DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop XX-XX-XX
Baltimore, Maryland XXXXX-XXX

Parts C and D Complaint Closure Beneficiary Survey

[DATE]

Dear Medicare Beneficiary:

You deserve the highest quality care from your health plan. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. One of the ways we ensure quality care is to ask about the service you are currently receiving from your Medicare health plan and/or Prescription Drug Plan.

You are being contacted to complete a survey about a complaint that you – or someone on your behalf – made against your [PLAN NAME] health plan and/or your Prescription Drug Plan on [DATE]. Your complaint was closed on [DATE] by your Medicare health plan. You will be asked about your complaint and how satisfied you are with the way your complaint was handled. Your opinions are very important to us. The information you provide will help improve the way Medicare plans handle complaints in the future. This is your opportunity to help us, and your health plan and/or prescription drug plan, serve you better.

Your cooperation in filling out this brief 5-10 minute survey is greatly appreciated. All the information you provide is confidential and is protected by the Privacy Act. Your information will not be shared with anyone other than authorized persons at CMS and IMPAQ International, LLC, the independent contractor assisting with this survey. Your participation is voluntary and your decision to participate, or not to participate, will not affect your Medicare benefits in any way.

Instructions:
Please read the questions on the back of this page and mark each answer that best describes your opinion. After completing the survey, please place it in the postage-paid envelope provided with this letter and mail it to IMPAQ International, attn: "Complaints Resolution Survey," 10420 Little Patuxent Pkwy, Ste 300, Columbia, MD 21044.

If you have any questions about the survey or would like to complete the survey by phone, please call [NAME] with IMPAQ International toll-free at [NUMBER], between [TIME] and [TIME].

Thank you, your opinions are valued and your participation is appreciated.

Sincerely,

Signatory

Q1. According to our records, the complaint you filed about [COMPLAINT CATEGORY] was recently closed by the plan. Was the complaint settled?

☐Yes ☐No ☐I Don't Know

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 each of the following:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	I Don't Know/NA
Length of the complaint process	☐	☐	☐	☐	☐
Courtesy of the plan representative	☐	☐	☐	☐	☐
Time your plan took to contact you	☐	☐	☐	☐	☐
Amount of time spent handling your complaint	☐	☐	☐	☐	☐
Awareness of the complaints process	☐	☐	☐	☐	☐
Explanation of the final outcome	☐	☐	☐	☐	☐

Q3. During the complaint process, did you experience any of the following? *Mark a response for each line.*

	Yes	No	I Don't Know/NA
Delay in receiving care or medications	☐	☐	☐
Unable to obtain medications	☐	☐	☐
Extreme stress or anxiety	☐	☐	☐
Health complications	☐	☐	☐
Loss of health insurance coverage	☐	☐	☐
Need to use an out-of-plan provider	☐	☐	☐
Financial hardship	☐	☐	☐
Missed an opportunity to see a doctor or undergo a medical procedure	☐	☐	☐

Other (*specify*) _____

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

_____

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

☐Very Satisfied ☐Satisfied ☐Dissatisfied ☐Very Dissatisfied ☐NA

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?

☐Very Satisfied ☐Satisfied ☐Dissatisfied ☐Very Dissatisfied ☐NA

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

☐Very Satisfied ☐Satisfied ☐Dissatisfied ☐Very Dissatisfied ☐NA

Q8. How likely are you to stay with this plan?

☐Very Likely ☐Likely ☐Unlikely ☐Very Unlikely ☐NA

Q9. Are you…? ☐The Beneficiary ☐Someone Else

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

_____