

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

TITLE OF INFORMATION COLLECTION: High Impact Trust Survey Medicare

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 trust to enable CMS to identify areas for improvement on the website.

TYPE OF ACTIVITY: (Check one)

- Customer Research (Interview, Focus Groups, Surveys)
- Customer Feedback Survey
- Usability Testing of Products or Services

ACTIVITY DETAILS

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?
 - Yes
 - No
 - Not a survey

2. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain

3. 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?)

This survey is accessed through a persistent link from the “My Claims” page within the Medicare.gov website. Users of the website self-select by clicking the link to take the survey. The survey link is available to 100% of site users who reach these pages. The survey is automated and begins once a user clicks the link to provide feedback.

4. 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)*

Users logged into their medicare.gov account are presented with the opportunity to participate in a survey to provide feedback on Medicare.gov from the “My Claims” page on the website. They enter the survey automatically, and the data is collected using Qualtrics software. Data is automatically saved as it is entered.

5. 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 three 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 collected for this effort.

6. 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.*

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

Q1 Based on my experience on Medicare.gov, I trust that Medicare is working in the best interest of the American public.

1 Yes

2 No

**Q2a (for those who select Yes) What about using Medicare.gov made the difference?
(Select all that apply)**

- I found what I needed**
- It was easy to complete what I came to the site to do**
- I found what I needed on this site quicky**
- I understand the next steps I need to take**
- None of the above**

Q2b. (for those who select No) What about using Medicare.gov could have been better?

- I did not find what I needed**
- It was difficult to complete what I came to the site to do**
- It took too long to find what I needed on this site**
- I do not understand the next steps I need to take**
- None of the above**

**Q3. What can we do to improve your experience on Medicare.gov?
[Open ended question]**

7. 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. 10th, 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.

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

Yes No

If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Medicare.gov User	10,000	3 minutes	500
Totals			

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;
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
7. The agency will follow the procedures specified in OMB Circular A-11 Section 280 for the required quarterly reporting to OMB of trust data and experience driver data from surveys.
8. Outside of the quarterly reporting mentioned in the bullet immediately above, if the agency intends to release journey maps, user personas, reports, or other data-related summaries stemming from this collection, the agency must include appropriate caveats around those summaries, noting that conclusions should not be generalized beyond the sample, considering the sample size and response rates. The agency must submit the data summary itself (e.g., the report) and the caveat language mentioned above to OMB before it releases them outside the agency. OMB will engage in a passback process with the agency.

Name and email address of person who developed this survey/focus group/interview:

Name: Ashley Church

Email address: ashley.church1@cms.hhs.gov

All instruments used to collect information must include:

OMB Control No. 0938-1382

Expiration Date: 12/31/2026

HELP SHEET

(OMB Control Number: XXXX-XXXX)

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.