

## Centers for Medicare & Medicaid Services 2012 Complaints Resolution Survey Website Screenshots

When beneficiaries enter the web address they will be directed to the **Login Screen**.

### Screenshot 1: Login Screen

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

## 2012 COMPLAINTS RESOLUTION SURVEY

Home      FAQ      Help & Support      Resources

The Centers for Medicare & Medicaid Services (CMS) is sponsoring this survey for Medicare beneficiaries who filed a complaint. We want to know if your complaint about a Medicare health plan or prescription drug plan was handled to your satisfaction.

### Direct Login

Please provide your CTM Complaint ID to login and proceed to the survey.

**CTM Complaint ID:**

Your CTM Complaint ID can be found at the top right of the notification letter you received from CMS.

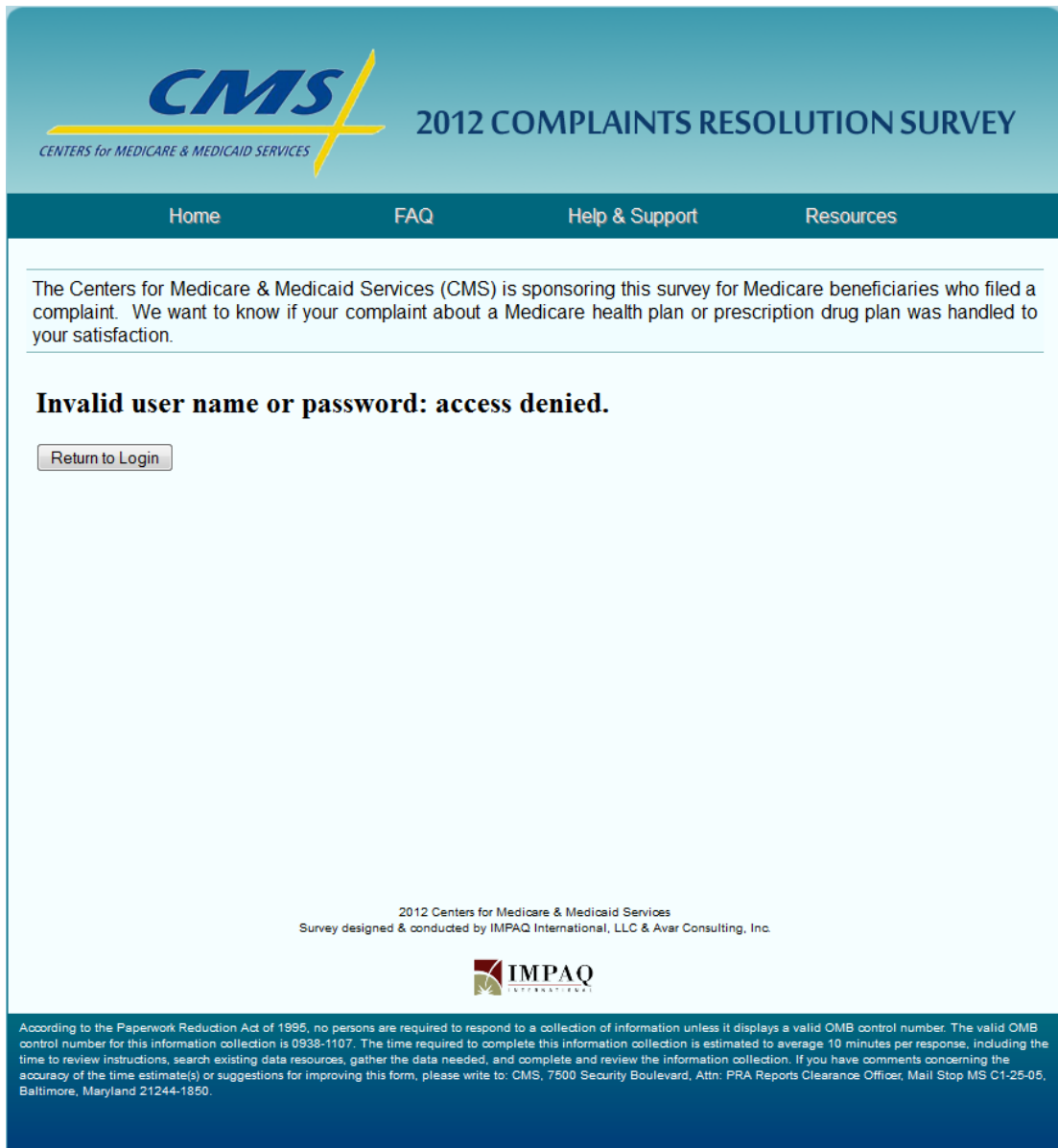
Note: This page is secured to protect your personal information.

