

Part C and D Complaints Resolution Performance Measure Summary of OMB Revisions

Ten organizations submitted 136 comments in response to the OMB PRA Package [Document Identifier: CMS-10308] that was posted in the Federal Register: February 25, 2010 (Volume 75, Number 37). The tables below summarize the revisions made to the Advance Letter, Explanation for Inclusion of Survey Questions, Supporting Statements A and B, and the Survey Instrument in response to these comments.

Advance Letter

Two main issues that arose were the reading level and clarity of the letter. As such, CMS has revised the letter to read at the 8th grade level. A few clarity issues that the organizations mentioned pertained to the logistics of scheduling surveys with beneficiaries, explanation of the purpose of the survey, specific reference to the beneficiary's MAO or Part D sponsor (not Medicare), and an explanation of IMPAQ International's role. The table below summarizes these revisions to the letter.

Category	Section	Change/Reason	Effect to Reporting Burden
Response to Public Comments	Advance Letter	The reading level of the letter was lowered to 8th grade.	None
Response to Public Comments	Advance Letter	Language was added to the Advance Letter to describe the calling process and how beneficiaries should expect to be contacted.	None
Response to Public Comments	Advance Letter	Language was added to the Advance Letter to describe the intended use of collected data as opposed to: "Your answers will be kept strictly confidential and be used only for research purposes." The purpose of the data collection (to improve how complaints are handled and to inform the development of a plan rating system) was explained.	None
Response to Public Comments	Advance Letter	The advance letter has been revised to make explicit reference to the MAO or Part D sponsor as well as the role of IMPAQ International (contractor). This will reduce confusion about the topic and source of the complaints.	None

Explanations for Inclusion of Survey Questions

There was a concern that the proposed indicators did not correspond with the survey questions. CMS has revised the explanation of the proposed indicators, together with the descriptions of each survey question, to better explain their importance in developing performance measures.

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Category	Section	Change/Reason	Effect to Reporting Burden
Response to Public Comments	Explanations for Inclusion of Survey Questions	This document describing the proposed indicators has been revised to better explain their importance, meanings, and how they will help develop the performance measures. Specifically: <ul style="list-style-type: none"> – Rationale for use of "resolution" vs. "final outcome" – Use of 4-point Likert scale vs. 5-point Likert scale (and addition of "I don't know/NA" answer choice) – Strengthening of rationale for inclusion of Veracity of Plan's Description indicator 	None

Supporting Statements A and B

There was some concern about the purpose and calculation of indicators such as “Veracity of Complaints Resolution,” and “Beneficiary Awareness of Resolution.” Further information regarding these indicators has been added to the supporting statements. Some organizations were concerned with how the results of the survey will be utilized and if/when that information would be shared publicly. At this time, it is undetermined which data will be shared with the plans.

Some comments suggested that the survey instrument should undergo an evaluation by a quality measurement organization. Because this is a preliminary effort to assess the possibility of developing performance measures, this type of review is unnecessary at this time.

Some plans mentioned that overall satisfaction may be affected by dissatisfaction with the final outcome and resolution of the complaint. CMS has revised the language to ask beneficiaries about several aspects of their satisfaction besides the final outcome. Similarly, concerns about confusion between “resolution” and “final outcome” have been addressed by emphasizing in the survey that CMS is interested in the series of actions taken by the plan to resolve complaints (e.g., the final outcome), rather than emphasizing the resolution.

It was suggested that the proposed sampling plan would not allow plans sufficient time to inform the beneficiary of the resolution. CMS has chosen to allow a delay of 7 days after the complaint is closed before contacting the beneficiary. In addition, CMS has provided further clarity on the types of contracts and plans that would be subject to data collection; this entailed an explicit exclusion of 800 series contracts and the inclusion of small contracts and contracts with a small number of complaints.

Some plans expressed more general concerns regarding the survey. These included how beneficiary-appointed representatives would be contacted, the uniformity of the survey approach for both telephone and mail-in, the reliability of collected data, and analyses to control for factors

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outside of the plan's control. The table below summarizes the actions CMS has taken to address these and other concerns in Supporting Statements A and B.

Several comments objected to the possible inclusion of complaints that are outside the scope of plans. CMS has chosen to exclude complaints that are likely to be outside of the scope of plans, primarily some issues related to enrollment complaints.

