



CENTER FOR DRUG and HEALTH PLAN CHOICE

DATE: March 3, 2009

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

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

SUBJECT: Upcoming Complaints Tracking Module (CTM) Enhancements

On April 3, 2009, the Centers for Medicare & Medicaid Services (CMS) will implement some important enhancements to the Health Plan Management System (HPMS) Complaints Tracking Module (CTM), including the following:

- The CTM User's Manual will be updated to correspond to the new functionality.
- The CTM Start Page will be modified to display the Documentation section as a collapsed section upon start up. To expand the Documentation section and view the links, you will click on the Documentation section header.
- The Plan Resolution link will be renamed to "Search" on the CTM Start page. The Search function will allow you to select from multiple criteria to display complaints for viewing or performing Casework. The Search results page will no longer be limited to a certain number of complaints since the results page will allow for paging.
- On the Casework page, you will be able to indicate that a complaint is being referred to the CMS retro-processing contractor. When you refer a complaint to the CMS retro-processing contractor, you will record the date upon which it is or was referred. While the complaint has been referred to the CMS retro-processing contractor, the complaint cannot be closed. When the complaint is returned from the CMS retro-processing contractor, you will record the date upon which it was returned and the complaint may then be closed, as appropriate. The assignment/reassignment date will not be updated based upon the CMS retro-processing contractor's referral process.
- The Plan Request to change the program type (MA/Part D) for a complaint will be removed. Rather, the MA/Part D indicator for a given complaint will be based upon the contract number and subcategory selection.
 - **Please note** that the ability to request a program type (MA/Part D) change was disabled on February 20 to allow CMS the opportunity to respond to these open plan requests prior to the module release date.
- A new "Repeat Complainant Report" will be available to view complaints from the same complainant within your organization. This new report, along with the existing reports, will be available from the CTM Start Page by navigating to the new Reports link.

- The Plan Download file will be updated per the record layout in Attachment A. Please note the following changes were made to the Plan Download file:
 - Removed data elements PLAN_RESOLUTION_STATUS, PLAN_RESOLUTION_DATE, and RESOLUTION_ENTRY. These data elements are no longer captured separately; all resolution information will be provided through the remaining resolution data elements.
 - Renamed data element NOTES_TO_PLAN to COMMENTS.
 - Moved the ASSIGNMENT/REASSIGNMENT_DATE toward the end of the file layout.
 - Added PLAN_CASEWORK_NOTES.
- The Plan Resolution Upload file will be updated per the record layout in Attachment B. Please note the following data elements were added to the Plan Resolution Upload file:
 - Close Complaint Y/N
 - Comments

As a reminder, to obtain access to HPMS, you must complete the standard “Application for Access to CMS Computer Systems” form found at <http://www.cms.hhs.gov/AccessToDataApplication>. The completed, signed, original form (with wet signature/date) should be mailed to the following address:

ATTENTION: Lori Robinson
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mail Stop: C4-14-21
Baltimore, MD 21244

We strongly recommend the use of a traceable mail carrier to ensure a timely delivery. HPMS user set up may take up to 2 weeks.

Once the new user is notified of their HPMS access, an e-mail must be sent to HPMS_Access@cms.hhs.gov to request CTM access. The e-mail’s subject should read “CTM Access Request” and the message should contain the user’s HPMS ID.

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

For general questions about complaint handling and casework operating procedures, please contact your plan’s casework lead.

Technical data questions related to your plan’s CTM performance should be sent to ctm@cms.hhs.gov.

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

Attachment A: Plan Download File Record Layout

Field Name	Field Description
COMPLAINT_ID	HPMS CTM Complaint ID Exact length of 11.
MA_PD_IND	MA Complaint or Part D Complaint Max length of 7.
RECEIVED_DATE	Complaint Received Date Max length is 10.
CASEWORKER	Name of Caseworker Max length is 70.
COMPLAINANT_TYPE	Is Complaint on Behalf of a Beneficiary or Provider? Value is “Beneficiary” or “Provider”.
COMPLAINANT	Complainant Type Max length is 50.
COMPLAINANT_OTHER	Complainant Type Other Description If Complainant Type is “Other” then user provides description. Max length is 400.
C_FNAME	Complainant First Name Max length is 50.
C_LNAME	Complainant Last Name Max length is 50.
C_PHONE	Complainant Phone Number Max length is 10.
C_PHONE_EXT	Complainant Phone Number Extension Max length is 5.
CONTRACT_ID	Part D Contract ID Exact length is 5.
COMPLAINT_CATEGORY	Complaint Category Max length is 100.
COMPLAINT_SUBCATEGORY	Complaint Subcategory Max length is 250.
COMPLAINT_SUBCAT_OTHER	Complaint Subcategory Other Description If Complaint Subcategory is “Other” then user provides description. Max length is 4,000.
COMPLAINT_SUMMARY	Complaint Summary Max length is 4,000.
RESOLUTION_DATE	Complaint Resolution Date Max length of 10.
RESOLUTION_SUMMARY	Complaint Resolution Summary Max length is 4,000.
COMPLAINT_STATUS	Complaint Resolution Status Value is O (Open) or C (Closed)
ISSUE_LEVEL_DESCRIPTION	Complaint Issue Level Max length is 100.

Field Name	Field Description
HIC	Health Insurance Claim Number Max length is 100.
PLAN_MEMBER_ID	Plan Member Identification Max length is 100.
COMPLAINT_PLAN_NAME	1-800-Medicare File Plan Name Max Length is 2000.
ALT_PHONE	1-800-Medicare File alternate call back number. Max Length is 2000.
ALT_PHONE_EXT	1-800-Medicare File alternate call back extension. Max Length is 2000.
PREFERRED_CALL_TIME	1-800-Medicare File preferred call back time. Max Length is 2000.
LANGUAGE	1-800-Medicare File language of caller. Max length is 2000.
CONGRESSIONAL	Complainant Type is Congressional Exact Length is 1
SWIFT	SWIFT Complaint Exact Length is 1
PRESS_HILL	Complaint has Press or Hill Interest Exact Length is 1
ASSIGNMENT/REASSIGNMENT_DATE	Date Current Contract Number was Assigned/Reassigned to Complaint Max length of 10.
COMMENTS	CMS, Plan, and System-generated comments. Max length is 4,000.
PLAN_CASEWORK_NOTES	Plan Casework Notes Max length is 4,000.

Attachment B: Plan Upload File Record Layout

Field Name	Field Type	Field Length	Field Description
Complaint ID	CHAR REQUIRED	11	Complaint ID assigned by HPMS CTM. The complaint ID must already exist in HPMS CTM.
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 closing the complaint the Casework Note becomes the Resolution Summary.
Close Complaint Y/N	CHAR REQUIRED	1	Enter "1" for Yes and "0" for No.
Date of Resolution	CHAR CONDITIONAL	10	Use format MM/DD/YYYY. If Close Complaint Y/N is "1" this field must be non-missing.
Comments	CHAR OPTIONAL	4,000	If desired, provide any comments that the Caseworker should see when performing their casework. Otherwise, leave this field blank.

Please Note: Certain characters are restricted in HPMS. The submitted file will be rejected if any of the following characters are included in any field: 1) greater than sign (>), 2) less than sign (<), 3) semi-colon (;), and 4) ampersand (&).