Complaints Resolution Cognitive Interview Memo

Introduction and Background

To better understand beneficiary experiences, the Centers for Medicare & Medicaid Services (CMS) is interested in developing a survey for beneficiaries who filed a complaint with their Medicare plan. The purpose of the survey is to assess satisfaction with how complaints are handled by Medicare plans. The survey results will be used to improve the way the Medicare program handles beneficiary complaints.

IMPAQ conducted nine cognitive interviews. Six interviews were conducted with beneficiaries and three were conducted with either a Power of Attorney (POA) or someone that represents the beneficiary. All of the beneficiaries recently filed a complaint with their Medicare plan and it was recorded as closed in the Complaints Tracking Module. The purpose of the interviews was to test the clarity of the survey questions. Testing the survey questions for clarity will allow the IMPAQ team to see if respondents are able to understand what is being asked of them, and test the ability of the survey to yield meaningful data.

Findings

IMPAQ asked each participant questions as they appear on the survey, and followed up with probes as needed. The findings for each question are below.

1. According to our records, the complaint you filed was recently closed by the plan. Was the complaint resolved?

> According to the CTM records, all of the respondents' complaints were resolved. However, only four of nine participants agreed that the complaint was resolved. Three participants said that their complaint was not resolved and two were undecided. Of the nine respondents that were interviewed, two main complaint issues were heard across the participants; dropped medical coverage and failure to refill prescriptions.
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> Regardless of the type of complaint, participant responses demonstrated that beneficiaries define "resolved" in different ways. Some participants classified resolved as being able to receive their medication or reenroll in their Medicare plan. Others felt that although they were able to receive their medications or enroll in their plan, the complaint was not resolved.
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> Of the participants who said their complaint was not resolved, one mentioned that he filled out an application letter, received an acceptance letter and medical card but was later told that the plan never received his paperwork. Other participants cited that they did receive their medication, but the Medicare plan changed policies for prescription refills that require beneficiaries to refill their prescriptions on a certain day regardless of when the medication is needed. A change in plan policy requires advance notice and the plans did not provide a notice. These participants filed a complaint because of the change in plan policy and because they do not agree with the new policy, they feel that a resolution did not occur.

2. What was the resolution?

When asking participants about the resolution, responses varied. Of the participants who said their complaint was resolved, most felt that receiving their medication or regaining medical coverage was the solution. However, one participant felt that "the resolution was making people aware of the problem and updating the information." This participant was representing a beneficiary who lost coverage, but was not aware of this situation because the information was not updated in the system. Although the beneficiary was able to enroll in the plan in a timely manner, the participant viewed the situation as a systemic issue that needed to be settled rather than a specific incident.

3. How satisfied are you with the resolution of your complaint? Are you…

- *Very satisfied*
- *Satisfied*
- *Dissatisfied*
- *Very dissatisfied*

Participants were asked this question only if they responded "yes" to their complaint being resolved. Of the four participants who agreed that the complaint was resolved, three said that they were "Very Satisfied". These participants all mentioned time as being a factor in their satisfaction. All three said that the complaint was resolved in timely manner.

One participant said that he was "Vey Dissatisfied" even though he was able to regain coverage. This beneficiary lost coverage and contacted the plan to send them the proper paperwork. After the paper work was faxed over, the plan indicated that they never received the fax. This participant was annoyed that the fax machine was never checked by the correct staff. The participant called the plan several times and spoke to a different person each time. This participant expressed concern that his honesty was being questioned by the plan.

4. Did the plan contact you about your complaint? This includes contact by telephone, mail, email, or other means.

Five of the nine participants said that the plan contacted them about the complaint by telephone. However, when asked for clarification, one of the five participants said that the plan never contacted him regarding the complaint; he received a phone call from Medicare. Furthermore, although the participants said their plan's called about the complaint, it seems some were confusing CMS and their plan. It appears that some participants may only be concerned that someone contacted them about the complaint regardless if it was their plan or Medicare.

5. Did you have to make more than one attempt to resolve your complaint before the plan contacted you?

Participants were only asked this question if they said their plan did contact them about the complaint. Responses to this question varied. All of the participants mentioned that they made phone calls to Medicare, the pharmacy or the plan on several occasions. Most participants proceeded to report the order in which communication was made. All participants said they made the first attempt by calling an organization (e.g. their plan, Medicare, or the pharmacy). After the first call was made by the beneficiary or their representative, they often called another organization before someone contacted them about the complaint. Additionally, when asked this question, it seems participants responded to how many calls they made to organizations (Medicare, their plan, pharmacy) regardless of whether the plan contacted them.

6. How satisfied are you with the amount of time it took to resolve your complaint? Are you…

- *Very satisfied*
- *Satisfied*
- *Dissatisfied*
- *Very dissatisfied*
- *Not yet settled*

All participants were asked this question, as was indicated in the skip pattern of the interview guide, because it appears that way in the survey. For those participants who replied that their complaint was not resolved, this question may not be appropriate.