Category	Section	Change/Reason	Effect to Reporting Burden
Response to Public Comments	Supporting Statement A	Clarification was added regarding how CMS intends to disseminate results of the survey. CMS will follow a process for this performance measure similar to the one it uses for other measures. At this time, it is undetermined what level of data will be shared with plans.	None
Response to Public Comments	Supporting Statement A	Information regarding the use and calculation of the "Veracity of Complaint Resolution" indicator has been added.	None
Response to Public Comments	Supporting Statement A	Information regarding the use and calculation of indicators for new survey questions has been added.	None
Response to Public Comments	Supporting Statement A	The calculation of the "Beneficiary Awareness of Resolution" indicator has been clarified. The description has been revised so that it more clearly refers to the answer choices for this survey question and explains how the answers will influence the calculation of the indicator.	None
Response to Public Comments	Supporting Statement A	The Information Users section has been updated to reflect that CMS may opt not to use the results of the survey for performance measurement. This is a preliminary gathering of information to determine the possibility of developing a performance measure..	None
Response to Public Comments	Supporting Statement A & Supporting Statement B	Information has been added regarding the participation of representatives in the survey. This explanation includes how representatives will be contacted (through beneficiaries and/or CTM logs) and how data from representatives can be used in the survey data analysis. A question has been added to identify individuals other than the beneficiary who participate in the survey.	None
Response to Public Comments	Supporting Statement A & Supporting Statement B	Language has been added to emphasize that this is a preliminary survey effort to assess the beneficiary's satisfaction with the complaint resolution.	None

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Response to Public Comments	Supporting Statement A & Supporting Statement B	The pretest and pilot test methodologies have been clarified to emphasize efforts to achieve reliable data and remove complaints that are not within the plan's domain.	None
Response to Public Comments	Supporting Statement A & Supporting Statement B	Clarification has been added to indicate that the telephone and written survey instrument will have a uniform format.	None
Response to Public Comments	Supporting Statement A & Supporting Statement B	It has been clarified that members of 800 series contracts will be excluded from the data collection effort.	None
Response to Public Comments	Supporting Statement A & Supporting Statement B	Controlling the validity of complaints: Approaches to control for factors affecting satisfaction with the final outcome and the complaint resolution have been described. Also, language has been added to underscore that several factors will be considered in the development of the performance measure so as not to rely on a single aspect of the beneficiary's experience.	None
Response to Public Comments	Supporting Statement A & Supporting Statement B	The sampling strategy will exclude complaints that are outside the scope of the plan (restricted by CMS guidelines), particularly regarding issues related to enrollment complaints.	None
Response to Public Comments	Supporting Statement A & Supporting Statement B	The difference between "resolution" and "final outcome" has been clarified. An emphasis on "final outcome or decision" rather than "resolution" puts the focus on the series of actions the plan took, regardless of whether the beneficiary believes his/her complaint was resolved.	None
Response to Public Comments	Supporting Statement A & Supporting Statement B	Additional explanation has been added to the sampling plan (supporting statement B) and background (supporting statement A) regarding the selected data collection period. CMS is interested in the months with the largest number of complaints in order to achieve the most statistically valid sample..	None
Response to Public Comments	Supporting Statement B	Call center procedures have been further defined and clarified regarding how staff encourage participation without being forceful. The explanation of the CATI system has been refined to prevent misunderstandings of the purpose of the system.	None

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Category	Section	Change/Reason	Effect to Reporting Burden
Response to Public Comments	Supporting Statement B	The sampling framework has been modified to accommodate 7 days between complaint closure and initial contact with the beneficiary to allow time for beneficiaries to receive notification of their complaint resolution.	None
Response to Public Comments	Supporting Statement B	Explanation has been added regarding the decision to proceed with collecting data on small contracts and contracts with a small number of complaints.	None

Survey Instrument

Many organizations had general comments regarding the survey instrument. Some believed that the wording of the questions might yield negative responses and not allow for neutral responses. CMS has reworded the survey to be more specific on the key complaint resolution process and include answer choices of “I Don’t Know/NA.” The latter will provide an answer that allows beneficiaries a choice outside the 4-point likert scale to accommodate beneficiaries who feel that they do not yet have a resolution or are unsure/do not remember. Other concerns included language in the introduction that did not clarify why beneficiaries are being contacted, that did not fully explain the role of IMPAQ, and that lacked clarity regarding the complaint process (whether the beneficiary filed a complaint against their MAO/PDP sponsor/Medicare.).

Concerns also were expressed regarding specific questions on the survey instrument. Some plans commented that the use of the word “resolution” would not elicit the intended responses from beneficiaries; therefore, the word “resolved” has been replaced with “settled” in question 1 to prevent bias to respond negatively unless the final outcome was in favor of the beneficiary. Also, in question 2 and question 3, “resolution” has been replaced with “final outcome.” Revising the wording will help beneficiaries to focus on the actions taken by the plan and not their opinion of the decision.

CMS has decided to remove questions 4, 5, 6, and 8 from the survey instrument. A new question 2 has been created to include beneficiary satisfaction with the level of communication given by the plan and other aspects of beneficiary satisfaction such as the courtesy of the plan representative and explanation of the final outcome.

With regard to questions 5 and 6, after the results of the pretest were reviewed, it became clear that beneficiary responses were not aligned with the intended purpose of the survey questions. Question 5 yielded responses about beneficiary burden rather than about the filing of duplicate complaints. Furthermore, respondents did not differentiate between their satisfaction with the amount of time it took to resolve their complaint and their satisfaction with how the complaint

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was handled by the plan; it appeared that these two satisfaction ideas were confounded in the beneficiary's mind.

