



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: April 9, 2014

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

FROM: Tracey McCutcheon, M.H.S.A., M.B.A., Acting Director
Medicare Drug Benefit and C & D Data Group

SUBJECT: Upcoming Complaints Tracking Module Enhancements

On April 25, 2014, the Centers for Medicare & Medicaid Services (CMS) will implement some enhancements to the Health Plan Management System (HPMS) Complaints Tracking Module (CTM), including the following:

- An attachment indicator will be added as the last column in the Plan Download File (see **Attachment A**).
- The Plan Download file will allow a download of up to 30 days at once, an increase from the previous limit of 10 days. Plans will also be able to download only those complaints that were an answered plan request during a specific timeframe.
- The Search Results page layout is changing (see **Attachment B**). Additionally, the color coding on the Search Results page will be removed.
- There will be the option to “Export to Excel” on the Search Results page.
- There will be a new sub-row for “Approved” and “Rejected” in the CTM Plan Dashboard Answered Plan Requests row.
- There will be a new field on the Complaint Information page that will allow the user to answer the question: Did the complainant contact the plan before the complaint was entered? The available responses will be yes, no, or blank.
- The CTM User’s Manual will be updated to reflect the new functionality.

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.gov/AccessstoDataApplication>. The completed, signed, original form (with signature and date) should be mailed to the following address:

ATTENTION: HPMS User Access
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mail Stop: C4-18-13
Baltimore, MD 21244

We strongly recommend the use of a traceable mail carrier to ensure a timely delivery. The processing time for setting up a new user may take up to two 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 line should read "CTM Access Request" and the message should contain the user 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

CTM Plan Download File Record Layout	
Field Name	Field Description
COMPLAINT_ID	HPMS CTM Complaint ID Exact length = 11
MA_PD_IND	MA Complaint or Part D Complaint Maximum length = 7
RECEIVED_DATE	Complaint Received Date Maximum length = 10
CASEWORKER	Name of Caseworker Maximum length = 70
COMPLAINT_TYPE	Is the Complaint on Behalf of a Beneficiary or Provider? Value is “Beneficiary” OR “Provider”
COMPLAINANT	Complainant Type Maximum length = 50
COMPLAINANT_OTHER	Complainant Type Other Description “Specify Other Complainant Type” Maximum length = 400
C_FNAME	Complainant First Name Maximum length = 50
C_LNAME	Complainant Last Name Maximum length = 50
C_PHONE	Complainant Phone Number Maximum length = 50
C_PHONE_EXT	Complainant Phone Number Extension Maximum length = 50
CONTRACT_ID	Contract ID Exact length = 5
COMPLAINT_CATEGORY	Complaint Category Maximum length = 100
COMPLAINT_SUBCATEGORY	Complaint Subcategory Maximum length = 250
COMPLAINT_SUBCAT_OTHER	Complaint Subcategory Other Description “Specify Other Complaint Subcategory” Maximum length = 4,000
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
COMPLAINT_STATUS	Complaint Resolution Status Value is “O” OR “C” (Open OR Closed)
ISSUE_LEVEL_DESCRIPTION	Complaint Issue Level

CTM Plan Download File Record Layout	
Field Name	Field Description
	Maximum length = 100
HIC	Health Insurance Claim Number Maximum length = 100
PLAN_MEMBER_ID	Plan Member Identification Maximum length = 100
COMPLAINT_PLAN_NAME	1-800-Medicare File Plan Name Maximum length = 2,000
ALT_PHONE	Alternate Phone Number Maximum length = 2,000
ALT_PHONE_EXT	Alternate Phone Number Extension Maximum length = 2,000
PREFERRED_CALL_TIME	1-800-Medicare File Preferred Called Back Time Maximum length = 2,000
LANGUAGE	1-800-Medicare File Language of Caller Maximum length = 2,000
CONGRESSIONAL	Complainant Type Other is equal to “Congressman” Value is “Yes” or No”
SWIFT	SWIFT Complaints Exact length = 1
PRESS_HILL	Complaint with Press/Hill Interest Exact length = 1
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 Value is “Yes” OR “No”

Attachment B: Search Results Format

Complaint ID	Date Received	Caseworker	Parent Co. Name	Contract Number	Complainant Name	Plan Request
Complaint ID	Date	Name	Parent Co. Name	Contract ID	Display Beneficiary. If no Beneficiary, display Provider. If no Provider, display Other Complainant.	

Special Interest	Category	Issue Level	HIC #	Last Plan Update	Resolution Date
(Congressional or Press/Hill Interest or SWIFT)	Category Name only	N/A Urgent Immediate Need	HIC Number	Date and Time	Date and Time