DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEMORANDUM

DATE: **October 3, 2006**

Memorandum to: **All Part D Plan Sponsors**

From: **Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit Group**

Subject: **Updated Complaint Tracking Module (CTM) Guidance on Standard Operating Procedures**

Thank you for your continued efforts to quickly resolve beneficiary complaints related to the Medicare prescription drug benefit. Attachment A outlines updated Part D Plan user standard operating procedures (SOP) for the Complaints Tracking Module (CTM), which incorporates the new CTM enhancements released on September 1, 2006 and specifies certain enrollment/disenrollment complaint procedures. .

Part D Sponsors should pay particular attention to the following revised sections of the SOP: Sections A, B, C, D, F, G, H, I and N. These sections are highlighted by having an asterisk noted next to the section letter. It is imperative that all Part D Sponsors understand that utilization of the new CTM features is critical to ensuring these data are as accurate as possible and are attributable to the appropriate contract. Special handling of enrollment/disenrollment issues is also imperative to make certain that they are resolved in a timely and proper manner. Additionally, new subcategories of Retroactive Disenrollment and Enrollment Exception under the Enrollment/Disenrollment category were also added on September 1st to improve the identification of these complaints.

Again, Part D sponsors should continue to communicate regularly and work with the assigned regional office staff to resolve complaints. We appreciate your continued dedication to responding to the needs of our beneficiaries.

Thank you again for your contribution to making the Medicare prescription drug benefit a success. If you have any further questions or comments regarding these procedures or the CTM, please contact CMS via email at ctm@cms.hhs.gov.

Attachment A
Complaints Tracking Module (CTM)
Standard Operating Procedure
Medicare Part D Plan Sponsor User
September 28, 2006

*** Procedure has been revised or added since last iteration**

#	Scenario/ Issue	Procedure
Complaint-specific Issues		
A*	Plan A receives a complaint that should have gone to Plan B	1. Plan A indicates in the Current Entry (Plan Response) field a. if known, the name and/or contract number of the Plan to where the complaint must be reassigned and b. any additional pertinent notes related to the complaint. 2. Plan A checks the indicator to request a case reassignment because it belongs to another plan. 3. Plan A should NOT close case in CTM. The case is flagged in the CTM for the RO to agree or disagree with the plan request. A time stamp is recorded when Plan A makes the request and another timestamp is recorded once the RO makes a decision. 4. For updates on the request, Plan A will be able to view if the RO disagrees with the request on the system generated "Note to Plan" section on the Plan Resolution page. If the RO agrees with the request, Plan A will no longer be able to see the complaint in the system as the complaint is reassigned to a different contract.
B*	Plan A received a complaint that involves one of it's subsidiaries	1. Plan A indicates in the Current Entry (Plan Response) field a. if known, the name and/or contract number of the Plan to where the complaint must be reassigned and , b. any additional pertinent notes related to the complaint, 2. Plan A checks the indicator to request for a case reassignment because it belongs to another plan. 3. Plan A should NOT close case in CTM. The case is flagged in the CTM for the RO to agree or disagree with the plan request. A time stamp is recorded when Plan A makes the request and another timestamp is recorded once the RO makes a decision. 4. For updates on the request, Plan A will be able to view if the RO disagrees with the request on the system generated "Note to Plan" section on the Plan Resolution page. If the RO agrees with the request, Plan A will no longer be able to see the complaint in the system as the complaint is reassigned to a different contract unless Plan A has access to the subsidiary's CTM.

		5. Plan A shares the PHI (which was provided by CMS) related to the complaint to the involved subsidiary by a secure means of data transfer.
C*	Plan A can not do further casework with complaint and requires RO assistance to resolve (CMS issue)	1. Plan A indicates in the Current Entry (Plan Response) field any additional pertinent notes related to the complaint. 2. Plan A checks the indicator to request for a case reassignment because it is a CMS issue. 3. Plan A should NOT close case in CTM. The case is flagged in the CTM for the RO to agree or disagree with the plan request. A time stamp is recorded when Plan A makes the request and another timestamp is recorded once the RO makes a decision. 4. For updates on the request, Plan A will be able to view if the RO disagrees with the request on the system generated "Note to Plan" section on the Plan Resolution page. If the RO agrees with the request, Plan A will no longer be able to see the complaint in the system as the complaint is reassigned to an "other" contract.
D*	Plan A receives a complaint that is not related to Part D	Most likely, the complaint is related to Part C. The complaint needs to be moved to the MA Only CTM and, subsequently, requires a complaint category reassignment. Part C related complaints are not currently required to be worked in the CTM. Please do the following: 1. Plan A indicates in the Current Entry (Plan Response) field the following: a. "CTM Case Not Part D", b. plan's recommendation of appropriate complaint category, and c. any additional pertinent notes related to the complaint. 2. Plan A checks the indicator to request for a case reassignment because it requires category reassignment. 3. Plan A clicks "Selects Complaint Category" under "Requested Complaint Category", selects the most appropriate category, and then clicks "Select Category" button at the bottom of the page to save. Plan A's category recommendation should appear in the blue box if saved correctly. Submit the request when complete. 4. Plan A should NOT close case in CTM. The case is flagged in the CTM for the RO to agree or disagree with the plan request. A time stamp is recorded when Plan A makes the request and another timestamp is recorded once the RO makes a decision. 5. For updates on the request, Plan A will be able to view if the RO disagrees with the request on the system generated "Note to Plan" section on the Plan Resolution page. If the RO agrees with the request, Plan A will no longer be able to see the complaint in the system as the complaint is reassigned to a MA

