

Supporting Statement – Part A

Beneficiary and Family Centered Information Collection (CMS-10393)

Submitted for the Centers for Medicare & Medicaid Services

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Background

Background on Beneficiary and Family Centered Information Collection. To ensure the QIOs are effectively meeting their goals, CMS collects information about beneficiary experience receiving support from the QIOs. This is an revision package. We are revising the postal survey mail letter with a new help desk mailbox, and a toll-free number.

The information collection uses both qualitative and quantitative strategies to ensure CMS and the QIOs understand beneficiary experiences through all interactions with the QIO including initial contact, interim interactions, and case closure. Information collection instruments are tailored to reflect the steps in each type of process, as well as the average time it takes to complete each process. The previously approved information collection instruments are included with this submission.

The information collection will:

- Allow beneficiaries to directly provide feedback about the services they receive under the QIO program;
- Provide quality improvement data for QIOs to improve the quality of service delivered to Medicare beneficiaries; and
- Provide evaluation metrics for CMS to use in assessing performance of QIO contractors.

To achieve the above goals, information collection will include:

Experience Survey: The Experience Survey will be administered via telephone and mail to beneficiaries/representatives after the Quality of Care (Medical Record Review) complaint/Immediate Advocacy/appeal case has been closed. The goal of the Experience Survey is to assess beneficiary overall and specific experiences with the BFCC QIOs. There are no changes to the survey.

A. Justification

1. Need and Legal Basis

The functions of the Peer Review Organizations, including determining whether the quality of health care services meets professionally recognized standards of health care, are set forth in the Social Security Act, Section 1154 (a)(1)(B). The statutory authority for the Quality Improvement Organization (QIO) Program is found in Part B of Title XI of the Social Security Act as amended by the Peer Review Improvement Act of 1982 (P.L. 97-248, §§ 141-143, 96 Stat. 324). The Social Security Act established the Utilization and Quality Control Peer Review Organization Program, now known as the QIO Program. The Trade Adjustment Assistance Extension Act of 2011 (P.L. 112-40, § 261, 125 Stat. 401, included as Attachment A with pertinent sections highlighted) has since amended the provisions of the QIO program and requires QIOs to perform, subject to the terms of their contracts, activities that the Secretary of the Department of Health and Human Services (HHS) determines may be necessary for the purposes of improving the quality of care furnished to Medicare beneficiaries.

To accomplish the statutory mandate, the Centers for Medicare & Medicaid Services (CMS) has identified the following requirements for the QIO program:

2. Information Users

Data resulting from the Beneficiary and Family Centered Information Collection (Attachment B) activities are the only ways CMS obtains direct feedback from beneficiaries and their representatives about the beneficiary protection support provided through the QIO program.

Beneficiary and Family Centered Information Collection produces three types of products:

1. A monthly results dashboard for QIOs and CMS to use in on-going performance monitoring;
2. A quarterly delivery of qualitative feedback from beneficiaries and representatives (along with thematic analysis) used to identify specific quality improvement strategies; and
3. A quarterly analytic report used for CMS' program evaluation needs.

QIOs use the monthly data to understand the degree to which they are meeting beneficiary needs in the delivery of BFCC-QIO services. With a specific mandate to deliver services in a “beneficiary and family-centered way”, the QIOs review data results by type of interaction (appeal of Medicare service termination, complaint about quality of care delivered, need for immediate advocacy to resolve a dispute with a provider or facility). The dashboard, displaying results in red, yellow, and green coding shows QIOs immediately which areas may be of concern. With drill-down functionality, QIOs can hone-in on the steps in their process that are not meeting beneficiary expectations. Further quality improvement strategies are identified by analyzing the quarterly qualitative data, including verbatim feedback from beneficiaries about areas of strength and areas for improvement.

CMS uses monthly data and quarterly analytic reports to assess program performance more broadly. Focusing on trends over time, CMS directs refinements to the QIO program implementation, including changes to how beneficiary services are delivered. Data from the Experience Survey are also used as a metric in QIO performance evaluation and assessed for contract renewal.

3. Use of Information Technology

Experience Survey. The Beneficiary Experience Survey is conducted primarily as a telephone data collection (with mail non-response follow-up). This collection is not currently available for electronic completion. With only telephone numbers and mailing addresses available on the sample frame, and no known source for corresponding email addresses for the Medicare beneficiaries, telephone primary data collection has proven effective at collecting the necessary data. As the technology becomes available via CMS, we will work with the contractor to implement a web-based survey. It has become common for beneficiaries to ask their interviewer if there is an option to take the survey online, rather than answer questions one-on-one. This will allow beneficiaries and their representatives to click on a link and fill out the survey at their convenience. It will also enhance their experience with our process, creating efficiency and potentially increasing response rate.

