

**Request for Approval under the “Generic Clearance for the Center for Clinical Standards and Quality IT Product and Support Teams” (OMB Control Number: 0938-1397)**

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**TITLE OF INFORMATION COLLECTION:** Center for Clinical Standards and Quality (CCSQ) Support Central Customer Satisfaction Survey.

**PURPOSE OF COLLECTION:**

This generic clearance will cover the CMS CCSQ Service Center program of survey collection designed to strategically obtain feedback from clinicians, hospitals, provider communities, and customers consuming services and tools, and any other audiences that would support the Agency in improving the CCSQ Support Central website.

The customer feedback will provide the CMS CCSQ Service Center, and other care settings, information to (1) promote customer-centric products, (2) encourage a culture of continuous improvement, and (3) guide data-driven decision making. Additionally, the feedback will be used to determine opportunities to improve the CCSQ Support Central customer experience.

The customer feedback will be shared with the following CMS CCSQ Service Center teams:

- Electronic Prescribing for Controlled Substances (EPCS)
- End Stage Renal Disease Quality Reporting System (EQRS)
- Hospital Quality Reporting (HQR)
- Quality Improvement/Internet Quality Improvement & Evaluation System (iQIES/QIES)
- Quality Payment Program (QPP)
- QualityNet IT Services, HARP, CCSQ Atlassian, ServiceNow & Slack (CCSQ Services and Operations Support)

CMS may use this information to improve user experience (UX), reduce complexity associated with resolving tickets, improve and enhance the utility of web-based tools, and increase the effectiveness of communication with customers who utilize CCSQ Support Central. The data will be used by CMS staff, as well as agency contractors. The information collected will be useful and minimally burdensome for the public as required by the Paperwork Reduction Act.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Card Sorting      | <input type="checkbox"/> Cognitive Testing    |
| <input type="checkbox"/> Field Studies     | <input type="checkbox"/> First Click Tests    |
| <input type="checkbox"/> Focus Groups      | <input type="checkbox"/> Participatory Design |
| <input checked="" type="checkbox"/> Survey | <input type="checkbox"/> Tree Testing         |
| <input type="checkbox"/> User Interviews   | <input type="checkbox"/> Usability Testing    |
| <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: John “Jay” Vancil - John.Vancil@cms.hhs.gov

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

**GIFTS OR PAYMENTS**

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
CCSQ CMS Service Center Customers (Individuals) – Survey	2,800	2 minutes	93 hours
<b>Totals</b>	<b>2,800</b>	2 minutes	<b>93 hours</b>

**FEDERAL COST**

The estimated annual cost to the Federal government is N/A  
 There is no additional cost for this survey implementation, as it is part of normal contractual duties and work prioritized by CMS stakeholders.

**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. Will interviewers or facilitators be used?  Yes  No

3. Who will you collect the information from?

We will collect information from CCSQ Support Central customers who visit the website and voluntarily participate in the optional survey. The goal of the surveys is to understand ease of use and customer experience (CX) after completing key activities on the site. After the completion of the surveys, participants have the option to provide their contact details to participate in additional outreach or feedback initiatives. Customer contact details are stored in the CCSQ ServiceNow database. CCSQ Support Central customers are the appropriate participants to engage in the qualitative surveys due to their frequent website visits and interactions with CMS CCSQ Service Center agents.

Within CCSQ ServiceNow, the **CMS Quality Support Development ServiceNow Instance** contains customer analytics and randomization probability options allowing the survey to trigger selected customers within designated time periods. Customers will be selected at random for the survey within the pool of potential participants by referencing a customer's System User ID. A customer's System User ID allows the system to identify the customer's visits to the CCSQ Support Central website. A System User ID is unique numeric identification number created in the **CMS Quality Support Development ServiceNow Instance** once a contact record is generated. Contact records are generated when a customer's contact information passes through the CCSQ Support Central website by completing a task.

Essentially, any customer that comes to CCSQ Support Central and performs one of the identified four tasks becomes part of the pool of potential survey recipients. The survey trigger will not send the same survey to a customer until the preset period expires, and to reduce burden, we will not survey the **same** customer more than once every 30 days.

*Describe the people you will interact with or collecting information from and why the group is appropriate for the 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 representative, a representative sample of administrators who downloaded a report in May 2021, intercept interviews at a particular field office, a list of customers, e.g., a CRM database that has contact information, to reach out to that defines the universe of potential respondents and have a sampling plan for selecting from this universe). Attach a copy of your sampling plan if applicable.*

4. How will you ask a respondent to provide this information?

After a customer completes a specific action on the CCSQ Support Central website, a survey invitation window (pop-up modal) appears allowing them the opportunity to participate in the

survey or decline. The final question of the survey allows participants the option to be contacted for additional feedback.