The participants who responded that their complaint was not resolved indicated that they were either "Very Dissatisfied" or "Dissatisfied" with the amount of time it took to resolve the complaint. In addition, participants cited various reasons for dissatisfaction. Some mentioned that length of time was a factor in their dissatisfaction. However, others stated reasons unrelated to time such as unresponsiveness of the plan, and a perceived lack of respect toward beneficiaries or their representatives.

Of the participants whose complaints were resolved, they all mentioned that they were "Very Satisfied" or "Satisfied" with the amount of time it took to resolve the complaint. However, only 2 participants said they were satisfied because of time. Some mentioned that they were satisfied because the plan staff were friendly while others simply stated that they were satisfied with the resolution.

It seems that time was not a factor in many participants' responses to this question regardless of whether or not their complaint was resolved. However, having their complaint resolved may influence how they respond to this question and whether or not they are satisfied overall.

7. Now, please tell me how satisfied you are with the way your complaint was handled by the plan. Are you…

- *Very satisfied*
- *Satisfied*

- *Dissatisfied*
- *Very dissatisfied*

All of the participants, except one, who claimed that their complaint was not resolved, replied that they were "Very Dissatisfied" with how the complaint was handled by the plan. Most of these participants mentioned that the plan staff was unfriendly and inefficient. Participants stated the plans did not resolve their complaint and as a result cost them time and anxiety waiting for their medications. Only one participant who said his complaint was not resolved mentioned he was "Satisfied". After further clarification, he said that he was satisfied with the way Medicare handled the complaint.

Of those participants who cited that their complaint was resolved, they all said they were either "Very Satisfied" or "Satisfied" with the way their complaint was handled by the plan. All mentioned that the complaint was handled properly and was resolved in the end.

Again, if participants felt their complaints were resolved, they appear to be satisfied with their plan. This question seems to yield the same responses as the previous question regarding length of time.

8. I am going to read you a list of reasons why you may be dissatisfied with the way your complaint was handled. For each one, please tell me whether it is a reason you are dissatisfied.

- *It took too long for the plan to process your complaint*
  Yes *No*
- *Plan staff did not treat you with courtesy and respect*
  Yes *No*
- *Plan staff did not explain things in a way you could understand*
  Yes *No*
- *Plan staff did not provide you with enough information*
  Yes *No*
- *Are there any other reasons?*
  Yes *No*

Participants were asked this series of questions when they responded that they were either "Very Dissatisfied" or "Dissatisfied" with the way their complaint was handled by the plan. Participants had a clear understanding of these questions. Reponses varied in each category, but all participants understood each question.

9. Based on your recent experience with this plan, are you planning to stay with this plan when you have the opportunity to switch plans?

Although many participants felt their complaint was not resolved, the majority stated that they are willing to continue with the plan as their main source of coverage. Some believed that their current plan was the only plan available to them while others, who have been dissatisfied, felt that their current plan was still the best option for their situation. One participant said, "I have had people tell me bad things about other plans."

10. I am going to read you a list of problems you may have experienced while you were waiting for your complaint to be resolved. For each one, please tell me whether or not you had the problem.

- *You did not receive your medications*
  Yes No
- *It created financial hardship*
  Yes No
- *It caused you stress and anxiety*
  Yes No
- *You experienced health complications*
  Yes No
- *You lost health insurance coverage*
  Yes No
- *You had to use an out of plan provider*
  Yes No
- *You had to pay expenses out-of-pocket*
  Yes No
- *You missed an opportunity to see your doctor*
  Yes No
- *You missed an opportunity to undergo a medical procedure*
  Yes No
- *You missed an opportunity to change plans*
  Yes No
- *Did you experience any other problems?*
  Yes No

All participants were asked this final series of questions. Overall, participants struggled with the first question. They often stated the opposite of what occurred. For example, some participants said that they did not receive their medications, but when asked for clarification later, the intention of their statement was reversed. This may be due to wording of this question. The double negative may cause hesitation and confusion to the reader.

When participants were asked to define out of plan provider and out-of -pocket expenses, almost all were able respond in a way that shows they understood these terms. Only a few participants indicated that out-of-pocket expense are any monies that they had to pay for medications regardless of co-pays or deductible.

Conclusions

- We contacted all beneficiaries or their representatives whose complaints were resolved; about half of the participants did not perceive their complaint to be resolved.
- Respondents may not differentiate between how long it took to resolve the complaint and how the complaint was handled. It appears they are mainly concerned with the way the complaint was handled.
- Believing your complaint was resolved seems to be a driving factor in how participants responded. The issue of resolution appears to set the tone in how satisfied the

respondent is with the overall process regardless of how long the resolution took or who they perceived to resolve their complaint either Medicare or the plan.

- *The question "How satisfied are you with the amount of time it took to resolve your complaint? Are you…"* seems to be inappropriate for those participants who replied that their complaint was not resolved.