



**CENTER FOR MEDICARE**

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**DATE:** May 27, 2011

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

**FROM:** Cynthia G. Tudor, Ph.D., Director  
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**SUBJECT:** Upcoming Complaints Tracking Module (CTM) Enhancements

On June 17, 2011, the Centers for Medicare & Medicaid Services (CMS) will implement some important enhancements to the Health Plan Management System (HPMS) CTM. Enhancements include the following:

- There will be an additional Plan Download that contains the same information as the current plan download, but will display multiple beneficiaries (if applicable). In addition, comments will appear in chronological order rather than appear as strung together. This file will be in .xml format.
- There will be an additional report that displays the total number of complaints for a contract, the daily total, or the monthly total, depending on the user's request criteria. This report will be based on a snapshot of complaints from the prior evening (i.e., not real-time). The returned report will include the following data elements:
  - Complaint ID
  - Received Date
  - Contract Performance Date
  - Contract ID
  - Category
  - Subcategory
  - Issue Level
  - Status
  - Resolution Date (blank if not resolved)
  - Referred Date (Blank if not referred)
  - Bene State
  - Bene First Name
  - Bene Last Name
- Plan users will be able to upload attachments for complaints that are designated as "CMS Issue" as a result of the complaint category/subcategory of Marketing Misrepresentation

(RO Action Needed). Plan users will be able to upload these attachments through the Marketing Misrepresentation Report.

- Plan users will no longer be able to close SWIFT complaints. A warning message will display if a plan user attempts to select the Save or Submit button if the complaint is marked as a SWIFT complaint. This message will indicate that the plan needs to make a Plan Request of CMS Issue in order for the complaint to be resolved.
- File name extensions will no longer be case sensitive (e.g., all capital letters in the .extension will be acceptable). CTM will allow only letters or numbers in file names (i.e., not special characters).
- The description field will be mandatory when uploading attachments in CTM.
- There will be an attachment dropdown field from which to choose the type of attachment being uploaded. The following values will appear in that dropdown:
  - Plan Close Out Letter – Beneficiary
  - Plan Close Out Letter – Other Complainant
  - Plan Letter – Congressional Office
  - Required Beneficiary Notification
  - Relevant Correspondence To/From Complainant
  - Notification form CMS IRE (MAXIMUS)
  - BAE Documentation
  - Plan System Screen Print
  - Other (if selected, an Other text box is enabled and required)
- The SWIFT field will now be displayed above the Congressional field on the Complaint Information tab rather than in the Other Complaint Information Section.
- There will be two new optional fields on the Complaint Information tab, which can only be used by SHIP users and CMS Caseworkers:
  - Does this complaint relate to SPAP?
  - Does this complaint relate to Medigap?
- The resolution of complaints will be standardized. The user must select one or both of the following types of resolutions from the dropdown box:
  1. Contact Made (the user would then select only one of the following types):
    - a. Beneficiary / Representative
    - b. Provider
    - c. Elected Official
    - d. Contact Unsuccessful with Beneficiary / Representative
    - e. MEDIC

- f. Other (if Other is selected, a text box will be enabled that allows the user to enter text)
2. System Update Action Taken (MARx action, Referred to RPC, Plan system update, etc)
  - The Beneficiary name, HICN, Phone Number, and Date of Birth fields will be displayed on the Complaint Resolution Tab.
  - The order of the comments section will be modified to display the comments entered by CMS caseworkers and plan caseworkers first in chronological order. These complaints will be followed by a second section, which will include all system-generated comments (also in chronological order).
  - The user will now be able to search for complaints that have been sent to the RPC.
  - There will be an additional column in the CTM Dashboard that will indicate the length of time the complaint has been open.
  - There will be two new rows in the Plan Dashboard to differentiate between “New Attachment – Open” and “New Attachment – Closed.” “New Attachment – Open” will display when a complaint is open, the CMS Caseworker has uploaded an attachment, and the complaint has not yet been viewed by the plan since the attachment upload. “New Attachment – Closed” will display when a complaint is closed, the CMS Caseworker has uploaded an attachment, and the complaint has not yet been viewed by the plan since the attachment upload.
  - There will be another new column in the Plan Dashboard – Answered Plan Request Detail page called “Response Date.” The seven columns on this page will now be:
    1. Complaint ID
    2. Request Type
    3. Request Date
    4. Response Date (new)
    5. Assignment/reassignment Date
    6. Contract ID
    7. Issue Level
  - The CTM User’s Manual will be updated to reflect these changes in functionality.

For technical assistance with the HPMS CTM, please contact the HPMS Help Desk at either 1-800-220-2028 or [hpms@cms.hhs.gov](mailto: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](mailto:ctm@cms.hhs.gov).

Thank you for your continued work and support in complaints resolution.