2012 Centers for Medicare & Medicaid Services  
Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1107. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop MS C1-25-05, Baltimore, Maryland 21244-1850.

If the beneficiary enters the wrong complaint ID, they will be directed to the **Invalid Login Screen**. They can return to the Login screen to try again. Directions of where to find their complaint ID are located on the Login screen.

**Screenshot 2: Invalid Login Screen**



If beneficiaries place their mouse arrow over to the Home tab, they will see link to “Survey Login” in a green drop-down menu.

**Screenshot 3: Home Tab Drop-Down Menu**

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## 2012 COMPLAINTS RESOLUTION SURVEY

Home    FAQ    Help & Support    Resources

Survey Login

The Centers for Medicare & Medicaid Services (CMS) is sponsoring this survey for Medicare beneficiaries who filed a complaint. We want to know if your complaint about a Medicare health plan or prescription drug plan was handled to your satisfaction.

### Direct Login

Please provide your CTM Complaint ID to login and proceed to the survey.

**CTM Complaint ID:**

Your CTM Complaint ID can be found at the top right of the notification letter you received from CMS.

Submit

**Note: This page is secured to protect your personal information.**

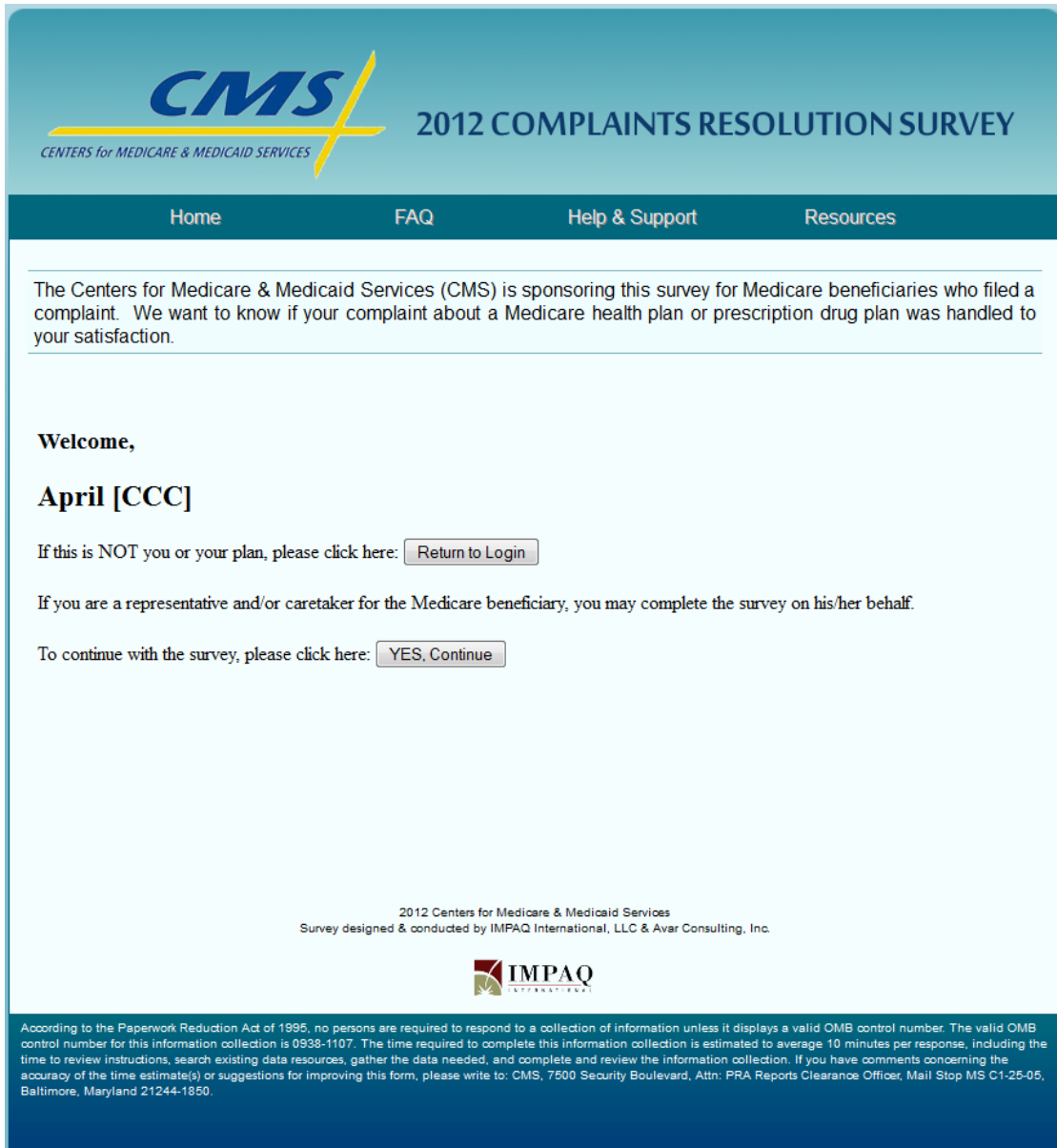
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Once beneficiaries log in with their complaint ID, they will see the **Welcome Screen**. The survey is personalized with the beneficiary first name (e.g., April) and the beneficiary plan name (e.g., CCC).