		only complaint. **Note: Complaints related to premium withholds, RD, FE, or EE do not fall into this scenario and are considered related to Part D.**
E	Plan A has reached resolution of complaint but has not yet notified the beneficiary	1. Plan A closes complaint in CTM and reports disposition as resolved. 2. Plan A notifies the beneficiary according to the Plan A's business practices and customer service policies.
F*	Plan A can not close and/ or save complaint after entering resolution notes and resolution date	1. Plan A verifies a resolution date is entered in the resolution date field. Note: Resolution date must be entered in order for complaint to be recorded as closed/resolved in the CTM. a. If there is no resolution date, enter and save the date the case was resolved. The complaint should close. If the case still does not save, move to item 2. b. If there is a resolution date, move to item 2. 2. Plan A verifies that the complaint category is assigned properly. a. If no category is assigned, refer to Scenario I. b. If a category is assigned, move to item 3. 3. Plan A indicates in the Current Entry (Plan Response) field that a. the complaint requires further assistance from the lead RO, b. the complaint disposition is resolved, and c. any additional pertinent notes related to the complaint, the name of the caseworker as shown on the complaint in CTM. 4. Plan A notifies its lead RO of the status by sending an email to the RO's mailbox. The email subject line should state, "CTM Case Resolved But Will Not Close." The email includes: a. the CTM complaint ID for the case(s) that need(s) further evaluation by CMS, b. the caseworker(s) shown on the complaint(s) in CTM and c. the name and contract number of Plan A.
G*	Plan A receives cases related to retroactive disenrollments (RDs)	1. Plan A develops case to determine if it is a valid RD request 2. If RD request is not valid and case is resolved, plan notifies the beneficiary and closes the case in the CTM 3. If a case is incorrectly coded as an RD and requires referral to another Plan, see Scenario #A in this SOP. 4. If RD request is valid, Plan A determines if case is Critical or Non-Critical. **Cases labeled Immediate Need by 1-800 MEDICARE are ALWAYS considered Critical**. Other cases that could be considered Critical include: a. For MA-PD: case concerns critical need for access to care.

		b. For MA-PD and PDP: case concerns opt-out due to employer group coverage 5. Critical Retro-Disenrollment: Plan A refers case to **home** RO a. Plan A checks the indicator that the case requires reassignment because it is a CMS issue and indicates in the Current Entry (Plan Response) field "CRITICAL RD". b. Plan notifies home region by sending an email to the Home Region's Part D complaint box (see Addendum A and B). The email subject line should state, "CRITICAL RD, in CTM". The email includes: i. the CTM complaint ID for case(s), ii. the name and contract number of Plan A, iii. the caseworker listed on the complaint in the CTM iv. any other relevant information c. Plan leaves the case **OPEN** and indicates in the Current Entry (Plan Response) field that the case and all development have been referred to home RO for processing. d. The case is flagged in the CTM for the RO to agree or disagree with the plan request. A time stamp is recorded when Plan A makes the request and another timestamp is recorded once the RO makes a decision. e. For updates on the request, Plan A will be able to view if the RO disagrees with the request on the system generated "Note to Plan" section on the Plan Resolution page. If the RO agrees with the request, Plan A will no longer be able to see the complaint in the system as the complaint is reassigned to an "other" contract. 6. Non-Critical Retro-Disenrollment: Plan A refers case to IntegriGuard a. Plan leaves the case open and all development and indicates in the resolution field that case has been referred to IntegriGuard b. Plan sends all relevant information to IntegriGuard c. Plans are strongly encouraged to give the beneficiary a status update of the RD complaint d. When a RD case is resolved by IntegriGuard, they will notify Plan of the resolution. Subsequently, Plan A will close case in CTM.
H*	Plan A receives cases related to enrollment exceptions (EE)	1. After validating the case is truly an enrollment exception request, Plan A indicates in the Current Entry (Plan Response) field a. "EE Complaint" and b. any additional pertinent notes related to the

