



CENTER FOR BENEFICIARY CHOICES

DATE: May 19, 2006

TO: All Part D Sponsors

FROM: Cynthia Tudor, Ph.D.
Acting Director, Medicare Drug Benefit Group

Cynthia E. Moreno
Director, Plan Oversight and Accountability Group

SUBJECT: New Distribution Process for the Daily Complaints Tracking File

As part of the new process for resolving Medicare Part D complaints using the Health Plan Management System (HPMS) Complaints Tracking Module (CTM), the distribution of related beneficiary protected health information (PHI) will also be modified. Currently, this information is being distributed to your organization via a daily e-mail from Pearson, the 1-800-Medicare contractor.

However, beginning on Thursday, May 25th, 2006, this file will be distributed to your organization on a daily basis via either Connect:Direct or Gentran. This new process will require the use of the same secure file transfer mechanism that your organization is already using to communicate data with CMS for enrollment purposes.

The production daily file will use the following naming conventions:

▪ For Gentran Mailbox Users
CCCCC.CTM.BENECOMP.ssssss

▪ For Connect:Direct Users
Hlq.PCCCCC.CTM.BENECOMP.Usssss

Hlq = High Level Qualifier
CCCCC = Plan Contract
sssss = Unique Sequential Identifier

This daily file will be in a standard .csv format. Attached you will find the record description, which is slightly different from the layout of the Pearson file received via the current process. Please note that this file will be provided daily only if your organization has received complaint data for the previous day.

Similar to the current process, CMS will send the daily file to a parent organization. As a result, if your organization has multiple contract numbers, CMS will randomly select a single representative contract number in order to route your daily file via the Gentrans and Connect:Direct processes. Please see the attached Excel spreadsheet which indicates the single representative contract number for your organization.

CMS will be using Monday, May 22, 2006 through Wednesday, May 24, 2006 as parallel processing days for this new process. This means that your organization should expect to receive daily complaint files during these three days from both Pearson (the current distribution process) and CMS via either your Gentrans mailbox or Connect:Direct (whichever process is used by your organization). **Please consider the files transferred via the Gentrans mailbox and Connect:Direct methods on these three days to be test files only.** Your organization may choose to ignore these files or utilize them for internal testing. The Pearson file will remain the production file during this parallel period.

During the three day parallel processing period, the test version of the daily file will use the following naming conventions:

- For Gentrans Mailbox Users
CCCCC.CTM.BENECOMP.T.ssssss
- For Connect:Direct Users
Hlq.PCCCCC.CTM.BENECOMP.T.Usssss

Hlq = High Level Qualifier CCCCC = Plan Contract sssss = Unique Sequential Identifier
--

Should your organization utilize a Third Party Administrator for your secure file transfer process, please notify them of this process change and make the necessary arrangements to obtain these files from them.

For any technical inquiries related to this file transfer process, please contact the MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov.

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

Thank you.

Record Description

Complaint ID	CHAR11
Parent org contract number	CHAR5
Parent org match code	CHAR15
CreatedDate	CHAR10
Region	CHAR2
Region Name	CHAR35
State	CHAR50
How much medication does the beneficiary have left?	CHAR35
Complaint Plan Name	CHAR50
Plan Contract Number	CHAR10
Complaint Category	CHAR120
Complaint	CHAR120
Does CMS show LIS Eligible	CHAR50
LIS Eligibility Level	CHAR50
Complaint ID	CHAR10
CMS Enrolled Plan Name	CHAR50
Caller First Name	CHAR50
Caller Last Name	CHAR50
HICN	CHAR50
Primary Call Back #	CHAR10
Primary Call Back Ext	CHAR5
Alternate Call Back #	CHAR10
Alternate Call Back Ext	CHAR5
Preferred Call Back Time	CHAR100
Language	CHAR10
Complaint Summary	CHAR2000
Prescription Drug Card	CHAR20
Plan Member Number	CHAR5
PBP Number	CHAR50
Pharmacy Name	CHAR50
Pharmacy Street Address	CHAR50
Pharmacy City	CHAR50
Pharmacy State	CHAR2
Pharmacy Zip	CHAR9
Pharmacy Phone Number	CHAR10
Reason card didn't work at pharmacy	CHAR1500