

Part C and D Complaints Resolution Performance Measure **Explanations for Inclusion of Survey Questions**

Q1. According to our records, the complaint you filed was recently closed by the plan. Was the complaint settled?

One of the primary interests of CMS is the beneficiary's perspective on the complaint resolution process. As would be expected, one of the main questions is the perspective of the beneficiary on the resolution of the complaint. This question elicits the beneficiary's overall agreement and satisfaction with the resolution.

Limitations to this question include the possibility that asking beneficiaries about the resolution of their complaint or whether the complaint was settled will elicit a negative response if the resolution was not in their favor. Also, a beneficiary may not be aware of Medicare Part C and/or Part D regulations and issues that are outside the scope of the plans. As such, beneficiaries could respond negatively to this question despite the fact that their plans have complied with CMS regulations in resolving the complaints. Despite these potential limitations, the responses to this question remain an important piece of information in understanding the perspective of the beneficiary on the complaint resolution process. To prevent bias in the development of the performance measures, this question will not be the sole factor in producing a performance measure.

Q2. Thinking about the aspects of the complaints process, regardless of whether you agree or disagree with the final outcome, please indicate how satisfied you are with the following:

This question elicits information about the complaint process from the beneficiary's perspective. CMS is interested in these areas since they are part of the Complaint Tracking Module guidelines. Among the main areas of interest are: (a) "Time your plan took to contact you," which can include, among other aspects, the final communication from the plan informing the beneficiary about the complaint resolution; and (b) "Amount of time spent handling your complaint," which reflects the burden of the complaint process on the beneficiary. Each answer choice has its own satisfaction Likert scale (4-point rating scale). As a result, we will be able to provide deeper analysis of the factors that can affect beneficiary satisfaction with the complaint resolution process.

These responses will be analyzed, together with the overall satisfaction rating, to determine which aspects of the complaint resolution process have the most influence on a beneficiary's satisfaction with the final outcome (and quite possibly the resolution). CMS could provide revised recommendations based on these findings.

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Q3. During the complaint process, did you experience any of the following?

While a plan may meet CMS's recommended time window for resolving a complaint, the resolution time may still be too long to prevent an unexpected or unwanted event for the beneficiary. Thus, this question asks whether the beneficiary experienced any adverse outcome(s) during the complaint resolution process. This question will inform CMS and the plans about areas they should focus on to prevent these kinds of adverse events in the future.

Q4. What was the final outcome or decision regarding your complaint?

This open-ended question allows beneficiaries to recount their experience with the complaint resolution process, the contacts and communications that took place, and the final outcome or decision that was made by the plan with regard to their complaint.

The final outcome is the series of decisions and or actions regarding the complaint. These decisions and/or actions indicate whether a complaint has been settled (closed). 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.

Q5. How satisfied are you with the final outcome of your complaint?

The responses to this question will represent beneficiaries' level of satisfaction with the final outcome of their complaints. This question further emphasizes the final outcome rather than the resolution (and the potential limitations outlined in Question 1 above). Information gathered from this question will be used together with more detailed questions about satisfaction in the development of the performance measures.

Q6. Whether you agree or disagree with the final outcome, how would you rate your overall satisfaction with the way your complaint was handled by the plan?

This question will provide an assessment of how satisfied beneficiaries are overall with the process to resolve their complaints. As the overall satisfaction rating, it is placed after questions about the complaint process. By first asking questions about process, the survey is structured to remind beneficiaries of their full complaint experience so that they may provide a balanced assessment of their experience. This ordering was selected to avoid starting with the satisfaction question and eliciting a gut reaction from beneficiaries.

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Q7. Based on your recent experience, how satisfied are you with [Plan name]?

Without mentioning the complaint process, this question provides an overall assessment of the beneficiary's experience with the plan, including health care, customer service, and other issues. When compared to other satisfaction questions in the survey, responses will highlight how much the plan's handling of the complaint affects the beneficiary's overall opinion of the plan's service.

Q8. Based on your recent experience, how likely are you to stay with this plan?

The responses will indicate to what extent a beneficiary's experience with the services provided by the plan and with the complaint resolution process affects his/her opinion of the plan. A complaint resolution process that is so unsatisfactory that the beneficiary is willing to switch plans indicates that changes need to be made in the process.

Q9. Are you...? [The Beneficiary or Someone else]

Identifying the respondent is necessary to assess cases in which beneficiaries use representatives to file or follow up on complaints. It is possible that if representatives complete the survey, their experiences and satisfaction may be different from those of beneficiaries who complete the survey themselves. This question allows for an analysis of satisfaction while controlling for survey respondents. Additionally, including this question will allow for an estimation of the number of beneficiaries who use a proxy or representative when making a complaint

Q10. Do you have any suggestions or comments about how your plan could handle complaints better?

While this open-ended survey question may not be used directly in any of the performance measures, given the variety of potential responses, it is still a critical question that can elicit additional information to answer the following questions: (a) How can the complaint process be improved, and can CMS facilitate it with additional guidance? (b) How can plans improve their handling of complaints? (c) What types of complaints cause more problems or fewer problems? and (d) Are beneficiaries dissatisfied with something the plan was unable to control, or do they have reasonable issues with the process?