

1. Please rate your overall satisfaction with the Health Insurance Marketplace Call Center based on your most recent call.
2. How would you rate the ability of the customer service representative who just assisted you to answer your questions?
3. How would you rate the customer service representative's knowledge of your coverage options
4. If you have used our website, healthcare.gov, please rate your most recent experience
5. How would you rate your interaction with the automated phone system?
6. Are you satisfied with how long it took you to get through to a representative

PRA Disclosure Statement

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 **0938-1382 (Expires 9/30/2026)**. This is a voluntary information collection. Although CMS is not invoking statutory support for confidentiality, the quality of this type of information requires respondent candor and anonymity. Therefore, CMS pledges to keep the information collected private unless otherwise required by law. Respondents will be notified on the data collection form that their information will only be reported in aggregated form and no personally identifiable responses will be publicly released. The time required to complete this information collection is estimated to average **TBD** 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.