DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR BENEFICIARY CHOICES

DATE: November 15, 2007

TO: All Part D Plan Sponsors

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

RE: Reminders for Customer Service Call Handling and Casework Management

Overview

CMS wants to thank Part D sponsors for their continuing efforts to resolve issues raised by their enrollees. This memorandum serves to remind Part D sponsors about Customer Service Call Handling and Casework Management.

Referrals to 1-800-MEDICARE

In a September 14, 2006 memorandum, "Expectations for Customer Service Call Handling," CMS provided sponsors with guidelines for properly handling beneficiaries' issues over the telephone and for reducing the number of members calls referred to 1-800-MEDICARE. However, some sponsors continue to refer calls to 1-800-MEDICARE at a high rate. In many instances, these calls can be resolved by the Part D sponsor using existing data sources, such as MARx, and other available resources. CMS encourages Part D Sponsors to have beneficiaries call the plan directly for prompt assistance, rather than 1-800-MEDICARE. Additionally, sponsors should continue to reinforce this message through various communication methods, such as including relevant language directing beneficiaries to utilize the plan's customer services as part of their Annual Enrollment Period (AEP) communication strategy. CMS has determined that some sponsors are shifting casework to CMS Regional Offices, rather than managing the cases themselves. These cases, for the most part, are the responsibility of the sponsor. Plans will be monitored for cases that are inappropriately shifted to CMS. Compliance actions for the inappropriate shifting of casework will be taken, as appropriate.

Social Security Administration (SSA) Premium Withhold

Since early 2007, several memoranda have been released discussing SSA Premium Withhold and systems cleanups. Additionally, specific guidance has been provided via the Complaints Tracking Module (CTM) Standard Operating Procedure (SOP) on the proper course for handling SSA premium withhold cases input into the CTM.

Based on direction provided in guidance, the proper way for sponsors to handle SSA premium withhold cases is to first consult the MARx system to confirm the beneficiary's SSA premium

withhold status. If the sponsor's system and MARx are correct and the beneficiary complains about inappropriate amounts being deducted, then the sponsor should review the transaction dates. Transactions may take 60 to 90 days to post to all of CMS and SSA systems. If the transactions are within this period, it is important to educate the beneficiary and to close the complaint. Otherwise, if the complaint is regarding SSA premium deductions that extend past this timeframe or any action by the Part D sponsor would not correct the problem, then plans may ask for assistance through the appropriate Regional Office. Sponsors should not refer beneficiaries to the Social Security Administration (SSA), 1-800-MEDICARE, or the Regional Offices as an alternative to conducting complaints research utilizing these existing resources and processes.

Sponsors are also encouraged to review information provided in the March 23, 2007 memorandum, "Clarification of Involuntary Disenrollment Policy for Beneficiaries Who Elect Social Security Premium Withholding." This memo clarifies CMS' involuntary disenrollment policy as it relates to members who have selected Social Security withholding or whose premium is paid by another entity.

Casework Management

Based on current Complaint Tracking Module (CTM) data analysis, several Part D Sponsors are not resolving and closing CTM cases timely. As described in a January 10, 2007 memorandum, "Medicare Part D CTM Frequently Asked Questions," sponsors are required to resolve complaints flagged with an issue level of immediate action/need within two (2) calendar days. Sponsors should contact their CMS Regional Office(s) for turn around time for all other complaint issue levels.

Additionally, sponsors are reminded to refer cases outside of their control using the "Plan Request" function in the Complaints Tracking Module, as described in the August 20, 2007 version of the CTM Standard Operating Procedure. Examples of these types of cases, include, but are not limited to, the following: beneficiary has an immediate need and a retroactive enrollment or disenrollment action is required; complaints related to enrollment exceptions; reassignment requests; and complaints related to CMS enrollment reconciliation processing.

Finally, in an effort to reduce the number of open complaints in the CTM, CMS recommends the following protocol for resolving duplicate cases from the same beneficiary. If a sponsor has multiple open complaints in the CTM from the same beneficiary, relating to the same issue, the Plan should close the oldest case(s). The sponsor should also annotate in the Casework Summary, a reference to the most recent complaint.

Sponsors are encouraged to take all necessary steps to improve performance in this area, including conducting additional training of the staff responsible for closing cases in the CTM.

Online Enrollment Center (OEC)

CMS continues to receive complaints from beneficiaries stating they submitted an enrollment via the Online Enrollment Center (OEC), but the Part D plan sponsor failed to download the enrollment and transmit it to CMS. Part D sponsors are reminded that it is mandatory to download online enrollments via the OEC on a daily basis. Adherence to this guidance will reduce the number of complaints submitted to 1-800-MEDICARE and to the CTM. Part D sponsors are asked to ensure that they are adhering to this requirement and to improve performance in this area.

If you have any questions about any of the issues in this memorandum, please contact your Regional Office Plan Manager (MA-PDs) or Central Office Account Manager (PDPs).