If a customer chooses to provide their name and email for additional feedback to their survey responses, we intend to reference the following generic questions summarized below. The discussions will be unique to the data collected in the surveys, which can be either positive or negative. The context of the additional feedback questions is intended to probe for qualitative responses and will be conversational in nature.

Potential questions for additional feedback addressing a **negative** customer experience:

1. Based on your survey feedback, you indicated dissatisfaction using CCSQ Support Central. We're sorry you didn't have a good experience and we appreciate your feedback. Could you please share what made the experience negative for you?
2. Has your initial request or issue been resolved?
3. How could we improve your next visit?

Potential questions for additional feedback addressing a **positive** customer experience:

1. Based on your survey feedback, you indicated satisfaction using CCSQ Support Central. We're glad to hear you had a good experience and we appreciate your feedback. Could you please share what made the experience positive for you?
2. What did you like most about using CCSQ Support Central?
3. How could we improve your next visit?

*For example, after an inquiry 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.*

5. What will the activity look like?

After a customer completes one of the use cases below, they will see a pop-up modal where they can participate in the optional customer satisfaction survey. It will be a webform allowing them to scroll and answer questions or choose to exit if they don't want to participate.

There are four use cases in which a user is invited to participate in the survey. Each of the survey contents are tailored for those specific actions listed below.

1. The first use case is triggered after a user completes the action of creating a ticket.
2. The second use case is triggered after a user completes the action of tracking an existing ticket on the website.
3. The third use case is triggered after a live chat session with a Service Center Agent has completed.
4. The fourth use case is after a customer has used the call scheduling feature.

Please see the attached PDFs for the sample designs.

*Describe the information collection activity – e.g., what happens when a person agrees to participate? Will facilitators or interviewers be used? What is 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.*

6. Please provide your question list.

The PRA disclosure statement appears in the pop-up window before the customer begins the optional survey. **This statement also shows in our sample designs.**

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-XXXX (Expires XX/XX/XXXX)**. This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **two minutes** 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. **\*\*\*\*CMS Disclosure\*\*\*\*** **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact John Vancil – John.Vancil@cms.hhs.gov.**

### Ticket Creation Survey

Questions	Responses
<p><b>How much do you agree with this statement?</b></p> <p><i>The amount of time it took to create a ticket was reasonable.</i></p>	<ul style="list-style-type: none"> <li>• Agree</li> <li>• Neither Agree or Disagree</li> <li>• Disagree</li> </ul>
<p><b>How easy was it to create a ticket?</b></p>	<ul style="list-style-type: none"> <li>• Easy</li> <li>• Normal</li> <li>• Difficult</li> </ul>
<p><b>Which program are you affiliated with?</b></p>	<ul style="list-style-type: none"> <li>• EPCS - Electronic Prescribing for Controlled Substances</li> <li>• EQRS - End Stage Renal Disease Quality Reporting System</li> <li>• HQR - Hospital Quality Reporting</li> <li>• iQIES/QIES - Quality Improvement/Internet Quality Improvement &amp; Evaluation System</li> <li>• QPP - Quality Payment Program</li> <li>• CCSQ Services and Operations Support - QualityNet IT Services, HARP, CCSQ Atlassian, ServiceNow &amp; Slack</li> </ul>

	<ul style="list-style-type: none"> <li>• Other <b>(Please specify)</b></li> </ul>
<b>How could we improve your next visit?</b>	<ul style="list-style-type: none"> <li>• No suggestions. I had a great experience.</li> <li>• I have a suggestion: <b>(Please specify)</b></li> </ul>
<b>Can we contact you with further questions?</b>  <i>May we contact you if we have additional questions?</i>	<ul style="list-style-type: none"> <li>• Yes <b>(Please provide your contact details: name and email)</b></li> <li>• No, thank you.</li> </ul>

