

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR BENEFICIARY CHOICES

Date: June 19, 2006

To: CMS CTM Users

From: Cynthia E. Moreno, Director
Plan Oversight and Accountability Group

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Medicare Drug Benefit Group

Subject: June 23 HPMS Complaints Tracking Module (CTM) Release

On June 23, 2006, CBC will implement several enhancements to the HPMS Complaints Tracking Module (CTM). This release will also include a change to the way in which HPMS parses the daily complaint files sent to the CMS Regional Offices (RO) via Host on Demand (HOD).

Beginning on June 23, you will find the following enhancements in the HPMS CTM:

- Ability for caseworkers to upload complaint resolutions in a defined file record layout (see **Attachment A**)
- Ability for HPMS to auto-assign 1-800-Medicare complaints to the appropriate caseworker using the contract number to caseworker crosswalk
- Modifications to the Caseworker Assignment Page, including additional data elements, views, and filtering capabilities
- Ability for the module to track the date upon which a complaint is reassigned from one contract number to another contract number

In addition to these module enhancements, HPMS will be changing the parsing methodology used to create the daily RO complaint files. Under the current process, the daily RO file is compiled using the region code on the source complaint file from the 1-800-Medicare contractor.

Now that the percentage of valid contract numbers on the source complaint file is at an acceptable level, HPMS can begin parsing and distributing the daily RO complaint files by mapping each contract number to the lead region for casework. For those complaints that do not have a contract number assigned, HPMS will use the region code as dictated by the current

process. As always, if there are no complaints assigned to your region for a given day, your region will not receive an HOD file.

Please note that HPMS had to modify the file format for the daily RO complaints file slightly to accommodate the new parsing and distribution routine. **Attachment B** provides the revised file layout. The file naming convention remains the same.

Additionally, **Attachment C** provides guidance to all ROs and Part D organizations for various issues related to the CTM. Please note that this guidance will be updated over time as subsequent improvements are made to the CTM.

Currently, consolidated reporting from the CTM is still under transition. As a result, many Part D organizations have been asked to manage multiple processes in order to provide reports to CMS. CMS expects that this transition period will end in the near future and that an announcement will be made at the end of June 2006 regarding when both the Regional Offices and Part D organizations should rely solely on the CTM for casework and reporting. Your full cooperation during this time of transition is greatly appreciated.

For general questions about complaints tracking, please contact CMS via the CTM mailbox at ctm@cms.hhs.gov.

For technical assistance with the HPMS CTM or the daily RO complaints file, please contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov.

Thank you for your continued work and support in complaints resolution.

Attachment A – Caseworker Complaint Resolution Upload File Record Layout

Please note the following information:

- ASCII Tab-delimited Text File is the required file format.
- Do NOT include a header record.
- Filename extension should be “.TXT”
- Uploads will NOT be accepted for any complaints that do not have a complaint category assigned. Users may upload data for closed complaints.

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
Complaint ID	CHAR REQUIRED	11	Complaint ID assigned by HPMS CTM. The complaint ID must already exist in HPMS CTM.	C0600999999
Casework Notes	CHAR REQUIRED	4,000	Only include new notes. Any notes already entered in the HPMS CTM should not be included in the upload.	
Complaint Resolution Summary	CHAR OPTIONAL	4,000	If complaint has been resolved, then include a resolution summary description. Otherwise, leave this field blank. If complaint is already resolved in HPMS CTM, then this field should not be blank.	
Date of Resolution	DATE OPTIONAL	10	Use format MM/DD/YYYY. If complaint has been resolved, then enter date of resolution. Otherwise, leave this field blank. If complaint is already	07/04/2006

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
			resolved in HPMS CTM, then this field should not be blank.	
Notes to Plan	CHAR OPTIONAL	4,000	<p>If desired, provide any notes that the plan should see when performing their plan resolution.</p> <p>Otherwise, leave this field blank.</p> <p>These notes will completely replace what was already entered into HPMS CTM.</p>	
Hide From Plan	CHAR OPTIONAL	1	<p>If this complaint should be hidden from the plan, then provide a "1" in this field.</p> <p>Otherwise, leave this field blank.</p>	1

Attachment B – Revised Daily RO Complaints File Layout (HOD)

