

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



## **CENTER FOR BENEFICIARY CHOICES**

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TO: All Part D Plan Sponsors

FROM: Mary Agnes Laurenco, Director, Office of Beneficiary Information Services and  
Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit Group

RE: Repeat Part D Complaints from 1-800-Medicare

DATE: October 6, 2006

CMS recognizes that beneficiaries will call 1-800-MEDICARE call centers repeatedly when their complaint is not resolved as quickly or thoroughly as they anticipated. As mentioned in the August 14, 2006, HPMS letter regarding repeat complaints, CMS has been looking at ways to improve a Part D sponsor's ability to manage complaints from repeat callers. When resolving complaints from beneficiaries that have been identified as repeat callers, plan caseworkers need to strongly emphasize to their members that they should call the Part D sponsor directly with any subsequent questions or concerns. They should be assured that this is the quickest way to get their issues resolved.

On or about October 11, 2006, CMS will distribute files to Part D sponsors via Gentran/Connect:Direct that will show all of the Part D sponsor's members who registered one complaint through 1-800-MEDICARE during the week of September 10-September 16, and registered at least one additional complaint through 1-800-MEDICARE from May 1, 2006-September 9, 2006. Similarly, during the week of October 16, 2006, CMS will distribute files to Part D sponsors via Gentran/Connect:Direct that will show all of the Part D sponsor's members who registered one complaint through 1-800-MEDICARE during the week of October 1-October 7, and registered at least one additional complaint through 1-800-MEDICARE from May 1, 2006-September 30, 2006. The files will only contain the beneficiary's most recent complaint, but will also indicate the number of previous 1-800-MEDICARE referrals from that member.

**You will only receive a file if we have identified "repeat callers" via 1-800-MEDICARE.** If your contract number does not meet the "repeat caller" criteria, you will **not** receive a file during this process. If you do not receive a file by October 5 and you are not sure if you should have received a file, you can contact the MMA Help Desk at 1-800-927-8069 with your inquiry.

Please note that this new file is in addition to your daily Gentran/Connect:Direct file. As with the current daily Gentran/Connect:Direct file, a separate file will be provided for each contract number. If your organization is using Gentran, the file name you should expect to see is: CCCCC.CTM.REPCALL.ssssss. If your organization is using Connect:Direct, the file name you should expect to see is: hlq.PCCCCC.CTM.REPCALL.Ussssss. The "C" string indicates your contract number and the "s" string indicates the date of the file.

CMS is requesting that Part D sponsors take immediate action to resolve the cases noted on the file in a thorough and timely manner. Close out all associated complaints by recording the resolution appropriately for all related complaints in the Complaints Tracking Module (CTM). CMS will be monitoring the reductions in these repeat complaints.

The 1-800-MEDICARE call center is not intended to respond to complaints or questions enrollees have about their particular Part D plan. Once a beneficiary has enrolled in a Part D plan, the plan sponsor becomes the primary resource for resolving issues related to the benefit plan. Many beneficiaries are continuing to call 1-800-MEDICARE unaware that their plan sponsor should be their first point of contact. This takes resources away from the intended purpose of the CMS call center. Again, plan caseworkers must stress that members should call the Part D sponsor directly with any subsequent questions or concerns for the most efficient resolution of their complaints.

CMS will continue to track those Part D sponsors whose members consistently call the 1-800-MEDICARE call center concerning complaints or questions about their plan. A pattern of repeat plan enrollee calls to 1-800-MEDICARE may indicate that the sponsor is not complying fully with certain Part D program requirements, including the proper operation of its customer service call center. CMS will review the beneficiary complaint history and 1-800-MEDICARE call center activity related to the identified sponsors and determine whether focused audits of the sponsors' compliance with Part D requirements are warranted.

Should a Part D sponsor identify a series of repeat complaints that are CMS issues, such as retroactive disenrollments, SSA premium withholds, the Part D sponsor should document that the complaints are repeat complaints, indicate the associated repeat complaint Ids, and any pertinent information related to the complaints in the Current Entry (Plan Response) field. The Part D sponsor should then use the system to request for reassignment because it is a CMS issue. Part D sponsors should NOT close out these complaints to allow for CMS to track outstanding cases. Keep in mind complaints which are CMS issues will not be counted against Part D sponsors in performance metrics. Part D sponsors are urged to continue to communicate and work with their corresponding Regional Office staff to reach resolution for these complaints.

Again, thank you for your participation in the Medicare prescription drug benefit program and your ongoing efforts to reduce beneficiary complaints.