### Ticket Tracking Survey

Questions	Responses
<b>How much do you agree with this statement?</b>  <i>The amount of time it took to track an existing ticket was reasonable.</i>	<ul style="list-style-type: none"> <li>• Agree</li> <li>• Neither Agree or Disagree</li> <li>• Disagree</li> </ul>
<b>How easy was it to track an existing ticket?</b>	<ul style="list-style-type: none"> <li>• Easy</li> <li>• Normal</li> <li>• Difficult</li> </ul>
<b>Was there enough information provided about your existing ticket status?</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Partially</li> <li>• No <b>(Please specify)</b></li> </ul>
<b>Which program are you affiliated with?</b>	<ul style="list-style-type: none"> <li>• EPCS - Electronic Prescribing for Controlled Substances</li> <li>• EQRS - End Stage Renal Disease Quality Reporting System</li> <li>• HQR - Hospital Quality Reporting</li> <li>• iQIES/QIES - Quality Improvement/Internet Quality Improvement &amp; Evaluation System</li> <li>• QPP - Quality Payment Program</li> <li>• CCSQ Services and Operations Support - QualityNet IT Services, HARP, CCSQ Atlassian, ServiceNow &amp; Slack</li> <li>• Other <b>(Please specify)</b></li> </ul>
<b>How could we improve your next visit?</b>	<ul style="list-style-type: none"> <li>• No suggestions. I had a great experience.</li> <li>• I have a suggestion: <b>(Please specify)</b></li> </ul>
<b>Can we contact you with further questions?</b>  <i>May we contact you if we have additional questions?</i>	<ul style="list-style-type: none"> <li>• Yes <b>(Please provide your contact details: name and email)</b></li> <li>• No, thank you.</li> </ul>

## Live Chat Experience Survey

Questions	Responses
<b>How would you rate your live chat experience?</b>	<ul style="list-style-type: none"> <li>• Excellent</li> <li>• Neutral</li> <li>• Bad</li> </ul>
<b>Did the live chat service resolve the reason for your visit?</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Not Sure <b>(Please specify)</b></li> <li>• No <b>(Please specify)</b></li> </ul>
<b>Was this your first interaction with a live chat service center agent?</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Would you use this live chat feature again for your next visit?</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Not Sure</li> <li>• No</li> </ul>
<b>Which program are you affiliated with?</b>	<ul style="list-style-type: none"> <li>• EPCS - Electronic Prescribing for Controlled Substances</li> <li>• EQRS - End Stage Renal Disease Quality Reporting System</li> <li>• HQR - Hospital Quality Reporting</li> <li>• iQIES/QIES - Quality Improvement/Internet Quality Improvement &amp; Evaluation System</li> <li>• QPP - Quality Payment Program</li> <li>• CCSQ Services and Operations Support - QualityNet IT Services, HARP, CCSQ Atlassian, ServiceNow &amp; Slack</li> <li>• Other <b>(Please specify)</b></li> </ul>
<b>Let us know areas to improve:</b>	<ul style="list-style-type: none"> <li>• Wait/Hold Time</li> <li>• Information Collection</li> <li>• Identifying Myself</li> <li>• Agent Performance</li> <li>• Other <b>(Please specify)</b></li> </ul>
<b>Can we contact you with further questions?</b>  <i>May we contact you if we have additional questions?</i>	<ul style="list-style-type: none"> <li>• Yes <b>(Please provide your contact details: name and email)</b></li> <li>• No, thank you.</li> </ul>

## Call Scheduling Survey

Questions	Responses
<b>How would you rate your call scheduling experience?</b>	<ul style="list-style-type: none"> <li>• Excellent</li> <li>• Neutral</li> <li>• Bad</li> </ul>
<b>How easy was it to schedule a call request?</b>	<ul style="list-style-type: none"> <li>• Easy</li> <li>• Normal</li> <li>• Difficult <b>(Please specify)</b></li> </ul>
<b>Were the provided times slots and dates convenient for you?</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No <b>(Please specify)</b></li> </ul>
<b>Which program are you affiliated with?</b>	<ul style="list-style-type: none"> <li>• EPCS - Electronic Prescribing for Controlled Substances</li> <li>• EQRS - End Stage Renal Disease Quality Reporting System</li> <li>• HQR - Hospital Quality Reporting</li> <li>• iQIES/QIES - Quality Improvement/Internet Quality Improvement &amp; Evaluation System</li> <li>• QPP - Quality Payment Program</li> <li>• CCSQ Services and Operations Support - QualityNet IT Services, HARP, CCSQ Atlassian, ServiceNow &amp; Slack</li> <li>• Other <b>(Please specify)</b></li> </ul>
<b>Would you use call scheduling again for your next visit?</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Not Sure</li> <li>• No <b>(Please specify)</b></li> </ul>
<b>Can we contact you with further questions?</b>  <i>May we contact you if we have additional questions?</i>	<ul style="list-style-type: none"> <li>• Yes <b>(Please provide your contact details: name and email)</b></li> <li>• No, thank you.</li> </ul>

*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.**

7. When will the activity happen?

We would like to implement the surveys on CCSQ Support Central before the end of the 2022 calendar year. This timeline is dependent on PRA approval and developer capacity to



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

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

## **Instructions for completing Request for Approval under the “Generic Clearance for the Center for Clinical Standards and Quality IT Product and Support Teams”**

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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:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period 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 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.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**ACTIVITY DETAILS:** Complete each section as described.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide a description of how you plan to identify your potential group of respondents and how you will select them.**

**Submit all instruments, instructions, and scripts are submitted with the request.**