



**CENTER FOR MEDICARE**

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**DATE:** August 4, 2020

**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:** September 2020 Complaints Tracking Module (CTM) Enhancements

On September 30, 2020, CMS will implement a new release of the Health Plan Management System (HPMS) CTM. This release is comprised of changes to the “Contract Assignment” date, the “Beneficiary Identifier” field, and the CTM search as well as the addition of a new “Accessible Format” field.

Contract Assignment Date

In the January 18, 2020 release of the Health Plan Management System (HPMS) CTM, the module began recording complaints in real-time. As part of that change, CMS defined the two data fields as follows:

- “Complaint Received” date - Represents the actual date the complaint was received.
- “Contract Assignment” date - Denotes the date on which the complaint would have been assigned to plans to perform casework, according to the legacy logic used when complaints had been loaded into CTM via a daily batch.

Effective September 30, 2020, CMS will update the *default* “Contract Assignment” date to reflect the actual date on which the complaint was received by CMS, regardless of the day of the week or if it was received on a holiday.

As a reminder, CMS uses the CTM data to evaluate contract performance via the Part C and D Star Ratings. Please refer to the Star Ratings Technical Notes for measure specifications:

<https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovgenin/performance/data>

Beneficiary Identifier

CTM will no longer permit a HICN to be entered into the “Beneficiary Identifier” field. Rather, the module will only recognize an MBI number as a valid format; any other data entry will be considered invalid.

### CTM Search

To address performance issues with the search function in CTM, CMS will limit the complaint search parameters to the latest ten (10) years of data. Within a single search, users will be limited to selecting no more than five (5) years.

### Accessible Format

CMS will add a new field to the Complaint Intake Information page called “Accessible Format?”. This field will be added to the end of the plan download extract in a column titled “ACCESSIBLE\_FORMAT.” The updated plan download layout is provided in **Appendix A**.

When the field indicates “Yes,” it means that the beneficiary has indicated to CMS that communications are needed in an accessible format. Plans should pay close attention to this field and work with the member to ensure that plan materials are as provided in accessible formats. Please see the April 26, 2019 HPMS memorandum entitled, “Communications Accessibility for Individuals with Disabilities Best Practices for Medicare Health and Part D Prescription Drug Programs” for more information.

Please contact your CMS account manager with questions regarding this memo.

## Appendix A: CTM Plan Download File Record Layout

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File is tab-delimited text, with one record per line.

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 Description Other 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

Field Name	Field Description
BENE_ID	Health Insurance Claim Number/Medicare Beneficiary Identifier Maximum length = 13
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
CONGRESSIONAL	Congressional Yes/No Maximum Length = 3
CONGRESSIONAL_INFORMATION	Congressional Information Maximum Length = 250
AGENT_BROKER	Agent Broker Yes/No Maximum Length = 3
AGENT_BROKER_INFORMATION	Agent Broker Information Maximum Length = 250
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

Field Name	Field Description
CMS_ISSUE_CHANGE_REQUESTS	CMS Issue Change Request Indicator Value: blank, Pending, Approved, Rejected Maximum length = 8
COMPLAINANT_SATISFIED	Was Complainant satisfied by the outcome Indicator Value: Yes, No, Unknown/Unable to Reach Maximum length = 23
RESOLUTION_NOTIFICATION	Resolution notification used Value: Unknown, Telephone, Written, Telephone and Written, None Maximum length = 21
HPI_RELATED	HPI Related Indicator Value: Yes, No, Unknown/Unsure Maximum length = 14
ACCESSIBLE_FORMAT	Accessible Format Value: Yes, No, Blank Maximum Length = 3