

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 0938-1382)**

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**TITLE OF INFORMATION COLLECTION:** Medicare.gov Web Satisfaction Survey

**PURPOSE OF COLLECTION:**

*What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?*

The purpose of this data collection is to examine Medicare.gov user satisfaction to enable CMS to identify areas for improvement on the website. This data feeds into an overall consumer research and user experience strategy to continuously improve consumer experience across CMS products and channels.

**TYPE OF ACTIVITY:** (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

**ACTIVITY DETAILS**

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. Who will you collect the information from?

*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them (e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)*

Data is collected from individuals who are current Medicare.gov website users. A random sample of 25% of Medicare.gov users receive an automated pop-up with an invitation to participate in

the satisfaction survey on motion to exit the site. Participants who agree to participate are taken directly to the survey for completion.

3. How will you ask a respondent to provide this information? (e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)

Upon motion to leave the website (mouse motion toward the top right corner), selected users receive a pop-up invitation, asking if they would like to provide feedback about their experience on the website. Those who agree to participate are taken immediately to the survey, which is collected online and unmoderated. Data is automatically saved as it is entered.

4. What will the activity look like? Describe the information collection activity - e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?

The survey will be conducted online, using Qualtrics software. It is unmoderated and designed to take each participant approximately four minutes to complete. Each question will be shown on a single screen, with a "next" button to get to the next question. The survey data will be automatically saved as it is entered. No PII is linked to individual responses to the survey.

5. Please provide your question list. Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.

**Q1 Browser question (automated – not asked)**

**Q2. Who are you using Medicare.gov for?**

- 1 Myself
- 2 Someone else

**Q3. [IF Q2 = 1] Do you have Medicare?**

- 1 Yes
- 2 No

**Q4. [If Q3=1] How do you currently get Medicare coverage?**

- 1 I have Original Medicare (sometimes called 80/20 or Fee-for-Service Medicare)
- 2 I have a Medicare Advantage Plan (like an HMO or PPO)
- 3 I'm not sure

**Q5. [If Q4=1 or Q4=3] Do you have any of these? [Select all that apply.]**

- 1 A Medicare prescription drug (Part D) plan
- 2 Medicare Supplement Insurance (Medigap) policy
- 3 Neither
- 4 I'm not sure

**Q6. [If Q3 = 2] Will you get Medicare soon?**

- 1 Yes
- 2 No
- 3 I'm not sure

**Q7. [If Q2=2] Were you looking at Medicare.gov today as a:**

- 1 Friend, relative, or unpaid caregiver
- 2 Health care provider or health care staff
- 3 Assistor, navigator, agent or broker
- 4 SHIP counselor
- 5 Researcher
- 6 Other

**Q8. [ALL] What was the main reason you came to Medicare.gov today?**

**If you came for more than one reason, select the main one.**

- 1 Get general information about Medicare (like how it works, what's covered, or cost information)
- 2 Create or use my online Medicare account (like viewing claims)
- 3 Apply or sign up for Medicare (Part A and/or Part B)
- 4 Enroll in a Medicare Advantage Plan, Part D drug plan, or Medigap policy
- 5 Look for, review, or compare Medicare Advantage Plans, Part D drug plans, or Medigap policies
- 6 Look for a doctor, hospital, or other health care provider/facility.
- 7 Pay my premium
- 8 Other (specify)

**Q9. [If Q8 =1] Which best describes the type of information you were looking for today?**

- 1 When can a person get Medicare? Or how do they apply?
- 2 How does Medicare work in general?
- 3 How much does Medicare cost (like premium, deductibles, and copayments)?
  
