

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR BENEFICIARY CHOICES

Date: June 16, 2006

To: All Part D Organizations

From: Cynthia E. Moreno, Director
Plan Oversight and Accountability Group

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

Subject: June 23 HPMS Complaints Tracking Module Release

On June 23, 2006, CMS will implement several enhancements to the HPMS Complaints Tracking Module (CTM). This release will also include a change to the way in which CMS parses the daily complaint files sent to Part D organizations via either Gentran or Connect:Direct.

Beginning on June 23, your organization will find the following enhancements in the HPMS CTM:

- Ability for plan users to download the complaints assigned to their contract number(s) in a tab delimited file format
- Ability for plan users to upload complaint resolutions for cases assigned to their contract number(s) in a defined file record layout (**see Attachment A**)
- Ability for the module to track the date upon which a complaint is reassigned from one contract number to another contract number and the inclusion of that date in the plan complaint download file

In addition to these module enhancements, CMS will be changing the parsing methodology used to create the daily complaint files. Under the current process, the daily file is compiled using a combination of contract number matches and organization name matches and then sent to a single contract number chosen to represent a parent organization.

Now that the percentage of valid contract numbers on the source complaint file from the 1-800-Medicare contractor is at an acceptable level, CMS can begin parsing and distributing the daily plan complaint files by contract number. Consequently, beginning on June 23, CMS will disseminate the daily plan complaint files to the Gentran mailbox or Connect:Direct location for each contract number for which complaints are assigned on that day. As always, if there are no

complaints assigned to your contract number for a given day, your organization will not receive a file.

Please note that CMS had to modify the file format for the daily plan complaints file slightly to accommodate the parsing and distribution of these files by contract number. **Attachment B** provides the revised file layout. The file naming convention remains the same.

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

Additionally, **Attachment C** provides guidance to all Part D organizations for various issues related to the CTM. Please note that this guidance will be updated over time as subsequent improvements are made to the CTM.

Currently, consolidated reporting from the CTM is still under transition. As a result, many Part D organizations have been asked to manage multiple processes in order to provide reports to CMS. CMS expects that this transition period will end in the near future and that an announcement will be made at the end of June 2006 regarding when both the Regional Offices and Part D organizations should rely solely on the CTM. Your full cooperation during this time of transition is greatly appreciated as CMS continues to streamline the CTM reporting capabilities.

For general questions about complaints tracking, please contact CMS via the CTM mailbox at ctm@cms.hhs.gov.

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

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

Attachment A – Plan Resolution Upload File Record Layout

Please note the following information:

- 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 closed. For complaints with no complaint category assigned, the user is unable to close the complaint; however, it is possible to upload resolution notes.

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.	C0600999999
Plan Resolution 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.	
Date of Resolution	DATE OPTIONAL	10	Use format MM/DD/YYYY. If complaint has been resolved, then enter date of resolution. Otherwise, leave this field blank.	07/04/2006

Attachment B – Revised Daily Plan Complaints File Layout (Gentran or Connect:Direct)

HPMS Complaint ID	CHAR11
HPMS contract number	CHAR5
HPMS Region Responsible	CHAR2
HPMS Region Name	CHAR35
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

Attachment C

Complaints Tracking Module (CTM)
Standard Operational Procedure
Medicare Part D Plan Sponsor User
June 16, 2006

