DEPARTMENT OF HEALTH & HUMAN SERVICES
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CENTER FOR BENEFICIARY CHOICES

DATE: March 9, 2007

TO: All Part D Plan Sponsors

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

SUBJECT: Revised Complaint Tracking Module (CTM) Guidance on Standard Operating Procedures

This memorandum is to notify all Part D Sponsors that the Part D Plan user standard operating procedures (SOP) for the Complaints Tracking Module (CTM) has been revised and is attached for your reference. In addition, the CTM SOP is available on the CTM Start Page in the Health Plan Management System (HPMS) under "Documentation" via the "Plan User Part D CTM SOP" link.

We appreciate your continued support in meeting the needs of Medicare beneficiaries. Without your help, the Medicare prescription drug benefit would not be 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 Operational Procedure
Medicare Part D Plan Sponsor User
March 1, 2007

Part D sponsors are required to follow the procedures outlined in the CTM Plan SOP at all times, while the CTM User Guide serves as a technical reference only.

*** 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 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.
B*	Plan A received a complaint that involves one of its 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 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.
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 "CMS Issue".
D*	Plan A receives a complaint that is not related to Part D	Most likely, the complaint is related to Part A, B, or C. The complaint needs to be moved to the MA Only CTM and, subsequently, requires a complaint category reassignment. 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 does 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, the complaint in is reassigned as a MA only complaint.
E	Plan A has reached resolution of complaint but	1. Plan A documents plan resolution notes (see Item K), closes complaint in CTM and reports disposition as

	has not yet notified the beneficiary	resolved. 2. Plan A notifies the beneficiary according to the Plan A's business practices and customer service policies. **Note:** As a best practice, Plan A attempts to contact the complainant at least 3 times, with the 4th attempt in writing. Plan A records detail, such as dates/times of contact attempts, actions taken, etc., of all attempts in CTM and then closes the complaint.
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 F.2. b. If there is a resolution date, move to item F.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 F.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 shall be considered Critical include: a. For MA-PD: case concerns immediate need to 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 "CMS Issue". 6. Non-Critical Retro-Disenrollment: Plan A refers case to IntegriGuard a. **Plan leaves the case open**, documents all case development, and indicates in the Current Entry 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. **Note:** RDs are excluded from Part D Performance Metrics analyses
H	Plan A receives cases related to enrollment	1. After validating the case is truly an enrollment exception request, Plan A indicates in the Current

	exceptions (EE)	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 "CMS Issue".
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 "Select 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.
J	Plan A receives case with issue level of "Immediate Need" but Plan A does not believe it should be	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 issue level. 3. Plan A clicks "Select Issue Level" under "Requested Issue Level", selects the most appropriate level, and then clicks "Select Issue Level" button at the bottom of the pop-up page to save (refer to the Issue Level Definitions below to determine appropriate issue level for complaint). 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 reassign the complaint. The time clock for Plan A will stop once

		the indicator is checked and will commence once the complaint is reassigned. 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. **Note:** Issue Level Definitions • An immediate need complaint is defined as a complaint that is related to the beneficiary's need for medication where the beneficiary has 2 or less days of medication left. • CMS reserves the right to classify any complaint that does not fit the above definition to "Immediate Need" should the complaint be egregious in nature. • An urgent complaint is defined as a complaint that is related to the beneficiary's need for medication where the beneficiary has 3 to 14 days of medication left.
K*	Plan A ready to record plan resolution or response notes in Current Entry (Plan Response) field	1. Plan A records clear and concise narrative in Current Entry (Plan Response) field up to 4,000 characters. a. All entities reviewing CTM complaint records should be able to understand Plan Response notation and all action(s) taken and decisions made related to complaint investigation and resolution. b. Identify systems as "pharmacy", "enrollment", etc. c. Minimize use of word abbreviations. d. Include systems issues, updates and dates actions taken. e. Include system update timeframes and transaction reply code(s) and when appropriate. 2. The entry should contain information from Plan A's contact with the beneficiary/complainant and date(s) of contact. 3. In addition, if other person(s) are contacted, record those contact(s) information in Current Entry (Plan Response) field. 4. Refer to document below for examples.  PLAN RESPONSE AND RESOLUTIONS E **Note:** As a best practice, Plan A attempts to contact the complainant at least 3 times, with the 4th attempt in writing. Plan A records detail, such as dates/times of contact attempts, actions taken, etc., of all attempts in CTM and then closes the complaint.
L*	Plan A receives a Customer Inquiry System (CIS) or Congressional Case as	1. Plan A contacts all parties related to case in accordance with timeliness standards informing on expected plan actions and resolution.

