

**Medicare Part D Complaint Metrics**  
**Technical Notes**  
June 30, 2006

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1. **Definitions** (Note: letters below correspond with column letters in the Complaint Rate table)
  - A. **Organization Name** – The marketing organization name specified by the Part D sponsor in HPMS.
  - B. **Contract ID** – The CMS contract ID for the Part D sponsor.
  - C. **Total Complaints** – The total number of Part D related complaints received by CMS related to the Part D sponsor's contract.
    1. **Number** – Total number of Part D complaints attributed to a plan.
    2. **Rate per 1,000 enrollees** – Total rate of Part D complaints per 1,000 enrollees.
  - D. **Benefits / Access Complaints**
    1. These complaints include the following categories based on data from 4/21/06 – 5/20/06:
      - i) Part D Card did not work at pharmacy
      - ii) Pharmacy does not offer generic alternatives
      - iii) Pharmacy incorrectly listed in Part D Tool
      - iv) Sponsor/plan/provider discouraging Part D benefit usage (e.g., for certain drugs)
      - v) Pharmacy is located too far away
      - vi) Access and availability (Specify Provider Type)
      - vii) Explanation of Benefits (EOB) is inaccurate
      - viii) TrOOP balance unavailable
      - ix) Coordination of benefit
      - x) 4Rx/E1
      - xi) Transition
      - xii) Part B vs. Part D coverage
      - xiii) Other Benefits/Access issues
    2. **Number** – Number of complaints related to Benefits / Access.
    3. **Rate per 1,000 enrollees** – Rate of complaints related to Benefits / Access per 1,000 enrollees.
  - E. **Enrollment / Disenrollment Complaints**
    1. These complaints include the following categories based on data from 4/21/06 – 5/20/06:
      - i) Delayed enrollment processing
      - ii) Inconsistent enrollment practices in same state
      - iii) Enrollment denied
      - iv) Inappropriate enrollment
      - v) Inappropriate disenrollment
      - vi) Beneficiary has not received Part D card or enrollment materials
      - vii) Delay in receiving materials
      - viii) Untimely processing of disenrollment requests

- ix) Difficulty switching between plans
- x) Involuntarily switched to a different plan
- xi) Low Income Subsidy (LIS)
- xii) Untimely processing of enrollment requests
- xiii) TRR/Batch File
- xiv) Eligibility
- xv) Other Enrollment/Disenrollment issue

2. **Number** – Number of complaints related to Enrollment / Disenrollment.
3. **Rate per 1,000 enrollees** – Rate of complaints related to Enrollment / Disenrollment per 1,000 enrollees.

**F. Pricing / Co-insurance Complaints**

1. These complaints include the following categories based on data from 4/21/06 – 5/20/06:
  - i) Pharmacy charging more than lowest available price
  - ii) Pharmacy charging more co-insurance than listed on the Part D Tool on their description of benefits or TrOOP
  - iii) Subsidy-eligible enrollees charged improper co-insurance
  - iv) Enrollees charged improper co-insurance based on formulary tier
  - v) Other Pricing/Co-Insurance issue.
2. **Number** – Number of complaints related to Pricing / Co-insurance.
3. **Rate per 1,000 enrollees** – Rate of complaints related to Pricing / Co-insurance per 1,000 enrollees.

**G. Other Complaints** – These complaints include all other plan-related complaints included in the total, excluding Benefits/Access, Enrollment/Disenrollment, and Pricing/Co-insurance complaints (i.e. excluding complaints from the above sub-categories).

1. **Number** – Number of complaints related to other issues.
2. **Rate per 1,000 enrollees** – Rate of complaints related to other issues per 1,000 enrollees.

**2. General Notes:**

- A. Data Source** – Data for the period of 04/21/06 to 05/20/06 were obtained from the 1-800-MEDICARE call center. Some complaints that can not be clearly attributed to the plan are excluded; these include the following complaint types: complaints regarding 1-800-MEDICARE, Medicare websites, SHIPS, SSA, or MEDIC; facilitated enrollment issues; missing Medicaid eligibility; or Part D premium overcharges.
- B. Missing Data:** For plans that have no enrollment as of the date of the analysis, complaint rates per 1,000 enrollee statistics cannot be calculated and are displayed as “N/A”.
- C. Enrollment numbers:** enrollment numbers used to calculate the complaint rate were based on enrollment for the time period measured.
- D. Printing and Saving Report:** For ease of printing and saving the report, we have included the ability to create an Adobe Portable Document Format (PDF) version of the report. This function is available by clicking on the “create PDF” link located in the upper-right section of the web page which contains the report. Note: printing the report directly from the web page (i.e. HTML version) may result in cropping of some columns or rows and thus we recommend only printing the PDF version.