment, and appeals

This fast track request is 1 in a series we've submitted over time as part of the MCE Program. Specifically, this request is to collect feedback from Medicare providers and suppliers about their experience with Palmetto GBA's contact center web chat process. Medicare providers and suppliers use live chat and bot technology offered on the MAC website and portal to ask the MAC's provider contact centers questions about the Medicare program.

**DESCRIPTION OF RESPONDENTS**:
Respondents include, but aren't limited to, Medicare providers; Medicare suppliers; provider or supplier staff; billing agencies; and clearinghouses. These respondents interact with the MACs' contact center staff and content on this MAC website:
https://www.palmettogba.com/

**TYPE OF COLLECTION:** (Check one)
[ ] Customer Comment Card/Complaint Form          [x ] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software          [ ] Small Discussion Group
[ ]  Focus 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 <u>not</u> raise issues of concern to other federal agencies.
4.  The results are <u>not</u> intended to be disseminated to the public.
5.  Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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?  [ x ] Yes  [ ]  No
2.  If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?   [ x ] Yes [  ] No
3.  If Yes, has an up-to-date System of Records Notice (SORN) been published?  [ x ] 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 | Participation | Burden |
| --- | --- | --- | --- |

| | Respondents | Time | Hours |
|---|---|---|---|
| Respondents include, but are not limited to, Medicare providers, Medicare suppliers, provider or supplier staff, billing agencies, and clearinghouses | 1,560 | 2 minutes | 52 hours |
| | | | |
| **Totals** | **1,560** | 2 minutes | **52 hours** |

**FEDERAL COST:**  The estimated annual cost to the Federal government is  $2,270.17____
**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?

Palmetto communicates in variety of ways, including in print and on the internet. Medicare providers; Medicare suppliers; provider or supplier staff; billing agencies ;and clearinghouses who contact a MAC provider contact center 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
[x  ] 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.**