	indicated by these fields in the CTM: • "Is This Complaint Controlled in CIS?" OR • "Press or Hill Interest"	2. Plan A effectuates investigation, resolution and records clear and concise narrative in Current Entry (Plan Response) field and include "CIS or Congressional Resolution" notation. Entry must include all actions taken including contact, dates and instructions provided to beneficiaries, complainant(s) and contacts. Include systems updates and dates actions taken. 3. As a best practice, Plan A returns the complaint to CMS within 2 to 7 days, depending on Issue Level. 4. Plan A checks the indicator to request for a case reassignment because it is a "CMS Issue". 5. Plan A should **NOT** close the 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. 6. 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 "CMS Issue".
Gentran (GT) or Connect:Direct (C:D) Related Issues		
Effective 02/24/2007, complaint files will no longer be sent via these methods. Part D sponsors should rely on the CTM for the beneficiary's Health Insurance Claim Number (HICN) and all related complaint information.		
Access		
M*	Plan A user does not have CTM access	1. Users requesting CTM access must have an existing unique HPMS ID. If the user does not have HPMS, please see Item O. 2. New user requests must be submitted by the organization's Medicare Compliance Officer via email to CTMACCESS@cms.hhs.gov, using the form and instructions provided below. Requests that do not meet the form requirements will be returned to the requestor for resubmission.  CTMAccessRequestForm
N*	Plan A user does not have CTM access and has submitted request already	1. Check for access five (5) business days after the date CMS confirms receipt of the request. CMS will not notify users when CTM is available. 2. Contact the CTM mailbox regarding issues only if a valid form was submitted, and access is not available after six (6) business days. 3. If access is still not available, Plan A sends notification to CMS at CTM@cms.hhs.gov. 4. The email includes: a. the name and contract number of Plan A and b. the name and HPMS ID of requested user.

O	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	
P*	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 d. complaint ID(s), if the matter is complaint-specific

Key & Definitions

1. C:D = Connect:Direct
2. CIS = Customer Inquiry System; CMS' tracking and triage system for CMS received correspondences from external entities, such as Congressmen, Senators, etc.
3. "CMS" contract assignment = a complaint contract assigned to "CMS" when the complaint is a CMS issue and is not attributed to the Part D sponsor
4. Congressional Case = CMS complaint submitted by congressperson on behalf of his/her constituents
5. CTM = Complaint Tracking Module
6. EE = Enrollment exception
7. FE = Facilitated enrollments
8. GT = Gentran
9. HICN = Health Insurance Claim Number; beneficiary's unique identifier
10. HPMS = Health Plan Management System
11. Immediate Need complaint = aka "immediate action"; type of issue level; complaint that is related to the beneficiary's need for medication where the beneficiary has 2 or less days of medication left; Part D Sponsors are required to resolve these complaints within 2 calendar days from the time it is assigned to the Part D sponsor. CMS reserves the right to classify any complaint that does not fit the above definition to "Immediate Need" should the complaint be egregious in nature
12. "Other" contract assignment = a complaint contract assigned to "other" when beneficiary complains about a Part D sponsor but the contract number was not identified or found at the time of intake
13. PHI = Protected Health Information
14. Plan A, B, etc. = Any Medicare Part D sponsor/plan
15. RD = Retroactive disenrollments
16. RO = Regional Office
17. "Unknown" contract assignment – a complaint contract assigned to "unknown" when beneficiary complains about a Part D sponsor that is not known or when beneficiary complaint is not directed toward a Part D sponsor
18. Urgent complaint = type of issue level; complaint that is related to the beneficiary's need for medication where the beneficiary has 3 to 14 days of medication left