HPMS Complaint ID	CHAR11
HPMS contract number	CHAR5
HPMS Region Responsible	CHAR2
HPMS Region Name	CHAR35
CreatedDate	CHAR10
Region	CHAR2
Region Name	CHAR35
State	CHAR50
How much medication does the beneficiary have left?	CHAR35
Complaint Plan Name	CHAR50
Plan Contract Number	CHAR10
Complaint Category	CHAR120
Complaint	CHAR120
Does CMS show LIS Eligible	CHAR50
LIS Eligibility Level	CHAR50
Complaint ID	CHAR10
CMS Enrolled Plan Name	CHAR50
Caller First Name	CHAR50
Caller Last Name	CHAR50
HICN	CHAR50
Primary Call Back #	CHAR10
Primary Call Back Ext	CHAR5
Alternate Call Back #	CHAR10
Alternate Call Back Ext	CHAR5
Preferred Call Back Time	CHAR100
Language	CHAR10
Complaint Summary	CHAR2000
Prescription Drug Card	CHAR20
Plan Member Number	CHAR5
PBP Number	CHAR50
Pharmacy Name	CHAR50
Pharmacy Street Address	CHAR50
Pharmacy City	CHAR50
Pharmacy State	CHAR2
Pharmacy Zip	CHAR9
Pharmacy Phone Number	CHAR10
Reason card didn't work at pharmacy	CHAR1500

Attachment C

Complaints Tracking Module (CTM)
Standard Operational Procedure
Medicare Part D Plan Sponsor User
June 16, 2006

#	Scenario/ Issue	Procedure
Complaint-specific Issues		
A	Plan A receives a complaint that should have gone to Plan B	<ol style="list-style-type: none"> 1. Plan A indicates in the resolution field that <ol style="list-style-type: none"> a. the complaint requires reassignment (e.g., REASSIGN), b. the name and/or contract number of the Plan to where the complaint must be reassigned (if known), c. any additional pertinent notes related to the complaint, and d. today's date. 2. Plan A notifies the lead RO of the reassignment by sending an email to the RO's mailbox. The email subject line should state, "CTM Case Reassignment". The email includes: <ol style="list-style-type: none"> a. the CTM complaint ID for the case(s) that need(s) to be reassigned, b. the name and contract number of Plan A, c. the name of the Plan to where the complaint must be reassigned, if known, (Plan B) and d. the rationale for why reassignment is required. 3. Note: Plan A should NOT close case.
B	Plan A received a complaint that involves one of it's subsidiaries	<ol style="list-style-type: none"> 1. Plan A indicates in the resolution field that <ol style="list-style-type: none"> a. the complaint requires reassignment (e.g., REASSIGN), b. the name and/or contract number of the Plan to where the complaint must be reassigned (if known), c. any additional pertinent notes related to the complaint and d. today's date. 2. Plan A notifies the lead RO of the reassignment by sending an email to the RO's mailbox. The email subject line should state, "CTM Case Reassignment Parent Plan". The email includes: <ol style="list-style-type: none"> a. the CTM complaint ID for the case(s) that need(s) to be reassigned, b. the name and contract number of Plan A, c. the name and contract number of the subsidiary, if known, d. to where the complaint must be reassigned and e. the rationale for why reassignment is required. 3. Plan A shares the PHI (which was provided by CMS) related to the complaint to the involved subsidiary by

