

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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Baltimore, Maryland 21244-1850



## **CENTER FOR MEDICARE**

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TO: Medicare Compliance Officers, Part C & D Sponsors

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C and D Data Group

SUBJECT: Reminder of new Complaint System Requirements for Medicare Advantage Organizations and PDPs.

Date: November 10, 2011

The purpose of this memorandum is to remind Medicare Advantage (MA) organizations and Part D sponsors of the requirement to respond to complaints and to have a direct link on the front page of the sponsor's plan website to the CMS model electronic complaint form that is available on <https://www.Medicare.gov>.

In our April 15, 2011 Final Rule we implemented a new requirement under the authority of section 3311 of the Affordable Care Act (ACA) that requires Medicare Advantage (MA) organizations and Part D sponsors to respond to beneficiary complaints. Specifically, as of January 1, 2012, we are implementing this provision by requiring that MA organizations and Part D sponsors use the existing Health Plan Management System (HPMS) Complaints Tracking Module (CTM) to document the closure of beneficiary complaints and provide a detailed complaint resolution summary when the beneficiary complaint is resolved.

To document the closure of a complaint, a sponsor must select at least one item in complaints resolutions field, either the status drop down box or use the status text field in CTM. The system will not permit the complaint to be resolved if neither of these options are completed.

As provided under section 3311 of ACA, CMS developed a model electronic complaint form that is available on Medicare.gov and the Medicare Beneficiary Ombudsman's webpage. We are requiring that MA plans and Part D sponsors prominently display the link to the Medicare.gov website on the front page of their plan website. MA Organizations and Part D sponsors should use the following link, <https://www.medicare.gov/MedicareComplaintForm/home.aspx>, to direct beneficiaries directly to the complaint form.

For general questions about complaint handling and casework operating procedures, please contact your plan's casework lead or Account Manager. For technical assistance with CTM, please contact the HPMS Help Desk at either 1-800-220-2028 or [HPMS@cms.hhs.gov](mailto:HPMS@cms.hhs.gov). Technical data questions related to this memorandum should be sent to [ctm@cms.hhs.gov](mailto:ctm@cms.hhs.gov). Questions related to this memo should be directed to Betty Burrier at [betty.burrier@cms.hhs.gov](mailto:betty.burrier@cms.hhs.gov).

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