

**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: GenIC #13 - TRIPTK

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?

This research will generate data-backed personas and journey maps that describe how Medicare beneficiaries and caregivers understand, navigate, and interact with Medicare.gov across core tasks. Insights will be used to diagnose barriers in clarity, usability, and comprehension, and to inform future improvements to site structure, content, and decision support. Findings will feed directly into personas, journey maps, opportunities, and usability recommendations for Medicare.gov.

TYPE OF ACTIVITY: (Check one)

- ☒ [X] 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
 - ☒ [X] Not a survey
2. How will you collect the information? (Check all that apply)
 - ☒ [X] Web-based or other forms of Social Media
 - ☐ [] Telephone
 - ☒ [X] In-person
 - ☐ [] Mail
 - ☐ [] Other, Explain

Sessions will be conducted online and in-person (focus groups and in-depth interviews). It will be recorded for analysis.

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?)

We will speak with Medicare beneficiaries, prospective beneficiaries, and caregivers who interact with Medicare.gov or Medicare services. These respondents are appropriate because they directly engage with Medicare decision-making, information seeking, and task completion. Participants will be recruited via professional recruiters using demographic and eligibility screening that ensures a mix across age, income, coverage type, health status, digital comfort, and caregiving roles.

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)

Respondents provide information verbally and written in moderated sessions. Written exercises are optional. Participants can participate verbally as desired. Feedback is captured through conversation, observation, writing and recordings. Depending on format, they may:

- Answer open-ended questions
- Walk through recent experiences
- Navigate Medicare.gov tasks while thinking aloud
- Participate in short activities (e.g., moment mapping, card selection)

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?

A recruiter schedules participants and provides session details. Moderators probe on clarity, points of friction, mental models, and tools used to complete tasks. At the session:

- A moderator conducts a semi-structured conversation about recent experiences and needs
- For Task & Talks, participants complete guided navigation tasks on Medicare.gov while thinking aloud
- For IDIs and dyads, moderators explore lived experience, comprehension, and decision-making
- Sessions are streamed and recorded for notetakers and observers

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 see the Moderator's guide.

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

7. When will the activity happen?

Activities will occur across 3 markets on the following dates:

- December 1-5, 2025
- December 8-12, 2025
- December 15-19, 2025

This includes all UX Task & Talks, IDIs, Dyads, and Group Round Tables.

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

☒ Yes ☐ No

If Yes, describe:

For field research, monetary incentives are standard practice to ensure that Respondents attend, arrive on time, and participate with care and consideration. Incentive amounts follow standard qualitative research norms that scale payments based upon location, session length, and participant burden. Higher-cost

metros like NYC require larger incentives to meet market rates, while shorter or remote sessions receive lower payments.

The payment method will be cash for facility sessions and checks for in-home and web-based sessions.

Orlando / NOLA:

- In Homes (2 Hours): \$150 per person + HW Incentive: \$50
- In-Facility IDI's (90 min): \$125 per person + HW Incentive: \$50
- Group Roundtable Discussion (90 min): \$125 per person + HW Incentive: \$25
- Web Based UX Task & Talks(60 min): \$75 per person + HW Incentive: \$50

NYC/Tristate:

- In Homes (2 Hours): \$300 per person + HW Incentive: \$50
- In-Facility IDI's (90 min): \$325 per person + HW Incentive: \$50
- Group Roundtable Discussion (90 min): \$250 per person + HW Incentive: \$25
- Web Based UX Task & Talks (60 min): \$200 per person + HW Incentive: \$50

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Web Based UX 'Task & Talks'/ Beneficiaries	n36	60 minutes	36
In-Home IDIs / Beneficiaries	n6	120 minutes	12
Facility IDIs / Beneficiaries	n18	90 minutes	24
In-Home IDIs / Dyads: Caregiver & Beneficiaries	n18	120 minutes	36
Facility IDIs / Dyads: Caregiver & Beneficiaries	n12	90 minutes	18
Group Round Table / Beneficiaries	n18	90 minutes	27
Group Round Table / Caregivers	n18	90 minutes	27
Totals	132		192

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:

CMS POC

Name: Jon Booth

Email address: jon.booth@cms.hhs.gov

TRIPTK (Contractor) POC

Name: Alex Anderson

Email address: alex.anderson@triptk.com,

All instruments used to collect information must include:

OMB Control No. 0938-1382

Expiration Date: 12/31/2026