**Screenshot 4: Welcome Screen**



The **Introduction Screen** tells the respondent the purpose of the survey and is personalized with the beneficiary first name (e.g., April) and the month their complaint was filed in the CTM (e.g., May).

**Screenshot 5: Introduction Screen**

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## 2012 COMPLAINTS RESOLUTION SURVEY

Home      FAQ      Help & Support      Resources

Dear April:

Centers for Medicare & Medicaid (CMS) records show **you filed a complaint in [May] that has been closed**. We want to know whether or not you were satisfied with how your plan handled your concern.

We appreciate your filling out this brief survey that will take only 5 to 10 minutes to complete. Your opinion is very important to us, and we'll use your comments to improve the way complaints are handled in the future.

Filling out this survey is voluntary and your responses won't affect your Medicare benefits in any way. All information you provide is confidential and protected by the Privacy Act. We will not share your information with anyone, other than authorized persons at CMS and IMPAQ International, LLC, the independent contractor assisting with the survey. We won't share your responses with anyone in your plan.

[Next >>](#)

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The **Instructions Screen** provides information on how to complete the web survey and is personalized with the month their complaint was filed in the CTM (e.g., May).

**Screenshot 6: Instructions Screen**

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## 2012 COMPLAINTS RESOLUTION SURVEY

Home      FAQ      Help & Support      Resources

0%  100%

Instructions

Answer the following questions based **on the complaint you filed in May**. If you filed a complaint on behalf of a Medicare beneficiary, please respond to Questions 3 and 8 from **the beneficiary's point of view**. Please respond to all other questions from your own perspective.

<< Previous    Next >>

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Q1 is personalized with the complaint category associated with the beneficiary's complaint ID (e.g., marketing).

**Screenshot 7: Q1 and Q2**

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**2012 COMPLAINTS RESOLUTION SURVEY**

Home      FAQ      Help & Support      Resources

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Question 1-2 out of 10

**1. Our records show the complaint you filed [about marketing] was recently closed by the plan. Was your complaint settled?**

Yes       No       I Don't Know

**2. How satisfied were you with the following parts of the complaint process? Please mark a response for all 5 lines.**

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	I Don't Know/NA
Your understanding of the process to address complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of the complaint process from start to finish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time your plan took to contact you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy of the plan representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of the final outcome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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If Q1 is not answered, the beneficiary will receive a pop up notification letting them know that they must complete all questions before they can continue with the survey.

**Screenshot 8: Pop-up Notification**

The screenshot displays the CMS 2012 Complaints Resolution Survey interface. A pop-up notification is centered on the screen, indicating that required questions have not been answered. The background shows a survey question with a table of satisfaction levels.

**1. Our record on the complaint process. Was the process satisfactory?**

0% 100%  
Question 1, 2 out of 10

One or more required questions have not been answered. You cannot continue until these have been completed.