#	Scenario/ Issue	Procedure
Complaint-specific Issues		
A	Plan A receives a complaint that should have gone to Plan B	<ol style="list-style-type: none"> Plan A indicates in the resolution field that <ol style="list-style-type: none"> the complaint requires reassignment (e.g., REASSIGN), the name and/or contract number of the Plan to where the complaint must be reassigned (if known), any additional pertinent notes related to the complaint, and today's date. Plan A notifies the lead RO of the reassignment by sending an email to the RO's mailbox. The email subject line should state, "CTM Case Reassignment". The email includes: <ol style="list-style-type: none"> the CTM complaint ID for the case(s) that need(s) to be reassigned, the name and contract number of Plan A, the name of the Plan to where the complaint must be reassigned, if known, (Plan B) and the rationale for why reassignment is required. Note: Plan A should NOT close case.
B	Plan A received a complaint that involves one of it's subsidiaries	<ol style="list-style-type: none"> Plan A indicates in the resolution field that <ol style="list-style-type: none"> the complaint requires reassignment (e.g., REASSIGN), the name and/or contract number of the Plan to where the complaint must be reassigned (if known), any additional pertinent notes related to the complaint and today's date. Plan A notifies the lead RO of the reassignment by sending an email to the RO's mailbox. The email subject line should state, "CTM Case Reassignment Parent Plan". The email includes: <ol style="list-style-type: none"> the CTM complaint ID for the case(s) that need(s) to be reassigned, the name and contract number of Plan A, the name and contract number of the subsidiary, if known, to where the complaint must be reassigned and the rationale for why reassignment is required. Plan A shares the PHI (which was provided by CMS) related to the complaint to the involved subsidiary by

#	Scenario/ Issue	Procedure
		a secure means of data transfer. 4. Note: Plan A should NOT close case.
C	Plan A can not do further casework with complaint but it is not completely resolved	<ol style="list-style-type: none"> Plan A indicates in the resolution field that <ol style="list-style-type: none"> the complaint requires further assistance from RO, any additional pertinent notes related to the complaint, and today's date. Plan A notifies the lead RO of the reassignment by sending an email to the RO's mailbox. The email subject line should state, "CTM Case Needs Further CMS Casework". The email includes: <ol style="list-style-type: none"> the CTM complaint ID for the case(s) that need(s) further evaluation by CMS and the name and contract number of Plan A. Note: Plan A should NOT close case.
D	Plan A receives a complaint that is not related to Part D	<ol style="list-style-type: none"> Plan A indicates in the resolution field that <ol style="list-style-type: none"> the complaint is not related to Part D, any additional pertinent notes related to the complaint, and today's date. Plan A notifies CMS of the reassignment by sending an email to ctm@cms.hhs.gov, serrick.mcneill@cms.hhs.gov, and anita.varghese@cms.hhs.gov. The email subject line should state, "CTM Case Not Part D". The email includes: <ol style="list-style-type: none"> the CTM complaint ID for the case(s) that need(s) to be reassigned, and the rationale for why reassignment is required. <p>Note: Plan A should NOT close case.</p>
E	Plan A has reached resolution of complaint but has not yet notified the beneficiary	<ol style="list-style-type: none"> Plan A closes complaint in CTM and reports disposition as resolved. 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	<ol style="list-style-type: none"> Plan A indicates in the resolution field that <ol style="list-style-type: none"> the complaint requires further assistance from the lead RO, the complaint disposition is resolved, any additional pertinent notes related to the complaint, and today's date. Plan A notifies its lead RO of the reassignment 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: <ol style="list-style-type: none"> the CTM complaint ID for the case(s) that need(s) further evaluation by CMS and the name and contract number of Plan A.
G	Plan A receives cases related to retroactive disenrollments (RD), facilitated enrollments (FE), or enrollment exception (EE)	<ol style="list-style-type: none"> Plan A indicates in the resolution field that <ol style="list-style-type: none"> the complaint is RD, FE, or EE, any additional pertinent notes related to the complaint, and today's date.