#	Scenario/ Issue	Procedure
		<p>a secure means of data transfer.</p> <p>4. Note: Plan A should NOT close case.</p>
C	Plan A can not do further casework with complaint but it is not completely resolved	<ol style="list-style-type: none"> 1. Plan A indicates in the resolution field that <ol style="list-style-type: none"> a. the complaint requires further assistance from RO, b. any additional pertinent notes related to the complaint, and c. today's date. 2. Plan A notifies the lead RO of the reassignment by sending an email to the RO's mailbox. The email subject line should state, "CTM Case Need Further CMS Casework". The email includes: <ol style="list-style-type: none"> a. the CTM complaint ID for the case(s) that need(s) further evaluation by CMS and b. the name and contract number of Plan A. 3. Note: Plan A should NOT close case.
D	Plan A receives a complaint that is not related to Part D	<ol style="list-style-type: none"> 1. Plan A indicates in the resolution field that <ol style="list-style-type: none"> a. the complaint is not related to Part D, b. any additional pertinent notes related to the complaint, and c. today's date. 2. Plan A notifies CMS of the reassignment by sending an email to ctm@cms.hhs.gov, serrick.mcneill@cms.hhs.gov, and anita.varghese@cms.hhs.gov. The email subject line should state, "CTM Case Not Part D". The email includes: <ol style="list-style-type: none"> d. the CTM complaint ID for the case(s) that need(s) to be reassigned, and e. the rationale for why reassignment is required. <p>Note: Plan A should NOT close case.</p>
E	Plan A has reached resolution of complaint but has not yet notified the beneficiary	<ol style="list-style-type: none"> 1. Plan A closes complaint in CTM and reports disposition as resolved. 2. Plan A notifies the beneficiary according to the Plan A's business practices and customer service policies.
F	Plan A can not close and/ or save complaint after entering resolution	<ol style="list-style-type: none"> 1. Plan A indicates in the resolution field that <ol style="list-style-type: none"> a. the complaint requires further assistance from the lead RO, b. the complaint disposition is resolved, c. any additional pertinent notes related to the complaint, and d. today's date. 2. Plan A notifies its lead RO of the reassignment by sending an email to the RO's mailbox. The email subject line should state, "CTM Case Resolved But Will Not Close." The email includes: <ol style="list-style-type: none"> a. the CTM complaint ID for the case(s) that need(s) further evaluation by CMS and b. the name and contract number of Plan A.
G	Plan A receives cases related to retroactive disenrollments (RD), facilitated enrollments (FE), or enrollment exception (EE)	<ol style="list-style-type: none"> 1. Plan A indicates in the resolution field that <ol style="list-style-type: none"> a. the complaint is RD, FE, or EE, b. any additional pertinent notes related to the complaint, and c. today's date.

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		2. Plan A leaves the case open. 3. Plan A notifies its lead RO of these complaints by sending an email to the RO's mailbox. The email subject line should state, "RD, FE, or EE in CTM". The email includes: a. the CTM complaint ID for case(s), b. the corresponding issue type (RD, FE, or EE) and c. the name and contract number of Plan A.
Gentran (GT) or Connect:Direct (C:D) Related Issues		
H	Plan A is having trouble accessing file(s) via GT or C:D	1. Plan contacts MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov .
I	Plan A does not see file(s) via GT or C:D for a particular day or time period and want to verify if they should have received file(s)	1. Plan contacts MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov .
J*	Plan A received file(s) via GT or C:D but file(s) has incomplete information (e.g., missing contract number)*	1. Plan A refers to CTM using CTM complaint ID to locate complaint. 2. If Plan A cannot locate complaint in CTM, they contact the corresponding lead RO to locate.
K*	Plan A is not receiving files via GT or C:D because it is being sent to a parent Plan that is not truly associated with it*	1. Plan A sends notification to ctm@cms.hhs.gov , including contract number and pertinent information related to issue.
L	Plan A sees complaint(s) on GT or C:D files which can not be found in CTM	There could be one of two reasons: <u>REASON I</u> 1. Plan A receives a complaint(s) which involves multiple contracts. 2. After looking in the case notes, RO reassigned complaint(s) to Plan B for casework resolution after it was already uploaded to Plan A's GT or C:D file. 3. Complaint(s) now appear in the CTM for Plan B and no longer appear in the CTM for Plan A. 4. Due to the manual process, complaint(s) which have been reassigned will appear on the GT or C:D files for Plan A. <u>REASON II* – discontinue June 23rd</u> 1. Complaint(s) considered "unknown" because contract number could not be identified and assigned during data upload. 2. Plan A notifies its lead RO to assign complaint by sending email to the RO's mailbox. The email subject line should state, "CTM Case Unknown". The email includes: a. the CTM complaint ID for the case(s) that need(s) to be assigned to the Plan and b. the name and contract number of Plan A.
M	Plan A sees complaint(s) in CTM but not on the GT or	There could be one of two reasons:

#	Scenario/ Issue	Procedure
	C:D files	<p><u>REASON I</u></p> <ol style="list-style-type: none"> 1. Complaint(s) considered “home region” complaint, where it originated in RO and was directly input into CTM by RO. 2. Plan A works home region complaint. 3. Plan A sends an email to the RO’s mailbox if further beneficiary specific information is needed and cannot be located in the CTM to reach resolution. The email subject line should state “Need PHI”. The email includes: <ol style="list-style-type: none"> a. the complaint ID for the case in question and b. the specific PHI requested. 4. Note: Complaints on file received via GT or C:D originate from 1-800-Medicare only <p><u>REASON II</u></p> <ol style="list-style-type: none"> 1. Plan A receives a complaint(s) which was originally considered “unknown”. 2. Complaint(s) considered “unknown” because contract number could not be identified and assigned during data upload. 3. After looking in the case notes, RO reassigned complaint(s) to Plan A for casework resolution. 4. Complaint(s) now appear in the CTM for Plan A. 5. Due to the manual process, reassigned complaint(s) will not appear on the GT or C:D files. 6. Plan A sends an email to the RO’s mailbox if further beneficiary specific information is needed and cannot be located in the CTM to reach resolution. The email subject line should state “Need PHI”. The email includes: <ol style="list-style-type: none"> a. the complaint ID for the case in question and b. the specific PHI requested.
Access		
N	Plan A user does not have CTM access	<ol style="list-style-type: none"> 1. Plan A’s Medicare Compliance Officer (listed in HPMS) submits request to ctm@cms.hhs.gov. 2. Request must include specific information, as described in the April 26th memo posted in HPMS. 3. Note: Requests submitted which do not exactly follow instructions posted in April 26th HPMS memo will delay processing of access.
O	Plan A user does not have CTM access and has submitted request already	<ol style="list-style-type: none"> 1. Plan A sends notification to CMS at ctm@cms.hhs.gov. 2. The email includes: <ol style="list-style-type: none"> a. the name and contract number of Plan A and b. the name and HPMS ID of requested user.
P	Plan A user needs HPMS but does not have it	<ol style="list-style-type: none"> 1. Plan A submits request to CMS per standard procedures 2. Note: HPMS user set up will take 2 weeks or longer
General		
Q	Plan A has general CTM related question or issue	<ol style="list-style-type: none"> 1. Plan A sends inquiry to CMS at ctm@cms.hhs.gov. 2. The email includes: <ol style="list-style-type: none"> a. the name and contract number of Plan A, b. the question or issue, and

#	Scenario/ Issue	Procedure
		c. pertinent information related to concern at hand

* Procedure J, K, and L (reason II only) will discontinue after the June 23rd, 2006 release

Key

CTM = Complaint Tracking Module

C:D = Connect:Direct

EE = Enrollment exception

FE = Facilitated enrollments

GT = Gentran

HPMS = Health Plan Management System

PHI = Protected Health Information

Plan A, B, etc. = Any Medicare Part D sponsor/plan

RD = Retroactive disenrollments

RO = Regional Office

Complaints Tracking Module (CTM)
Standard Operational Procedure
Regional Office User
June 16, 2006

#	Scenario/ Issue	Procedure
General		
A	For open cases that were sent back to the lead RO by the plan	<ol style="list-style-type: none"> 1. Lead RO reassigns the case to the appropriate Plan when appropriate. 2. When doing so, RO should leave the "Date of Incident" field unchanged but update the "Date Complaint Received" field with the current day. 3. If the case should still reside at the original Plan, the RO should let the plan know they need to resolve it (and provide guidance on how to do so, if necessary). 4. If the case goes back to the original plan for resolution, the "Date Complaint Received" should not be changed. 5. If the case is a retroactive disenrollment (RD), facilitated enrollment (FE) issue, not related to Part D, or an enrollment exception (EE) the RO should forward the case to the regional office where the beneficiary lives. The home regional office should take steps to DELETE the entry from the CTM (refer to delete case, procedure H). These types of issues will not be populated in CTM.
B	RO enters Home Region (a.k.a. Direct) complaint into CTM	<ol style="list-style-type: none"> 1. RO should put the date the incident occurred to the beneficiary in the "Date of Incident" field. 2. RO should not change the automatically populated "Date Complaint Received" field. 3. Since CMS will be holding Plans accountable for how quickly they resolve cases, the date in the "Date Complaint Received" will be used to measure their performance. For example, if a case was received through the RO complaint hotline on June 1 but it was not entered into CTM until June 3, CMS would want to "start the clock" for the Plans on the date they actually became aware of the problem, which in this scenario, is June 3.
C	RO needs to determine issue level of complaint	<ol style="list-style-type: none"> 1. Referrals from 1-800 MEDICARE where the beneficiary indicates that they have 2 days or less of medicine left are classified in the CTM as "Immediate Need (Life Threatening)." Home region cases are to be categorized the same way. 2. If the beneficiary has two days or less of medicine, then RO should categorize it under "Issue Level" as "Immediate Need (Life Threatening)." 3. For high priority congressional issues that are received directly, the RO should select "Yes" from the drop down menu for, "Is there Press or Hill interest for this complaint?" If it also involves a beneficiary with less than two days of medicine remaining, RO should enter "Immediate Need (Life Threatening)" in the "Issue Level" field.
D	Plan asks RO about	<ol style="list-style-type: none"> 1. Occasions where cases are referred to a Plan and the