		complaint. 2. Plan A checks the indicator that the case requires reassignment because it is a CMS issue. 3. Plan A should NOT close case in CTM. The case is flagged in the CTM for the RO to agree or disagree with the plan request. A time stamp is recorded when Plan A makes the request and another timestamp is recorded once the RO makes a decision. 4. For updates on the request, Plan A will be able to view if the RO disagrees with the request on the system generated "Note to Plan" section on the Plan Resolution page. If the RO agrees with the request, Plan A will no longer be able to see the complaint in the system as the complaint is reassigned to a MA only complaint.
I*	Plan A receives miscategorized case	1. Plan A indicates in the Current Entry (Plan Response) field any additional pertinent notes related to the complaint. 2. Plan A checks the indicator that the case requires reassignment to another complaint category. 3. Plan A clicks "Selects Complaint Category" under "Requested Complaint Category", selects the most appropriate category, and then clicks "Select Category" button at the bottom of the pop-up page to save. Plan A's category recommendation should appear in the blue box if saved correctly. Submit the request when complete. 4. Plan A should NOT close case in CTM. The case is flagged in the CTM for the RO to recategorize the complaint. The time clock for Plan A will stop once the indicator is checked and will commence once the complaint is recategorized. 5. For updates on the request, Plan A will be able to view the RO action/decision on the system generated "Note to Plan" section on the Plan Resolution page.
Gentran (GT) or Connect:Direct (C:D) Related Issues		
J	Plan A is having trouble accessing file(s) via GT or C:D	1. Plan contacts MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov.
K	Plan A does not see file(s) via GT or C:D for a particular day or time period and want to verify if they should have received file(s)	1. Plan contacts MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov.
L	Plan A received file(s) via GT or C:D but file(s) has incomplete information (e.g., missing contract number)	1. Plan A refers to CTM using CTM complaint ID or beneficiary's name to locate complaint. 2. If Plan A cannot locate complaint in CTM, they contact the corresponding lead RO to locate.
M	Plan A sees complaint(s) on GT or C:D files which can not be found in CTM	1. Plan A receives a complaint(s) which involves multiple contracts. 2. After looking in the case notes, RO reassigned complaint(s) to Plan B for casework resolution after it was already uploaded to Plan A's GT or C:D file.

		3. Complaint(s) now appear in the CTM for Plan B and no longer appear in the CTM for Plan A. 4. Due to the manual process, complaint(s) which have been reassigned will appear on the GT or C:D files for Plan A.
N*	Plan A sees complaint(s) in CTM but not on the GT or C:D files	There could be one of three reasons: <u>REASON I</u> Complaint(s) considered "direct receive" complaint, where it was first reported directly to the RO and was directly input into CTM by RO. 1. Plan A works complaint. 2. Plan A sends an email to the home RO's mailbox if further beneficiary specific information is needed and cannot be located in the CTM to reach resolution. The email subject line should state "Need PHI". The email includes: a. the complaint ID for the case in question, b. the caseworker listed on the complaint in the CTM. and c. the specific PHI requested. 3. Note: Complaints on file received via GT or C:D originate from 1-800-Medicare only <u>REASON II</u> Plan A receives a complaint(s) which was originally considered "unknown" or "other - 99999".Complaint(s) considered "unknown" or "other" because contract number could not be identified and assigned during data upload. After looking in the case notes, RO reassigned complaint(s) to Plan A for casework resolution. Complaint(s) now appear in the CTM for Plan A. Due to the manual process, reassigned complaint(s) will not appear on the GT or C:D files. 1. Plan A works complaint. 2. Plan A sends an email to the RO's mailbox if further beneficiary specific information is needed and cannot be located in the CTM to reach resolution. The email subject line should state "Need PHI". The email includes: a. the complaint ID for the case in question, the caseworker listed on the complaint in the CTM, and b. the specific PHI requested. REASON III Plan A receives complaint(s) which originally was assigned to Plan B. After looking in the case notes, RO reassigned complaint(s) to Plan A for casework resolution because complaint is actually attributed to Plan A. Complaint(s) now appear in the CTM for Plan A. Due to the manual process, reassigned complaint(s) will not appear on the GT or C:D files. 1. Plan A works complaint.

		2. Plan A sends an email to the RO's mailbox if further beneficiary specific information is needed and cannot be located in the CTM to reach resolution. The email subject line should state "Need PHI". The email includes: c. the complaint ID for the case in question, the caseworker listed on the complaint in the CTM, and d. the specific PHI requested.
Access		
O	Plan A user does not have CTM access	1. Plan A's Medicare Compliance Officer (listed in HPMS) submits request to ctm@cms.hhs.gov. 2. Request must include specific information, as described in the April 26th memo posted in HPMS. 3. Note: Requests submitted which do not exactly follow instructions posted in April 26th HPMS memo will delay processing of access.
P	Plan A user does not have CTM access and has submitted request already	1. Plan A sends notification to CMS at ctm@cms.hhs.gov. 2. The email includes: a. the name and contract number of Plan A and b. the name and HPMS ID of requested user.
Q	Plan A user needs HPMS but does not have it	1. Plan A submits request to CMS per standard procedures 2. Note: HPMS user set up will take 2 weeks or longer
General		
R	Plan A has general CTM related question or issue	1. Plan A sends inquiry to CMS at ctm@cms.hhs.gov. 2. The email includes: a. the name and contract number of Plan A, b. the question or issue, and c. pertinent information related to concern at hand

Key
CTM = Complaint Tracking Module
C:D = Connect:Direct
EE = Enrollment exception
FE = Facilitated enrollments
GT = Gentran
HPMS = Health Plan Management System
PHI = Protected Health Information
Plan A, B, etc. = Any Medicare Part D sponsor/plan
RD = Retroactive disenrollments
RO = Regional Office