



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: December 16, 2016

TO: All Medicare Advantage, Cost, PACE, Demonstration, and Prescription Drug Plan Organizations

FROM: Amy Larrick Chavez-Valdez, Director
Medicare Drug Benefit and C & D Data Group

SUBJECT: Upcoming Health Plan Management System (HPMS) Complaints Tracking Module Redesign

Since its inception, the HPMS Complaints Tracking Module (CTM) has been instrumental to the ongoing management of beneficiary and provider issues by CMS and plans. On March 18, 2017, CMS will launch a redesigned CTM to introduce improvements to the module's user interface and functionality.

This memo describes the most significant changes in the CTM redesign, including the new file layouts. We will provide additional guidance to plans over the coming months to assist with a smooth transition to the new module. The guidance will include a Plan User Group Call to be scheduled for early next year, release of a draft version of the Plan User Standard Operating Procedures (SOP) in February, and a final release of the SOP in March prior to the CTM release. The most notable module changes include:

- Redesign of the look and feel of the CTM, with enhanced navigation features.
- Ability for plans to view all marketing complaints more easily, replacing the need to utilize the Marketing Report referenced in the October 3, 2008 HPMS memorandum, "Enhancement to Complaints Tracking Module (CTM) to Review and Investigate Marketing Misrepresentation Complaints."
- Ability for plans to upload attachments, add casework notes, and enter comments for both open and resolved complaints.
- Improved report functionality.
- Complaint categories/sub-categories labeled to indicate if the category or sub-category is excluded from plan performance metrics.
- Preferred call back times and languages broken out into separate fields for easier sorting.
- Removal of unnecessary and duplicative information found in the Complaint Summary field.
- Addition of new fields to more consistently identify beneficiaries receiving Low Income Subsidy (LIS) and when complainants first sought resolution with their plan.
- Removal of infrequently used fields, such as those relating to State Pharmaceutical Assistance Programs (SPAPs) and Medigap.

- Updated categories and sub-categories, which will no longer be separated by MA and Part D designations, but by plan or CMS primary responsibility. A full listing of categories and subcategories will be made available in future guidance.
- Ability for plans to enter cases when a beneficiary needs assistance with acquiring Medicaid eligibility information, replacing the need to send encrypted worksheet files via email to CMS Regional Offices.
- When resolving cases, an opportunity for plans to identify if the complainant is satisfied with the outcome of the resolution (when known) and if an enrollee is known to be part of a Health Plan Innovation (HPI) initiative, such as Medicare Advantage Value-Based Insurance Design (VBID) or Enhanced Medication Therapy Management (MTM).
- Updated CTM User's Manual and SOPs to reflect the redesigned functionality.
- Revised Plan Download File layout to remove certain fields and rename other fields (see **Attachment A**). Changes will also be made to Plan Casework Upload File Record Layout (see **Attachment B**).

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

Technical data questions related to your plan's CTM performance should be sent to ctm@cms.hhs.gov, with a copy to your Account Manager.

Lastly, for general questions about complaint handling and casework operating procedures, please contact your plan's Lead Caseworker and/or Account Manager.

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

Attachment A: Plan Download File Record Layout

CTM Plan Download File Record Layout	
Field Name	Field Description
COMPLAINT_ID	HPMS CTM Complaint ID Exact length = 11
RECEIVED_DATE	Complaint Received Date Maximum length = 10
CASEWORKER	Name of Caseworker Maximum length = 70
COMPLAINT_TYPE	Beneficiary or Provider Maximum length = 11
CONTACT_FNAME	Contact First Name Maximum length = 50
CONTACT_LNAME	Contact Last Name Maximum length = 50
CONTACT_PHONE	Contact Phone Number Maximum length = 50
CONTRACT_ID	Contract ID Exact length = 5
CATEGORY_LEAD	CMS or Plan Maximum length = 4
COMPLAINT_CATEGORY	Complaint Category Maximum length = 250
COMPLAINT_SUBCATEGORY	Complaint Subcategory Maximum length = 250
COMPLAINT_SUBCAT_OTHER	Complaint Subcategory Other Description Maximum length = 400
COMPLAINT_SUMMARY	Complaint Summary Maximum length = 4,000
RESOLUTION_DATE	Complaint Resolution Date Maximum length = 10
RESOLUTION_SUMMARY	Complaint Resolution Summary Maximum length = 4,000
ISSUE_LEVEL	Issue Level Description Maximum length = 100
HICN	Health Insurance Claim Number Maximum length = 12
ALT_PHONE	Alternate Phone Number Maximum length = 50
PREFERRED_CALL_TIME	Preferred Call Back Time Maximum length = 250
PREFERRED_LANGUAGE	Preferred Language Maximum length = 50

CTM Plan Download File Record Layout	
Field Name	Field Description
SPECIAL_INTEREST	Special Interest Yes/No Maximum Length = 3
ASSIGNMENT/REASSIGNMENT_DATE	Date Current Contract was Assigned/Reassigned to the Complaint Maximum length = 10
COMMENTS	CMS, Plan, and System-generated Comments Maximum length = 4,000
PLAN_CASEWORK_NOTES	Plan Casework Notes Maximum length = 4,000
ATTACHMENTS_YN	Attachments Indicator Yes/No Maximum length = 3
CONTACT_PLAN_BEFORE_COMPLAINT_ENTERED	Did the complainant contact the plan before the complaint was entered? Yes/No Maximum length = 3
CONTRACT_CHANGE_REQUESTS	Contract Change Request Indicator Value: blank, Pending, Approved, Rejected Maximum length = 8
ISSUE_LEVEL_CHANGE_REQUESTS	Issue Level Request Indicator Value: blank, Pending, Approved, Rejected Maximum length = 8
CMS_ISSUE_CHANGE_REQUESTS	CMS Issue Change Request Indicator Value: blank, Pending, Approved, Rejected Maximum length = 8

Attachment B: Plan Casework Upload File Record Layout

- **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 are already resolved.**
- **Upload the data according to the Upload File Record Layout provided below. Only the listed data (Field Name) will be uploaded.**
- **Casework Note entered becomes the Resolution Summary if the complaint is resolved.**

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.	C1600999999
Casework Notes	CHAR REQUIRED	4,000	Summary description regarding the complaint and its resolution. Only include new notes. Any notes already entered in the HPMS CTM should not be included in the upload. Please note: if the user is resolving the complaint the Casework Note becomes the Resolution Summary.	Casework Note
Resolve Complaint Y/N	CHAR REQUIRED	1	Enter Y if the complaint should be resolved. Enter N if the complaint should remain open.	Y
Comments	CHAR OPTIONAL	4,000	If desired, provide any notes that CMS should see when performing their casework. Otherwise, leave this field blank.	Comments
Was the complainant satisfied with the outcome of the resolution?	CHAR CONDITIONAL	1	If Y is entered into the Resolve Complaint Y/N field, then this field must be non-missing. Enter N to indicate No; enter Y to indicate Yes; enter U to indicate Unknown/Unable to Reach.	U
HPI Related?	CHAR CONDITIONAL	1	If Y is entered into the Resolve Complaint Y/N field, then this field must be non-missing. Enter N to indicate No; enter Y to indicate Yes; enter U to indicate Unknown/Unsure	Y