Yes

**2. How satisfied were you with the following parts of the complaint process? Please mark a response for all 5 lines.**

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	I Don't Know/NA
Your understanding of the process to address complaints	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of the complaint process from start to finish	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time your plan took to contact you	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy of the plan representative	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of the final outcome	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<< Previous Next >>

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If Q2 is not answered fully (e.g. a response on all 5 lines), beneficiary will receive a pop up notification (same as pop up from Q1, screenshot 7) letting them know that they must complete all questions before they can continue with the survey. After clicking “OK”, beneficiaries will see that the missing part of the question is in red. This will occur throughout the survey whenever a question is only partially answered by the beneficiary.

**Screenshot 9: Q2 Red Note**

The screenshot shows the survey interface for the 2012 Complaints Resolution Survey. At the top, there is a header with the CMS logo and the title "2012 COMPLAINTS RESOLUTION SURVEY". Below the header is a navigation bar with links for Home, FAQ, Help & Support, and Resources. A progress bar indicates "Question 1-2 out of 10".

**Question 1:** "Our records show the complaint you filed [about enrollment] was recently closed by the plan. Was your complaint settled?"

Options:  Yes,  No,  I Don't Know

**Question 2:** "How satisfied were you with the following parts of the complaint process? Please mark a response for all 5 lines."

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	I Don't Know/NA
Your understanding of the process to address complaints	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Length of the complaint process from start to finish</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time your plan took to contact you	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy of the plan representative	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of the final outcome	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Navigation: << Previous, Next >>

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If Q3 or Q4 are not answered (or answered only partially), beneficiaries will receive a pop up notification (same as pop up from Q1, screenshot 7) letting them know that they must complete all questions before they can continue with the survey. After clicking "OK", beneficiaries see will that the missing part of Q3 is in red.

**Screenshot 10: Q3 and Q4**

The screenshot displays the '2012 COMPLAINTS RESOLUTION SURVEY' interface. At the top, the CMS logo is visible alongside the survey title. A navigation bar includes links for Home, FAQ, Help & Support, and Resources. A progress indicator shows 'Question 3-4 out of 10'. Question 3 asks about experiences during the complaint process, with a table for responses. Question 4 asks about satisfaction with the final outcome, with radio button options. Navigation buttons for 'Previous' and 'Next' are present, along with survey design and OMB control information at the bottom.

0%  100%

Question 3-4 out of 10

**3. At any time during the complaint process, did you experience any of the following? Please mark a response for all 4 lines.**

	Yes	No	I Don't Know/NA
Health complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme stress, anxiety, or frustration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of some or all of your health insurance benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial hardship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Very Satisfied     Satisfied     Dissatisfied     Very Dissatisfied     NA

<< Previous    Next >>

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Q5 is personalized with the beneficiary plan name (e.g., CCC). If Q5 or Q6 are not answered, beneficiaries will receive a pop up notification (same as pop up from Q1, screenshot 7) letting them know that they must complete all questions before they can continue with the survey.

**Screenshot 11: Q5 and Q6**

The screenshot displays the '2012 COMPLAINTS RESOLUTION SURVEY' interface. At the top left is the CMS logo with the text 'CENTERS for MEDICARE & MEDICAID SERVICES'. To the right of the logo is the survey title. Below the title is a navigation bar with links for 'Home', 'FAQ', 'Help & Support', and 'Resources'. A progress indicator shows '0%' completion. Below this, it says 'Question 5-6 out of 10'. Question 5 asks for overall satisfaction with the complaint handling by [CCC], with radio button options: 'Very Satisfied', 'Satisfied', 'Dissatisfied', 'Very Dissatisfied', and 'NA'. Question 6 asks for the number of attempts to resolve the complaint, with radio button options: '1 - 2', '3 - 4', '5 - 6', '7 - 8', and '9+'. Navigation buttons '<< Previous' and 'Next >>' are located below the questions. At the bottom, there is a footer with the text '2012 Centers for Medicare & Medicaid Services' and 'Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc.', along with the IMPAQ International logo. A small disclaimer at the very bottom of the page mentions the Paperwork Reduction Act of 1995 and provides contact information for the PRA Reports Clearance Officer.

Q7 and Q8 are personalized with the beneficiary plan name (e.g., CCC). If Q7 or Q8 are not answered, beneficiaries will receive a pop up notification (same as pop up from Q1, screenshot 7) letting them know that they must complete all questions before they can continue with the survey.

