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: CCSQ Support Central Knowledge/Resource Center Survey

PURPOSE OF COLLECTION:
The data collection assesses the necessity and potential benefits of implementing a knowledge base/resource center within the CCSQ Support Central website. Our aim is to better understand whether customers would utilize a centralized, searchable knowledge repository and whether this new feature would add value to the CMS QualityNet community, or if it would go underutilized.

The insights gathered will be instrumental in enhancing the user experience (UX), streamlining the information retrieval process, optimizing web-based tools, and improving communication efficiency with CCSQ Support Central customers. The data collected will be utilized by CMS staff and Agency contractors. The data collection will be designed to be useful while keeping public participation minimally burdensome, aligning with the requirements of the Paperwork Reduction Act.

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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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? [X] 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 [X] 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
CCSQ CMS Service Center Customers (Individuals) – Survey	2,000	0.083 hours (5 minutes)	167 hours
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.

ESTIMATED PARTICIPANT COST BURDEN

Form	Total Burden Hours	Average Hourly Wage Rate*	Total Cost Burden
Online Survey	167	** $29.76	$4,970

The May 2022 National Employment and Wage Estimates reported by the Bureau of Labor Statistics indicate an average hourly wage of $29.76 across the 50 U.S. states and the District of Columbia. The national average has been used to estimate the wages of survey respondents.
*** Based on the mean hourly wage for all occupations, code 00-0000.*

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)
    [X] Web-based or other forms of social media
    [ ] Telephone
    [] In-person
    [] Mail
    [] Other, Explain.

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

3. Who will you collect the information from?
   This survey's customer base consists of CMS employees, federal contractors, clinicians, hospital staff, providers, and vendors who are part of the CMS QualityNet community. These groups are relevant because they represent customers of the CCSQ Service Center. We rely on feedback from this community to improve our digital services and customer experience (CX) initiatives when interacting with CMS products and services.
   Our plan is to identify potential participants through a combination of random sampling by using a website banner on CCSQ Support Central with a survey link, leveraging our curated Human-Centered Design (HCD) Participation table in CMS CCSQ ServiceNow to identify customers open to email communications and research efforts, and identifying customers from phone interactions with Service Center agents who are open to completing the survey.

   This approach ensures we can collect feedback from both randomly selected customers and those who have opted in to HCD research efforts.

   We will only request one survey response from customers, and the survey tool will inform them if they attempt to complete it more than once.

   The survey is voluntary, and participation is optional.

   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?
   When a customer visits the CCSQ Support Central website, they will see a banner on the top of the page offering them the opportunity to participate in the survey by clicking a link that takes them to CMS CCSQ SurveyMonkey to complete the questionnaire. Another method to collect survey feedback will be to send an email to an existing distribution list providing context for the data collection request, and the link for customers to follow to take the survey if they want. Lastly, we will feature a link to participate in the survey in the CCSQ Service Center quarterly newsletter. We are using a few different methods to reach our customer base understanding we will collect one survey response per participant.

   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?
   The survey will be in CMS CCSQ SurveyMonkey, and customer responses are stored there. The survey is approximately ten (10) questions to include satisfaction questions (Likert scale), multiple-choice questions, and open-text fields. It should take approximately five minutes or less to complete.

   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.

On behalf of the CMS CCSQ Service Center, we thank you for participating in this survey research effort!

The primary goal of this survey is to gather your insights and opinions on the potential implementation of a Knowledge Base/Resource Center on the [CCSQ Support Central website](). We are constantly striving to enhance your experience and provide efficient self-service support options. Your feedback will play a vital role in determining how we can best meet your needs.

In alignment with the Paperwork Reduction Act (PRA), the approved Office of Management and Budget (OMB) control number for this data collection is XXXX-XXX.

1. Which program are you affiliated with?
   o EPCS - Electronic Prescribing for Controlled Substances
   o EQRS - End Stage Renal Disease Quality Reporting System
   o HQR - Hospital Quality Reporting
   o iQIES/QIES - Quality Improvement/Internet Quality Improvement & Evaluation System
   o QPP - Quality Payment Program
   o CCSQ Services and Operations Support - QualityNet IT Services, HARP, CCSQ Atlassian, ServiceNow & Slack
   o Other [Please Specify]

2. How would you describe your role or position within your organization?

[Open text field answer]

3. When seeking support, which method do you prefer to utilize the most? (Please select one)
   o Contact the CCSQ Service Center by phone
   o Search on the CCSQ Support Central website
   o Search for information on CMS Quality Program websites (e.g., QPP, EQRS, iQIES/QIES, HQR)
   o Contact the CCSQ Service Center by email

o   Other: [Please specify]

4. Please rate your level of satisfaction with the current methods available for obtaining support or information.

- o   Very Satisfied
- o   Satisfied
- o   Neutral
- o   Dissatisfied
- o   Very Dissatisfied

5. How often do you encounter issues or have questions about the CMS Quality Programs that require seeking help?

- o   Daily
- o   Weekly
- o   Monthly
- o   Rarely
- o   Never

6. What types of information or content would you find most valuable in a CCSQ knowledge base /resource center? *The content would contain CMS Quality Program support. (Select up to 3 options)*

- o   Written articles/guides
- o   Video tutorials
- o   Frequently Asked Questions (FAQs)
- o   Infographics or visual aids
- o   Downloadable PDF guides
- o   Other [Please Specify]

7. Which features would be most important to you in a CMS CCSQ program knowledge base/resource center? *(Select up to 3 options)*

- *o*   Advanced search filters – *Enhance search capabilities with advanced filters for more precise results.*
- *o*   User-friendly navigation – *Navigate around the webpage easily with an intuitive layout.*
- *o*   Regular updates – *Stay informed with the latest information changes.*
- *o*   Mobile accessibility – *Ensure that the knowledge base/resource center is easily accessible and usable on mobile devices.*
- *o*   Feedback and rating system – *Provide the ability for users to provide feedback and rate the usefulness of content.*
- *o*   Other *[Please Specify]*

8. If a centralized knowledge base/resource center were available on the CCSQ Support Central website, how likely would you be to use it?

- o Very Likely
- o Likely
- o Neutral
- o Unlikely
- o Very Unlikely

9. On a scale of 1 to 5, how comfortable are you with researching information online for CMS program support? (e.g., support for QPP, EQRS, iQIES/QIES, HQR)

- o 5 Very Comfortable – *I am very familiar with researching CMS program information online*
- o 4 Comfortable – *I am confident in researching CMS program information online*
- o 3 Moderately Comfortable – *I can utilize resources for researching CMS program information, but it can be challenging*
- o 2 Slightly Comfortable – *I often research CMS program information online but I often require additional assistance*
- o 1 Not Comfortable – *I have very little to no experience with researching CMS program information online and find the process frustrating.*

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.

10.Would you be interested in a follow-up conversation to discuss your feedback and explore how we can better serve your needs?

- o Yes (open text field for name and email address)
- o No, thank you

Thank You for Completing Our Survey!

We appreciate the time you have taken to provide your valuable insights. Your feedback is essential in helping us improve the customer experience and better meet your needs. Should you have any additional feedback or questions, please feel free to reach out to the CCSQ Service Center Human-Centered Design (HCD) team at dl-ccsq-sc-hcd@ntpinc.io

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

7. When will the activity happen?
   Ideally, we plan to collect survey responses in Q1 2024 with the ideal time being in January and February. We will turn the survey off by 3/31/2024, or when we hit 2,000 responses whichever comes first. This timeline is dependent on PRA approvals.

   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"

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.