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

These requirements affect only individuals and households. Therefore, there is no economic impact on small businesses.

6. Less Frequent Collection

Data are collected on an on-going (monthly) basis to support QIO performance monitoring and to permit CMS to conduct QIO contract evaluation bi-annually. Failure to collect these data would limit understanding about whether QIO program goals were being met, limit accuracy of quality improvement activities, and inhibit CMS' ability to measure patient experience for QIO contract evaluation as indicated in the current QIO Statement of Work.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/ Outside Consultation

The 60-day Federal Register notice published on

The 30-day Federal Register notice published on

Outside Consultation. During the development of the data collection instruments, CMS sought input from the BFCC QIOs as well as the Beneficiary and Family Advisory Council. Input was solicited to ensure that the data collected would be of greatest value to the organizations who are

primarily tasked with using the information for improving quality. Specific individuals who provided input are listed in Exhibit 1.

Exhibit 1: Survey development consultants

Organization	Name	Contact Information
Rainmakers Strategic Solutions, LLC	David Bercham	703-328-6528 David.Bercham@rainmakerssolutions.com
Westat, Inc	Stephanie Fry	301- 294-2872 StephanieFry@westat.com
Avar Consulting, Inc	Wendy Gary	301-637 2042 wgary@avarconsulting.com
Avar Consulting, Inc	Justin Smithson	301-637-2042 jsmithson@avarconsulting.com

9. Payments/Gifts to Respondents

There are no payments or gifts associated with this collection.

10. Confidentiality

Only de-identified data collected will be made available to CMS and the QIOs to support quality improvement efforts. Individual identifiers will not be linked to any survey data, results, or scores. To further ensure that respondents cannot be identified based on their open-ended (verbatim) responses, all open-ended data are reviewed and identifying content removed, (e.g. name, places, medical conditions). Beneficiaries/representatives are informed that directly identifiable information about them will not be reported or shared publicly, nor will their survey responses be shared with QIOs in any identifiable manner.

11. Sensitive Questions

There are no questions of sensitive nature. in any of the information collection instruments.

12. Burden Estimates (Hours & Wages)

Exhibit 2 shows the estimated annualized burden hours for respondents' time to participate in the information collection initiatives. The total annual burden hours are estimated to be 2,250 hours.

Exhibit 3 shows the estimated annualized cost burden for respondents' time to participate in the information collection initiatives. The cost burden is estimated to be \$31,365 annually.

Exhibit 2: Estimated annual burden hours

Information Collection	Number of respondents	Number of responses per respondent	Hours per response	Burden hours
Experience Survey	9,000	1	0.25	2,250

Exhibit 3: Estimated annualized cost burden

Information Collection	Number of respondents	Total burden hours	Average hourly wage rate¹	Burden Cost
Experience Survey	9,000	2,250	\$13.94	\$31,365

13. Capital Costs

There are no capital costs.

14. Cost to Federal Government

The BFCC-Survey and Audit is a five-year contract that totals \$12,898,620. The annualized cost to the government for administering, analyzing, and reporting the Beneficiary and Family Centered Information Collections is estimated to be \$4,299 annually.

15. Changes to Burden

There is no change in burden from the last approved package for the Experience Survey.

16. Publication/Tabulation Dates

The Beneficiary and Family Centered Information Collections are administered by CMS through its Survey and Audit Contractor. Based on prior OMB approval, the information collection infrastructure is in place. The Survey and Audit Contractor will implement information collection as follows:

Experience Survey:

- Sampling – monthly and within ten days following the month the case was closed.
- Information collection – monthly beginning within 15 days following the month the case was closed.
- Analysis and reporting – monthly and within 15 days following the month the information collection was conducted.

¹ Based on *Income and Assets of Medicare Beneficiaries, 2016-2035*, published by the Kaiser Family Foundation Median annual income of \$26,200. <http://files.kff.org/attachment/Issue-Brief-Income-and-Assets-of-Medicare-Beneficiaries-2016-2035>

Analysis and Reporting:

- Results dashboard for QIOs and CMS - monthly and within 15 days following the month the information collection was conducted.
- Qualitative beneficiary/representative data and thematic analysis – quarterly and within three months following the information collection.
- Analytic report on information collection activities, data, and trends – quarterly and within three months following the information collection.

17. Expiration Date

The expiration date is displayed on the collection instruments.

18. Certification Statement

There are no exceptions to the certification statement.