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TO: All Part C and Part D Plan Sponsors, Medicare Compliance Officers

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Updates to Complaint Tracking Module (CTM) Exclusion Criteria and CTM Casework Reminders

DATE: April 22, 2011

The Centers for Medicare & Medicaid Service (CMS) appreciates the continued efforts of Part C and Part D Sponsors (hereinafter referred to as “plans”) to address and resolve Medicare enrollees’ issues. The intent of this memorandum is to update the list of complaint rate exclusion criteria for the Health Plan Management System (HPMS) Complaint Tracking Module (CTM). In addition, now is a good opportunity for your organization to review casework reminders. Please refer to the October 22, 2010 HPMS memo “Updated Complaint Tracking Module (CTM) Guidance on Standard Operating Procedures” and the December 29, 2010 HPMS memo “Complaint Tracking Module (CTM) and Casework Reminders” for guidance on the proper usage of the CTM.

**CMS’ Report Exclusion Criteria**

Due to program maturation, the exclusion list has been revised to better reflect complaint issues outside the control of the Plans. The chart at the end of this memo displays the CTM specific report exclusion criteria that are effective September 16, 2010.

**CTM Casework Assignment**

CMS makes every effort to assign complaints to plans when it is within their control to resolve. Complaints will be re-assigned as described in the CTM Plan SOP Scenario H. Some plans have requested that CMS retroactively reassign CTM cases as a “CMS Issue” after the complaint has been addressed and closed. It is particularly inappropriate for a plan to request retroactive reassignment during the plan preview periods of the Plan Ratings data.

We appreciate your continued dedication to responding to the needs of our beneficiaries. If you have any questions or comments regarding this memorandum, please contact your Account Manager.

## ATTACHMENT

### Exclusion Criteria

**Table 1.** These are the current exclusions applied to the CTM based on the revised categories and subcategories that went into effect September 16, 2011.

Category ID	Category Description	Subcategory ID	Subcategory Description
11	Enrollment/ Disenrollment	16	Facilitated/Auto Enrollment issues
		18	Enrollment Exceptions (EE)
13	Pricing/Co-Insurance	06	Beneficiary has lost LIS Status/Eligibility or was denied LIS
		16	Part D IRMAA
30	Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information	01	Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information
		90	Other Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information issue
38	Contractor/Partner Performance	90	Other Contractor/Partner Performance

Note: Program Integrity complaints, which are in the CTM but not viewable by plans, are excluded as well.

**Table 2.** These are the categories and subcategories that are excluded if they were entered into the CTM prior to September 16, 2011.

Category ID	Category Description	Subcategory ID	Subcategory Description
03	Enrollment/ Disenrollment	06	Enrollment Exceptions (EE)
		07	Retroactive Disenrollment (RD)
		09	Enrollment Reconciliation - Dissatisfied with Decision
		10	Retroactive Enrollment (RE)
		12	Missing Medicaid/ Medicare Eligibility in MBD
05	Program Integrity Issues/Potential Fraud, Waste and Abuse	01	Program Integrity Issues/Potential Fraud, Waste and Abuse
10	Customer Service	12	Plan Website
11	Enrollment/ Disenrollment	16	Facilitated/Auto Enrollment issues
		17	Missing Medicaid/ Medicare Eligibility in MBD
		18	Enrollment Exceptions (EE)
13	Pricing/Co-Insurance	06	Beneficiary has lost LIS Status/Eligibility or was denied LIS
		08	Overcharged premium fees
14	Program Integrity Issues/Potential Fraud, Waste and Abuse	01	Program Integrity Issues/Potential Fraud, Waste and Abuse
24	Program Integrity Issues/Potential Fraud, Waste and Abuse	01	Program Integrity Issues/Potential Fraud, Waste and Abuse
32	Program Integrity Issues/Potential Fraud, Waste and Abuse	01	Program Integrity Issues/Potential Fraud, Waste and Abuse
34	Plan Administration	02	Plan terminating contract
38	Contractor/ Partner Performance	01	Quality Improvement Organization (QIO)
		02	State Health Insurance Plans (SHIPs)
		03	Social Security Administration (SSA)
		04	1-800-Medicare
		90	Other Contractor/ Partner Performance
41	Pricing/Co-Insurance	01	Premium Reconciliation - Refund or Billing Issue
		03	Beneficiary double billed (both premium withhold and direct pay)
		04	Premium withhold amount not going to plan
		05	Part B Premium Reduction issue
		90	Other Premium Withhold Issue

Note: Program Integrity complaints, which are in the CTM but not viewable by plans, are excluded as well.