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)

TITLE OF INFORMATION COLLECTION: Customer Effort Scoring - Surveys

PURPOSE OF COLLECTION:

The Service Center has employed a 3rd party (Non-Disclosure Agreement signed) to send emails with survey hyperlinks to customers to conduct Customer Effort Scoring (CES). CES is a single-item metric that measures how much effort a customer must exert to get an issue resolved, a request fulfilled, a product purchased/returned, or a question answered. The CES has been proven to be the most effective metric for assessing customer impressions at the transactional level (i.e., in a "Customer Support" context) CES is a stronger predictor of customer intention to spread positive (and not negative) word of mouth. The Service Center will use the feedback from this metric to:

- Identify key service strengths and key improvement opportunities for each team
- Provide actionable insights about ways to improve user experience/support (UX) and strengthen user relationships
- Provide monthly (dashboard style) reports to Service Center management
- Provide quarterly tracking reports/presentations via Teams to Service Center management

TYPE OF COLLECTION: (Check one)

[ ] Card Sorting   [ ] Cognitive Testing
[ ] Field Studies   [ ] First Click Tests
[ ] Focus Groups   [ ] Participatory Design
[X] Survey   [ ] Tree Testing
[ ] User Interviews   [ ] Usability Testing
[ ] 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: ____Brett Carter_____

To assist review, please provide answers to the following question:

PERSONALLY IDENTIFIABLE INFORMATION

1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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 [X] No
If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Customer	4,800	5 min	400 hrs.
Totals			

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
     [X] Other - Email

2. Will interviewers or facilitators be used? [ ] Yes [X] No

3. Who will you collect the information from?

The Service Center has hired a 3rd party independent research team "Intelligentics" who will send emails containing a survey hyperlink to randomly selected customers who have contacted the Service Center for assistance. "Intelligentics" will pull contact information from ServiceNow (our ticketing system) to email the survey link to the selected customers.

4. How will you ask a respondent to provide this information?
   Customers who are randomly selected will be emailed an individualized hyperlink to a custom URL where they will be able to complete the survey. The survey is 100% voluntary.

5. What will the activity look like?
   If the customer agrees to complete the survey, they will click on the hyperlink in their email which will take them to their survey. See attachments for survey questions and layout.

6. Please provide your question list.
There will be a survey for each LOB (EQRS, QNet and QPP

Q1. For each item below, please think back to your most recent contact with Service Center (Line of Business) and rate the service you received.

   1. Ease in navigating and finding your way around EQRS
   2. Performance of EQRS in locating the records and reports you were looking for
   3. Ease in finding the training material or instructions within MyCROWNWeb.org
   4. Ease in finding the right phone number to contact the EQRS Service Center
   5. Quickness in reaching a EQRS customer service representative
   6. Courtesy and friendliness of the customer service representative
   7. Taking time to listen carefully to your questions or concerns
   8. Providing clear and knowledgeable answers to your questions
   9. Effectiveness in resolving your question
   10. Your general satisfaction with this particular call
   11. (FOR ANY 101 TO 109 RATED 2 OR LOWER) Comments or suggestions for improvement

   Q2. Overall, how many contacts with the Service Center, whether website visits, phone calls or emails, were needed to resolve your question?
   Q2A. How many contacts have you had so far?
   Q3. Overall, how much effort did you personally have to put forth to handle your request?
   Q4. Please rate your overall satisfaction with the service you received from the Service Center on this particular question or issue.

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

7. When will the activity happen?

Would like to start in 4th Quarter 2022. As soon as PRA is approved.

Instructions for completing Request for Approval under the "Generic Clearance for the Center for Clinical Standards and Quality IT Product and Support Teams"

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.