#	Scenario/ Issue	Procedure
	procedures related to complaint	Plan cannot resolve the case for some reason or another, the RO instructs the Plan to do the following: <ul style="list-style-type: none"> • Refer to and follow the Part D Sponsor CTM User guidance. • Leave the case OPEN. • Note in the resolution field that reassignment to the appropriate plan necessary or RO involvement is required, as directed in the Part D Sponsor CTM User guidance. • Send an e-mail to the Part D complaint mailbox to their lead region apprising them of any open cases for the day that need further action, as directed in the Part D Sponsor CTM User guidance.
E	RO receives complaints considered "unknown"	1. RO reassigns complaint to appropriate Part D contract number.
F	RO receives complaints which were inappropriately assigned to them	1. RO reassigns complaint to appropriate RO lead caseworker.
G	RO does not know to which lead casework region to assign when case is unknown or does not belong to them	1. RO refers to RO Lead Caseworker to Contract crosswalk (will be provided soon).
H	RO would like to delete a complaint from the CTM	1. Complaints should be deleted from the CTM only when they are: <ol style="list-style-type: none"> a. a duplicate complaint, b. related to retroactive disenrollment, c. not related to Part D, d. related to facilitated enrollment issue, or e. related to enrollment exception 2. RO emails Serrick McNeill at serrick.mcneill@cms.hhs.gov and Anita Varghese at anita.varghese@cms.hhs.gov for complaint deletion using the attached spreadsheet. The region should indicate in subject heading: "Delete CTM Complaint". The spreadsheet requests: <ol style="list-style-type: none"> a. CTM complaint ID(s) for case(s) involved and b. rationale (described above, H 1a through 1e) behind deletion.  Case Removal Template.xls (14 ...
I	Information for RO daily reports needed*	1. RO relies on CTM to obtain complaint disposition for reports.
J	RO identifies a complaint that is not related to Part D	1. RO indicates in the resolution field that <ol style="list-style-type: none"> a. the complaint is not related to Part D, b. any additional pertinent notes related to the complaint, and c. today's date. 2. RO notifies CMS of the reassignment by sending an