**Screenshot 12: Q7 and Q8**

The screenshot displays the '2012 COMPLAINTS RESOLUTION SURVEY' interface. At the top left is the CMS logo with the text 'CENTERS for MEDICARE & MEDICAID SERVICES'. To the right of the logo is the survey title. Below the header is a navigation bar with links for 'Home', 'FAQ', 'Help & Support', and 'Resources'. A progress indicator shows '0%' completion. Below this, it says 'Question 7-8 out of 10'. Question 7 asks: 'Based on your recent experience, how satisfied are you with [CCC]?' with radio button options: 'Very Satisfied', 'Satisfied', 'Dissatisfied', 'Very Dissatisfied', and 'NA'. Question 8 asks: 'How likely are you to stay with [CCC]?' with radio button options: 'Very Likely', 'Likely', 'Unlikely', 'Very Unlikely', and 'NA'. Navigation buttons '<< Previous' and 'Next >>' are located below the questions. At the bottom, there is a footer with the text: '2012 Centers for Medicare & Medicaid Services Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc.' and the IMPAQ International logo. A small disclaimer at the very bottom reads: 'According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1107. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop MS C1-25-05, Baltimore, Maryland 21244-1850.'

If Q9 is not answered, beneficiaries will receive a pop up notification (same as pop up from Q1, screenshot 7) letting them know that they must complete all questions before they can continue with the survey. Q10 is not a mandatory question. The beneficiary can submit the survey even if Q10 is blank.

**Screenshot 13: Q9 and Q10**

The screenshot displays the '2012 COMPLAINTS RESOLUTION SURVEY' interface. At the top left is the CMS logo with the text 'CENTERS for MEDICARE & MEDICAID SERVICES'. To the right of the logo is the survey title '2012 COMPLAINTS RESOLUTION SURVEY'. Below the title is a navigation bar with links for 'Home', 'FAQ', 'Help & Support', and 'Resources'. A progress indicator shows '0%' completion and 'Question 9-10 out of 10'. Question 9 is titled '9. Tell us who filled out this survey' and has two radio button options: 'I am a Medicare beneficiary' and 'I am filling out the survey on behalf of a Medicare beneficiary'. Question 10 is titled '10. Do you have any suggestions or comments about how your plan could handle complaints better?' and features a large text input area. At the bottom of the survey area are two buttons: '<< Previous' and '> Submit <'. Below the buttons, it states '2012 Centers for Medicare & Medicaid Services' and 'Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc.' with the IMPAQ logo. A footer contains a disclaimer: 'According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1107. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop MS C1-25-05, Baltimore, Maryland 21244-1850.'

Once completed, beneficiaries will be taken to a **Thank You** screen. From here they can still access additional menus but will not be able to access their survey data once it has been submitted.

**Screenshot 14: Thank You**

The screenshot shows a web page with a teal header. On the left is the CMS logo with the text "CENTERS for MEDICARE & MEDICAID SERVICES". To the right of the logo is the title "2012 COMPLAINTS RESOLUTION SURVEY". Below the header is a dark teal navigation bar with four links: "Home", "FAQ", "Help & Support", and "Resources". The main content area is white and contains a "Thank You!" message in a light blue box. The message reads: "Thank You! Your survey responses have been recorded. The information you provided will help improve the way Medicare plans handle complaints in the future. By providing feedback about your complaint experience, you are helping CMS and your health plan and/or prescription drug plan serve you better." Below this message is the text "2012 Centers for Medicare & Medicaid Services" and "Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc." followed by the IMPAQ International logo. At the bottom of the page, there is a dark blue footer containing a disclaimer about the Paperwork Reduction Act of 1995, the OMB control number 0938-1107, and contact information for CMS.

When beneficiaries move the mouse arrow over to the **FAQ** tab, they will see a link to “Frequently Asked Questions” in a green drop-down menu.

**Screenshot 15: FAQ Tab Drop-Down Menu**

The screenshot shows the top portion of a website. At the top left is the CMS logo with the text "CENTERS for MEDICARE & MEDICAID SERVICES". To the right of the logo is the title "2012 COMPLAINTS RESOLUTION SURVEY". Below this is a navigation bar with four tabs: "Home", "FAQ", "Help & Support", and "Resources". The "FAQ" tab is highlighted in green, and a drop-down menu is open below it, showing the text "Frequently Asked Questions". Below the navigation bar is a paragraph of text: "The Centers for Medicare & Medicaid Services (CMS) is sponsoring this survey for Medicare beneficiaries who filed a complaint. We want to know if your complaint about a Medicare health plan or prescription drug plan was handled to your satisfaction." Below this text is a "Direct Login" form. The form has a title "Direct Login" and a sub-header "Please provide your CTM Complaint ID to login and proceed to the survey." Below this is a label "CTM Complaint ID:" followed by a text input field. Below the input field is a note: "Your CTM Complaint ID can be found at the top right of the notification letter you received from CMS." Below the note is a "Submit" button. Below the form is a note: "Note: This page is secured to protect your personal information." At the bottom of the page, there is a footer with the text: "2012 Centers for Medicare & Medicaid Services Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc." Below this is the IMPAQ International logo. At the very bottom of the page is a small paragraph of text: "According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1107. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop MS C1-25-05, Baltimore, Maryland 21244-1850."

