

Supporting Statement – Part B

Beneficiary and Family Centered Information Collection (CMS-10393)

Collections of Information Employing Statistical Methods

Submitted for the Centers for Medicare & Medicaid Services

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1. Respondent Universe and Sampling Methods

The target populations for the information collection initiatives are Medicare beneficiaries and their representatives who have used the services of the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC QIO). In keeping with the current Beneficiary Experience Survey being fielded, we will sample 15,000 beneficiaries annually from among the 366,500 eligible. With an expected response rate of approximately 60 percent overall, we will complete 9,030 surveys. Universe, sample, expected response rate, and total number of respondents for each of the three beneficiary sample components are provided in Exhibit 1.

Data are currently being collected under OMB NO. 0938-1177, expiration date January 31, 2027. Current telephone/mail data collection efforts are yielding response rates as shown in Exhibit 1.

Exhibit 1: Annual Experience Survey Sampling Approach: Respondent received case support from QIO – data used for QIO contract evaluation

Sample Component	Appeal	Complaint Medical Record Review	Immediate Advocacy	Total
Universe*	350,000	1,500	15,000	366,500
Sample	9,000	1,500	4,500	15,000
Response Rate	56%	68%	66%	59.3%
Respondents	5,040	1,020	2,970	9,030

*Based on March 2023 case volumes

2. Information Collection Procedures

Experience Survey: The population is comprised of Medicare beneficiaries who received support from a QIO with an appeal, Quality of Care (medical record review), or Immediate Advocacy case. The sample will be stratified, analyzed, and reported by case type:

- Appeal stratum – A simple random sample will be drawn of approximately 3 percent (9,000) of the annual universe (n=350,000). No sub-stratum oversampling will be used. This is expected to yield sufficient data to support quarterly analytic and evaluation reporting.
- Complaint medical record review stratum - Given the relatively small annual volume (n=1,500), a census will be drawn to yield sufficient data for quarterly analytic and evaluation reporting.
- Immediate advocacy stratum - A simple random sample will be drawn of approximately 30 percent (4,500) of the annual universe (n=15,000). No sub-stratum oversampling will be used. This is expected to yield sufficient data for quarterly analytic and evaluation reporting.

Information collection will be conducted via telephone with paper surveys sent by mail upon request, and for those who do not respond by telephone. Data will be collected monthly with the

annualized sample and burden hours allocated evenly across 12 months.

The information collection activity as described above has no unusual problems requiring specialized sampling procedures.

Less frequent information collection would not allow CMS to use data for quarterly analysis, reporting, and QIO contract evaluation as well as on-going quality improvement efforts.

3. Methods to Maximize Response Rates

The survey methodology will maximize response rates by following-up with sampled members soon after their interaction with the QIO program. We will complete sampling and initiate monthly data collection within two to six weeks of case closure. We will place up to 15 calls to each sampled case, with calls made on different days of the week, and during different times of day. To the extent possible, specific interview appointments will be set with respondents to facilitate completion of the survey in a beneficiary-centered manner. Bilingual telephone interviewers will be available to complete the survey in Spanish, if needed. Upon request and for cases we are unable to reach by telephone, we will provide paper surveys by mail. Paper surveys will be available in English, Spanish, and large print. The mixed-mode approach will both augment response rates and improve the representativeness of the information collection.

4. Tests of Procedures

Each of the information collection instruments underwent expert review and testing at the time of development. Cognitive testing was used to:

1. Determine if the survey wording is clear and unambiguous;
2. Verify respondent's ability to recall interactions pertaining to their complaints and appeals cases;
3. Ensure appropriate and consistent flow question wording and overall survey administration; and
4. Ensure data capture and data output are functioning flawlessly.

Response rates and item missing rates are monitored regularly to ensure instruments and methodology are functioning as expected. Further testing is not being proposed.

5. Statistical Consultants

The following individuals were consulted in the development of the information collection instruments, sampling, and methodology.

Exhibit 2: Statistical Consultants

Organization	Name	Contact Information
Avar Consulting	Wendy Gary	301-637-2042 wgary@avarconsulting.com
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