#	Scenario/ Issue	Procedure
		<p>email to ctm@cms.hhs.gov, serrick.mcneill@cms.hhs.gov and anita.varghese@cms.hhs.gov. The email subject line should state, "CTM Case Not Part D". The email includes:</p> <ol style="list-style-type: none"> a. the CTM complaint ID for the case(s) that need(s) to be reassigned, and b. the rationale for why reassignment is required. <p>Note: RO should NOT close case.</p>
Communication from Plans		
K	RO receives email from Plan A with subject line "CTM Case Reassignment"	<ol style="list-style-type: none"> 1. Complaint requires reassignment to correct Plan before resolution can be reached. 2. The email should include: <ol style="list-style-type: none"> a. the CTM complaint ID for the case(s) that need(s) to be reassigned, b. the name of the Plan (A), c. the name of the Plan to where the complaint must be reassigned, if known, (Plan B), and d. the rationale for why reassignment is required. 3. RO locates the complaint in the CTM using the complaint ID provided, reviews the resolution notes and reassigns the complaint to the suggested Plan (B), if appropriate. 4. RO may receive communication from Plan B for PHI related to complaint. 5. Note: Plan A should NOT close case.
L	RO receives email from Plan A with subject line "CTM Case Reassignment Parent Plan"	<ol style="list-style-type: none"> 1. Complaint requires reassignment to correct Plan before resolution can be reached. 2. The email includes: <ol style="list-style-type: none"> a. the CTM complaint ID for the case(s) that need(s) to be reassigned, b. the name of the Plan (A), c. the name of the subsidiary and the subsidiary's contract number (if known) to where the complaint must be reassigned, and d. the rationale for why reassignment is required. 3. RO locates the complaint in the CTM using the complaint ID provided, reviews the resolution notes and reassigns the complaint to the suggested Plan (B), if appropriate. 4. RO may receive communication from Plan B for PHI related to complaint. 5. Note: Plan A should NOT close case.
M	RO receives email from Plan A with subject line "CTM Case Need Further CMS Casework"	<ol style="list-style-type: none"> 1. Plan A requires further assistance from RO before resolution can be reached. 2. The email includes <ol style="list-style-type: none"> a. the CTM complaint ID for the case(s) that need(s) further evaluation by CMS and b. the name of the Plan (A) 3. RO locates complaint in CTM using complaint ID and works with Plan A to provide information needed for case resolution.

#	Scenario/ Issue	Procedure
		4. Plan A is responsible for leading casework and reaching resolution for this complaint.
N	RO receives email from Plan A with subject line "CTM Case Resolved But Will Not Close"	<ol style="list-style-type: none"> The email should include: <ol style="list-style-type: none"> the CTM complaint ID for the case(s) that need(s) further evaluation by CMS and the name of the Plan (A). RO locates complaint in CTM using complaint ID and reviews casework. Should RO agree that Plan A has reached resolution of case, RO changes disposition to closed.
O	RO receives email from Plan A with subject line "RD, FE, or EE in CTM"	<ol style="list-style-type: none"> RD, FE, or EE related issues should not be housed in the CTM and requires deletion. The email should include: <ol style="list-style-type: none"> the CTM complaint ID for case(s) and the corresponding complaint type: RD, FE, or EE. RO locates complaint in CTM using complaint ID and reviews case notes to determine if complaint is truly RD, FE, or EE. RO handles the case and takes steps to DELETE the entry from the CTM (refer to delete case, procedure H).
HOD Related Issues		
P	RO can not obtain files or access files from HOD	1. RO contacts CMS IT Service Desk at 410-786-2580
Gentran (GT) or Connect: Direct (C:D) File Related Issues		
Q	Plan A contacts RO about missing information in GT or C:D file	1. RO assists Plan A with locating complaints in CTM, which may require reassignment of complaint in order for Plan to view in CTM.
R**	RO receives email from Plan A with subject line "CTM Case Unknown"	<ol style="list-style-type: none"> Complaint(s) does not appear in CTM but appears in GT or C:D files and requires assignment before resolution can be reached. Complaint(s) considered "unknown" because contract number could not be identified during data upload and therefore could not be assigned in CTM. The email should include the CTM complaint ID for the case(s) that need(s) to be assigned to the Plan and the name of the Plan (A). RO locates the complaint in the CTM and assigns the complaint to Plan A.
S	RO is contacted by Plan A related to a "home region" complaint and is requesting beneficiary PHI or receives email with subject line "Need PHI"	<ol style="list-style-type: none"> Complaint(s) considered "home region" complaint, where it originated in RO and was directly inputted into CTM by RO. Plan A contacts RO only if further beneficiary specific information which could not be located in the CTM is needed to reach resolution. If email is received, the email includes: <ol style="list-style-type: none"> the complaint ID for the case in question and the specific PHI requested. RO provides PHI by using MARx or MBD system using a secure data transfer mechanism (e.g., phone, fax) Plan A is responsible for leading casework for this complaint and reaching resolution.

#	Scenario/ Issue	Procedure
		6. Note: Complaints on file received via GT or C:D originate from 1-800-Medicare only.

* Procedure will change with June 23rd release

** Procedure will discontinue after June 23rd release

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