After clicking the FAQ tab, beneficiaries can see the **Frequently Asked Questions Page** which opens in a separate tab or browser window.

**Screenshot 16: Frequently Asked Questions Page**

The screenshot shows the CMS 2012 Complaints Resolution Survey website. At the top, the CMS logo is displayed with the text "CENTERS for MEDICARE & MEDICAID SERVICES" and "2012 COMPLAINTS RESOLUTION SURVEY". Below the logo is a navigation bar with links for "Home", "FAQ", "Help & Support", and "Resources". The main content area is titled "Frequently Asked Questions" and contains several questions and answers, each preceded by a question mark icon. The questions are: "What is the purpose of the survey?", "Who is sponsoring the survey?", "How long will it take me to complete the survey?", "Why should I be interested in taking the survey?", "What happens if I don't participate?", "What kind of information does this survey collect?", and "Are my answers confidential?". At the bottom of the page, there is a small logo for IMPAQ International, Inc. and a footer containing a disclaimer about the Paperwork Reduction Act of 1995 and contact information for CMS.

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**2012 COMPLAINTS RESOLUTION SURVEY**

Home      FAQ      Help & Support      Resources

### Frequently Asked Questions

**What is the purpose of the survey?**

? The goal of the survey is to understand your opinions about the way your health plan resolves beneficiary complaints. Your survey responses will help improve how complaints are handled.

**Who is sponsoring the survey?**

? The Centers for Medicare & Medicaid Services (CMS) sponsors this survey and has contracted with IMPAQ International, LLC to conduct this survey for us.

**How long will it take me to complete the survey?**

? The survey takes 5 to 10 minutes to complete. If you need to pause, you can come back and complete it later.

**Why should I be interested in taking the survey?**

? Your responses will be used to improve the way complaints are handled and how your health plan provides services to you. We depend on your responses to help CMS and your health plan and/or prescription drug plan serve you better.

**What happens if I don't participate?**

? Your participation is voluntary and doesn't affect your services or benefits in any way.

**What kind of information does this survey collect?**

? We'll combine your responses with those of other Medicare beneficiaries and analyze them to evaluate how your plan is handling complaints.

**Are my answers confidential?**

? Your responses will be held in complete confidence and used only for the purposes of this study. Your answers will be combined with those of others, and your name will never be used in reporting the results. Any data that would identify you will be kept confidential, except as required by law.

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When beneficiaries move the mouse arrow over to the **Help & Support** tab, they will see “**Contact Us**” link in a green drop-down menu.

**Screenshot 17: Help & Support Drop-Down Menu**

The screenshot displays the top portion of a website for the "2012 COMPLAINTS RESOLUTION SURVEY". At the top left is the CMS logo with the text "CENTERS for MEDICARE & MEDICAID SERVICES". To the right of the logo is the survey title "2012 COMPLAINTS RESOLUTION SURVEY". Below this is a navigation bar with four tabs: "Home", "FAQ", "Help & Support", and "Resources". The "Help & Support" tab is highlighted in green, and a drop-down menu is open below it, showing a "Contact Us" link. The main content area is titled "Frequently Asked Questions" and contains several questions with answers, each preceded by a question mark icon. The questions are: "What is the purpose of the survey?", "Who is sponsoring the survey?", "How long will it take me to complete the survey?", "Why should I be interested in taking the survey?", "What happens if I don't participate?", "What kind of information does this survey collect?", and "Are my answers confidential?". At the bottom of the page, there is a small footer with the text: "2012 Centers for Medicare & Medicaid Services. Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc."