Clarifying text has been added to question 7, to address concerns that beneficiary satisfaction would be dependent on whether or not the complaint was resolved. Language has been added to this question, asking the beneficiary to focus on the way the complaint was handled, regardless of whether or not he/she is satisfied with the final outcome. This overall satisfaction question is now Q6 in the revised survey.

It was suggested that questions 9 and 10 be rewritten because of their negative connotations. CMS has revised both of these questions to be more neutral. Question 9 is now question 8, and question 10 is now question 3 in the revised survey instrument.

CMS has added or reformulated some questions to the survey instrument without affecting the reporting burden. To set a baseline for the beneficiary's satisfaction with the plan, a question was added to obtain information on how satisfied beneficiaries are with their plan. This will be question 7 on the revised survey. Respondents are now asked to identify whether they are the beneficiary or a representative. This is question 9 on the revised survey. Last, an open-ended question was placed at the end of the survey. This allows respondents an opportunity to provide feedback about the complaints process and make suggestions for improvement. The table below summarizes the actions CMS has taken to address comments on the survey instrument. Again, there was no change in the reporting burden.

Category	Section	Change/Reason	Effect to Reporting Burden
Response to Public Comments	Survey Instrument - General	The survey questions have been revised to reflect more neutral wording.	None
Response to Public Comments	Survey Instrument - Introduction	Details have been added to the survey introduction explaining why beneficiaries are being contacted and specifying terms such as "Medicare," MAO, or Part D sponsor, and the role of the contractor in conducting the survey.	None
Response to Public Comments	Survey Instrument - Q1	"Resolved" has been replaced with "settled" in this question to prevent beneficiary bias. An "I don't know" answer choice has been added for beneficiaries who feel they do not yet have a resolution or are unsure/do not remember.	None
Response to Public Comments	Survey Instrument - Q2	"Resolution" has been replaced with "final outcome or decision" in this question to prevent beneficiary bias and to guide the beneficiary towards the actions taken by the plan as opposed to the beneficiary's opinion of the decision. This	None

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Category	Section	Change/Reason	Effect to Reporting Burden
		question is now Q4 in the new survey instrument.	
Response to Public Comments	Survey Instrument - Q3	"Resolution" has been replaced with "final outcome" in this question. An "NA" answer choice is available for beneficiaries who do not believe they have received a final outcome or who do not remember the resolution of their complaint. This question is now Q5 in the new survey instrument.	None
Response to Public Comments	Survey Instrument - Q4	Question 4 has been removed, and issues of plan communication with the beneficiary have been incorporated in Q2 of the new survey instrument.	Decrease
Response to Public Comments	Survey Instrument - Q5	Question 5 has been removed from the survey. (CMS has decided to drop questions about repeat complaints or multiple attempts to contact the plan)	Decrease
Response to Public Comments	Survey Instrument - Q6	Question 6 has been removed from the survey. Some issues related to the amount of time it took to resolve a complaint have been incorporated in Q2 of the new survey instrument.	Decrease
Response to Public Comments	Survey Instrument - Q7	Clarifying text has been added to this question asking the beneficiary to disregard whether or not he/she is satisfied with the final outcome. The purpose of this question is to provide an overall satisfaction rating. This question is now Q6 in the new survey instrument.	None
Response to Public Comments	Survey Instrument - Q8	This question has been removed. The aspects of the complaint process that were included in this question have now been incorporated in Q2 of the new survey instrument. This revision will allow all respondents to rate their satisfaction with components of the process (as opposed to the skip pattern in the original instrument).	Decrease
Response to Public Comments	Survey Instrument - Q9	This question has been reworded to be more neutral and to ask about the likeliness of the beneficiary to stay with the plan. This question is now Q8 in the new survey instrument.	None
Response to Public Comments	Survey Instrument - Q10	The word "problems" has been removed from this question and the wording is more neutral (both in the question stem and in the answer choices). This question is now Q3 in the new survey instrument.	None
Response to Public Comments	Survey Instrument – New question	Add question to assess beneficiary satisfaction with aspects of the complaint handling process. Beneficiaries will rate their satisfaction with components of the handling process such as length of the complaint process and courtesy of the plan representative. In a simplified form, this satisfaction question addresses issues from the original Q6 and Q8. This question is now Q2 in the new survey instrument.	Increase

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Response to Public Comments	Survey Instrument – New question	Add question to assess beneficiary satisfaction with the plan. This question sets a baseline for the beneficiary's overall satisfaction with the plan. This question is now Q7 in the new survey instrument.	Increase
Response to Public Comments	Survey Instrument – New question	Add question to identify survey respondent. This is a demographic question to differentiate between respondent and proxy. This question is now Q9 in the new survey instrument.	Increase
Response to Public Comments	Survey Instrument - New question	Add question to elicit beneficiary feedback. Beneficiaries will be asked for feedback at the end of the survey, e.g., whether they have any comments or suggestions for improvement of the complaint resolution process. This question is now Q10 in the new survey instrument.	Increase