DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850

CENTER FOR BENEFICIARY CHOICES

DATE: March 29, 2006

Memorandum To: All Part D Sponsors

Subject: Complaints Tracking Improvement

From: Gary Bailey, Deputy Director, Center for Beneficiary Choices

Over the past three months, CMS, our Regional offices, and Plans have been working hard to resolve beneficiary complaints. We appreciate all the work being done. Though the current process has been used to manage a large number of complaints, CMS has developed an enhanced and more efficient process to streamline complaint resolution and documentation. The process will be rolled out in two phases.

Within HPMS, CMS uses a Complaint Tracking Module (CTM) to document and track all Medicare Part D complaints. To date, complaints are manually entered into the system. Phase I of this new process will be implemented beginning April 5, 2006 in an effort to significantly reduce the data entry time. Complaints received by 1-800-Medicare will then be uploaded directly into the CTM and assigned a complaint identification number. The complaint identification number will then be appended to the daily complaint files sent to the Plans. This complaint identification number will serve as the primary key upon which Plans and CMS will communicate about the same case, thus making reconciliation of complaints more efficient.

The second phase, scheduled for completion in early May, will allow all Plans to directly access the CTM through HPMS. When this function becomes available, Plans will be able to view all complaints assigned to their contract number, monitor the length of time complaints are open, see background information for the complaint, and indicate when a complaint is resolved. This direct access will reduce the time lag for notification of complaints and streamline the work flow process. Beneficiary specific HIC numbers associated with each complaint cannot be housed in HPMS, but will be made available through a crosswalk based on the complaint identification number. Finally, after a Plan summarizes the complaint resolution information and indicates in the CTM that a complaint is closed, the CMS Regional office caseworker will review the Plan notes and ensure resolution is satisfactory prior to officially closing the case.

This new process will ensure that beneficiary complaints are handled in a more timely matter and will allow Plans to better manage complaints assigned to them. Training on this new process will be made available to all Plans. Training dates and times will be announced shortly. For questions about this process please contact Anita Varghese at 410-786-8640 or anita.varghese@cms.hhs.gov.