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**2012 COMPLAINTS RESOLUTION SURVEY**

Home    FAQ    **Help & Support**    Resources

**Contact Us**

### Frequently Asked Questions

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**Who is sponsoring the survey?**

**?** The Centers for Medicare & Medicaid Services (CMS) sponsors this survey and has contracted with IMPAQ International, LLC to conduct this survey for us.

**How long will it take me to complete the survey?**

**?** The survey takes 5 to 10 minutes to complete. If you need to pause, you can come back and complete it later.

**Why should I be interested in taking the survey?**

**?** Your responses will be used to improve the way complaints are handled and how your health plan provides services to you. We depend on your responses to help CMS and your health plan and/or prescription drug plan serve you better.

**What happens if I don't participate?**

**?** Your participation is voluntary and doesn't affect your services or benefits in any way.

**What kind of information does this survey collect?**

**?** We'll combine your responses with those of other Medicare beneficiaries and analyze them to evaluate how your plan is handling complaints.

**Are my answers confidential?**

**?** Your responses will be held in complete confidence and used only for the purposes of this study. Your answers will be combined with those of others, and your name will never be used in reporting the results. Any data that would identify you will be kept confidential, except as required by law.

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Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc.

After clicking the “**Contact Us**” link, the **CMS Survey Help & Support** page will open in a separate tab or browser window.

**Screenshot 18: Help & Support Page**

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

**2012 COMPLAINTS RESOLUTION SURVEY**

Home      FAQ      Help & Support      Resources

**CMS Survey Help & Support**

Please enter your information:

First Name:   
Last Name:

\* Please enter your preferred contact:

Email:   
Phone:

\* Please tell us your question / comment:

(Questions with red asterisks are mandatory.)

> Submit <

2012 Centers for Medicare & Medicaid Services  
Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc.

**IMPAQ**  
INTERNATIONAL

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1107. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop MS C1-25-05, Baltimore, Maryland 21244-1850.

If mandatory fields are not filled out, beneficiaries will receive a pop up notification (same as pop up from Q1, screenshot 7) letting them know that they must complete all questions before they can submit their help issue. After clicking "OK", beneficiaries will see that the missing part of the question(s) is in red.

**Screenshot 19: CMS Survey Help & Support Red Notes**

The screenshot shows the 'CMS Survey Help & Support' page. At the top, there is the CMS logo and the title '2012 COMPLAINTS RESOLUTION SURVEY'. Below this is a navigation bar with links for 'Home', 'FAQ', 'Help & Support', and 'Resources'. The main content area is titled 'CMS Survey Help & Support' and contains the following sections:

- Please enter your information:**
  - First Name:
  - Last Name:
- \* Please enter your preferred contact:**
  - This question is mandatory. Please complete all parts.**
  - Email:
  - Phone:
- \* Please tell us your question / comment:**
  - This question is mandatory.**
  -

At the bottom of the form, there is a '> Submit <' button. Below the button, it says '2012 Centers for Medicare & Medicaid Services' and 'Survey designed & conducted by IMPAQ International, LLC & Avar Consulting, Inc.' The IMPAQ International logo is also present. At the very bottom, there is a small text block regarding the Paperwork Reduction Act of 1995.

After beneficiaries fill out the **CMS Help & Support** page, they will see a **“Thank you”** page.

**Screenshot 20: Help & Support Thank You page**



When beneficiaries move the mouse arrow over to the **Resources** tab, they will see several links in the green drop-down menus. The **Resources** tab provides links to the following website:

- **Medicare.gov**
- **HHS.gov**
- **File a Complaint**  
(<https://www.medicare.gov/MedicareComplaintForm/home.aspx>)
- **Useful Phone & Websites**  
(<http://www.medicare.gov/Contacts/Default.aspx>)

**Screenshot 21: Resources Drop-Down Menu**



Part C and D Complaints Resolution Performance Measure  
(HHSM-500-2009-00112G)

You can access the survey using the following link:

<http://medicare-comp-survey.cms.gov/index.php?sid=92132>

Below are list of test IDs that you can use to login the survey.

AKCUGUYNFXLX

EDWAFSCMKWG

NHVIHCCWTMUT

JGPNYWNKAAFS

QYHANKQFILLF

OXCZBSAKEVSA

AXPTYANBDGRU

GYVVWDLUYGUK

AABMTJWHMLIA

CSKLTICLZQBL

WQIWSMUHORMG

XKJTPJYCFJQF

CRCGZBNWHFHQ

VUKSVUXIXGSC

VSTXLPUBFOCP