
Measure: D02 - Complaints about the Drug Plan

Title	Description
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Label for Stars: Complaints about the Drug Plan (more stars are better because it means fewer complaints)

Label for Data: Complaints about the Drug Plan (number of complaints for every 1,000 members).
(Lower numbers are better because it means fewer complaints.)

Description: Percent of members filing complaints with Medicare about the drug plan.

Metric: Rate of complaints about the drug plan per 1,000 members. For each contract, this rate is calculated as:

$$\left[\frac{\text{(Total number of all complaints logged into the Complaints Tracking Module (CTM))}}{\text{(Average Contract enrollment)}} \right] * 1,000 * 30 / \text{(Number of Days in Period)}$$

Number of Days in Period = 366 for leap years, 365 for all other years.

- Complaints data are pulled after the end of the measurement timeframe to serve as a snapshot of CTM data.
- Enrollment numbers used to calculate the complaint rate were based on the average enrollment for the time period measured for each contract.
- A contract's failure to follow CMS's CTM Standard Operating Procedures will not result in CMS's adjustment of the data used for these measures.

Primary Data Source: Complaints Tracking Module (CTM)

Data Source Description: Data were obtained from the CTM based on the contract entry date (the date that complaints are assigned or re-assigned to contracts; also known as the contract assignment/reassignment date) for the reporting period specified. The status of any specific complaint at the time the data are pulled stands for use in the reports. Any changes to the complaints data subsequent to the data pull cannot be excluded retroactively. CMS allows for an approximate 6-month "wash out" period to account for any adjustments per CMS's CTM Standard Operating Procedures. Therefore, all Plan Requests for 2020 complaints made by June 30, 2021 are captured. Complaint rates per 1,000 enrollees are adjusted to a 30-day basis.

Data Source Category: CMS Administrative Data

Exclusions: On March 10, 2019, CMS released an HPMS memo on the Complaints Tracking Module (CTM) Updated Standard Operating Procedures (SOP). Plans should review all complaints at intake and verify the contract assignment and issue level. The APPENDIX A - Category and Subcategory Listing in the SOP lists the subcategories that are excluded.

Complaint rates are not calculated for contracts with average enrollment of less than 800 enrollees during the measurement period.

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Lower is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Not Included

Case-Mix Adjusted: No

Weighting Category: Patients' Experience and Complaints Measure

Weighting Value: 2

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Major Disaster: Higher measure star (2021-2022) for contracts with 25% or more enrolled affected by 2020 disasters.

Meaningful Measure Area: Patient's Experience of Care

NQF #: Not Applicable

Data Display: Numeric with 2 decimal places

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	> 1.14	> 0.79 to <= 1.14	> 0.37 to <= 0.79	> 0.17 to <= 0.37	<= 0.17
PDP	> 0.21	> 0.15 to <= 0.21	> 0.1 to <= 0.15	> 0.03 to <= 0.1	<= 0.03