#	Scenario/ Issue	Procedure
		<ol style="list-style-type: none"> Plan A leaves the case open. Plan A notifies its lead RO of these complaints by sending an email to the RO's mailbox. The email subject line should state, "RD, FE, or EE in CTM". The email includes: <ol style="list-style-type: none"> the CTM complaint ID for case(s), the corresponding issue type (RD, FE, or EE) and the name and contract number of Plan A.
Gentran (GT) or Connect:Direct (C:D) Related Issues		
H	Plan A is having trouble accessing file(s) via GT or C:D	<ol style="list-style-type: none"> Plan contacts MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov.
I	Plan A does not see file(s) via GT or C:D for a particular day or time period and wants to verify if they should have received file(s)	<ol style="list-style-type: none"> Plan contacts MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov.
J*	Plan A received file(s) via GT or C:D but file(s) has incomplete information (e.g., missing contract number)*	<ol style="list-style-type: none"> Plan A refers to CTM using CTM complaint ID to locate complaint. If Plan A cannot locate complaint in CTM, they contact the corresponding lead RO to locate.
K*	Plan A is not receiving files via GT or C:D because it is being sent to a parent Plan that is not truly associated with it*	<ol style="list-style-type: none"> Plan A sends notification to ctm@cms.hhs.gov, including contract number and pertinent information related to issue.
L	Plan A sees complaint(s) on GT or C:D files which can not be found in CTM	<p>There could be one of two reasons:</p> <p>REASON I</p> <ol style="list-style-type: none"> Plan A receives a complaint(s) which involves multiple contracts. 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. Complaint(s) now appear in the CTM for Plan B and no longer appear in the CTM for Plan A. Due to the manual process, complaint(s) which have been reassigned will appear on the GT or C:D files for Plan A. <p>REASON II* – discontinue June 23rd</p> <ol style="list-style-type: none"> Complaint(s) considered "unknown" because contract number could not be identified and assigned during data upload. Plan A notifies its lead RO to assign complaint by sending email to the RO's mailbox. The email subject line should state, "CTM Case Unknown". The email includes: <ol style="list-style-type: none"> the CTM complaint ID for the case(s) that need(s) to be assigned to the Plan and the name and contract number of Plan A.
M	Plan A sees complaint(s) in CTM but not on the GT or	There could be one of two reasons:

#	Scenario/ Issue	Procedure
	C:D files	<p>REASON I</p> <ol style="list-style-type: none"> 1. Complaint(s) considered “home region” complaint, where it originated in RO and was directly input into CTM by RO. 2. Plan A works home region complaint. 3. 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: <ol style="list-style-type: none"> a. the complaint ID for the case in question and b. the specific PHI requested. 4. Note: Complaints on file received via GT or C:D originate from 1-800-Medicare only <p>REASON II</p> <ol style="list-style-type: none"> 1. Plan A receives a complaint(s) which was originally considered “unknown”. 2. Complaint(s) considered “unknown” because contract number could not be identified and assigned during data upload. 3. After looking in the case notes, RO reassigned complaint(s) to Plan A for casework resolution. 4. Complaint(s) now appear in the CTM for Plan A. 5. Due to the manual process, reassigned complaint(s) will not appear on the GT or C:D files. 6. 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: <ol style="list-style-type: none"> a. the complaint ID for the case in question and b. the specific PHI requested.
Access		
N	Plan A user does not have CTM access	<ol style="list-style-type: none"> 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.
O	Plan A user does not have CTM access and has submitted request already	<ol style="list-style-type: none"> 1. Plan A sends notification to CMS at ctm@cms.hhs.gov. 2. The email includes: <ol style="list-style-type: none"> a. the name and contract number of Plan A and b. the name and HPMS ID of requested user.
P	Plan A user needs HPMS but does not have it	<ol style="list-style-type: none"> 1. Plan A submits request to CMS per standard HPMS user ID procedures 2. Note: HPMS user set up could take as long as 2 weeks.
General		
Q	Plan A has general CTM related question or issue	<ol style="list-style-type: none"> 1. Plan A sends inquiry to CMS at ctm@cms.hhs.gov. 2. The email includes: <ol style="list-style-type: none"> a. the name and contract number of Plan A,

#	Scenario/ Issue	Procedure
		b. the question or issue, and c. pertinent information related to concern at hand

* Procedure J, K, and L (reason II only) will discontinue after the June 23rd, 2006 release

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