- 4 How does Medicare work with my insurance?
- 5 Is a test, item, or service covered?
- 6 Just looking
- 7 Other (specify)

**Q10. [If Q8=2] What did you do in {your or another person's} online Medicare account?**

- 1 Created {my or another person's} online account
- 2 Reviewed {my or another person's} claim
- 3 Updated {my or another person's} information (like name, address, email)

- 4 Changed how {I or another person} get(s) {my or their MSNs} or Medicare & You handbook (by email or by mail)
- 5 Reviewed my current coverage
- 6 Other (specify)

**Q11 [If Q8= 4 or 5] What type of plan or plans were you interested in (if Q8=4 “enrolling in” and if Q8=5 “looking for, reviewing, or comparing”)? [Select all that apply.]**

- 1 Medicare Advantage Plan
- 2 Medicare prescription drug (Part D) plan
- 3 Medicare Supplement Insurance (Medigap) policy
- 4 I don't know
- 5 Other (specify)

**Q12 [IfQ8=6] What, specifically, were you looking for today? [Select all that apply.]**

- 1 Doctor or other health care provider
- 2 Nursing home
- 3 Hospital
- 4 Home health services
- 5 Dialysis facility
- 6 Medical equipment supplier
- 7 Long-term care hospital
- 8 Inpatient rehabilitation facility
- 9 Hospice care
- 10 Other (specify)

**Q13 [If Q8=4 or 5]: How confident are you that you could (or did) enroll in the right plan for you?**

- 1 Very confident
- 2 Somewhat confident
- 3 Neutral
- 4 Not very confident
- 5 Not at all confident

**Q14 [If Q8 = 6]: How confident are you that the information on Medicare.gov will help you select the right provider or facility for you?**

- 1 Very confident
- 2 Somewhat confident
- 3 Neutral
- 4 Not very confident
- 5 Not at all confident

**Q15. [ALL] Were you able to successfully {Q8 response or “do what you came to do” if Q8 response = 7} during your visit today?**

- 1 Yes
- 2 No
- 3 I don't know

**Q16 [ALL] How easy was it to {Q8 Response or “do what you came to do” if Q8=7} on Medicare.gov today?**

- 1 Very difficult
- 2 Somewhat difficult
- 3 Neutral
- 4 Somewhat easy
- 5 Very easy

**Q17 [If Q15=2 or 3] What will you do next?**

- 1 Keep looking at Medicare.gov
- 2 Come back to Medicare.gov later
- 3 Go to a different website
- 4 Contact 1-800-MEDICARE
- 5 Get in-person help
- 6 Check the Medicare & You handbook
- 7 Don't know/not sure
- 8 Other (specify)

**Q18a [ALL] How satisfied were you with your overall experience on Medicare.gov?**

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

**Q18b [ALL] How satisfied were you with the information on Medicare.gov?**

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

**Q18c [ALL] How satisfied were you with how well the Medicare.gov website worked today?**

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

**Q19 [ALL] How likely are you to return to Medicare.gov if you need information about Medicare in the future?**

- 1 Very likely
- 2 Somewhat likely
- 3 Neutral
- 4 Not very likely
- 5 Not at all likely

**Q20 [ALL] How can we improve Medicare.gov? [open-ended responses]**

**Q21 [ALL] Would you be interested in being contacted in the future to take part in research activities related to Medicare.gov? If so, please include your email address below:**

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against.

Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](http://Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

XXX

6. When will the activity happen?

*Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10<sup>th</sup>, or "This survey will remain on our website in alignment with the timing of the overall clearance.")*

**This survey will remain on our website in alignment with the timing of the overall clearance.**

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes  No

If Yes, describe:

XXX

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Medicare.gov user	360,000/year	4 minutes	24,000 /year
<b>Totals</b>			

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per

respondent) and are low-cost for both the respondents and the Federal Government;

3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publicly in the manner described in the umbrella clearance of this control number.

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**All instruments used to collect information must include:**

**OMB Control No. 0938-1382**

**Expiration Date: 09/30/2026**

**HELP SHEET**  
**(OMB Control Number: 0938-1382)**

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**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.

**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:** 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.

**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 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 responses and the participation time and divide by 60.