

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR BENEFICIARY CHOICES

TO: Medicare Part D Sponsors
FROM: Cynthia G. Tudor, Ph.D., Acting Director, Medicare Drug Benefit Group
DATE: May 9, 2006
RE: Resolution of Medicare Beneficiary Complaints

I am writing to remind all Part D sponsors of their obligation to resolve complaints their plan enrollees have about the operation of their benefit plan. Over four months after the start of the Part D program, CMS is still receiving a significant number of calls through our 1-800-MEDICARE call center from Part D plan enrollees that are more appropriately the responsibility of Part D sponsors.

CMS established the 1-800-MEDICARE call center to respond to general beneficiary questions about the Part D program, including the availability and cost of Part D plans and how to enroll in a plan. The call center is not intended to respond to complaints or questions enrollees have about their particular Part D plan. Once a beneficiary has enrolled in a Part D plan, the plan sponsor becomes the beneficiary's primary resource for resolving issues related to the benefit plan. It is also the responsibility of the plan to contact all beneficiaries after issues have been resolved in order to notify the beneficiary of the resolution.

CMS customer service representatives routinely receive calls from beneficiaries who have been instructed by their plan sponsors to contact 1-800-MEDICARE to resolve their issues. Also, a number of plan enrollees calling 1-800-MEDICARE are unaware that their plan sponsor should be their first point of contact to resolve their plan issues. This activity takes CMS resources away from the intended purpose of the CMS call center.

In an effort to resolve this issue, CMS is asking Part D sponsors to include in any newsletters, general health promotion materials, or customer service correspondence routine reminders that beneficiaries should first contact their plan sponsor with any questions or concerns they have about their Part D benefit plan. We are also directing your organization not to refer plan enrollees to 1-800-MEDICARE. Rather, your organization must work directly with CMS Regional Office caseworkers to resolve issues on behalf of your enrollees. For assistance in resolving enrollee complaints, please contact your Regional Office caseworkers through the following e-mail addresses:

Region 1 - CMS PartDComplaints_RO1@cms.hhs.gov
Region 2 - CMS PartDComplaints_RO2@cms.hhs.gov
Region 3 - CMS PartDComplaints_RO3@cms.hhs.gov
Region 4 - CMS PartDComplaints_RO4@cms.hhs.gov
Region 5 - CMS PartDComplaints_RO5@cms.hhs.gov

Region 6 - CMS PartDComplaints_RO6@cms.hhs.gov
Region 7 - CMS PartDComplaints_RO7@cms.hhs.gov
Region 8 - CMS PartDComplaints_RO8@cms.hhs.gov
Region 9 - CMS PartDComplaints_RO9@cms.hhs.gov
Region 10 - CMS PartDComplaints_RO10@cms.hhs.gov

For all such communication, please use the subject line, “Plan Referral: [Plan Name].”
The regional offices will check the mailbox and communicate back to your organization so that you may call the beneficiary back to resolve the case.

Our expectation is that your organization will exhaust all avenues available to resolve beneficiary issues before resorting to forwarding issues to CMS regional offices for assistance. Regional Offices will track such referrals, and will provide feedback on unnecessary referrals via your account managers. Failure to curtail unnecessary referrals to CMS may result in compliance actions. In addition, Calls to 1800-MEDICARE from beneficiaries who have not heard back timely from their plan regarding complaint resolution will be tracked and treated as a compliance issue.

Your cooperation in this matter will help ensure that CMS and Part D sponsor resources are used most effectively to respond to beneficiary questions and complaints about the Part D program. Thank you for your attention to this matter, and if you have any questions, please contact your CMS Account Manager.