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



CENTER FOR BENEFICIARY CHOICES

MEMORANDUM

DATE:	July 13, 2006
Memorandum to:	All Part D Plan Sponsors
From:	Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit Group
Subject:	Resolution of Medicare Beneficiary Complaints Monitoring

Thank you for your support in resolving Medicare Part D related complaints. In an effort to improve quality and performance in complaints resolution, a memo was distributed via HPMS on June 30th, 2006, entitled "Resolution of Medicare Beneficiary Complaints" which detailed the criteria and schedule of complaint tracking procedures for which Part D sponsors will be accountable. A baseline number of "immediate action" complaints greater than two days old will be established for each plan using data from the Complaints Tracking Module (CTM) as of July 13, 2006. This will be the starting point from which the following must occur:

- Sponsors will be required to reduce the number of outstanding cases designated as "immediate action" and more than 2 days old by at least 25% by July 27, 2006.
- Sponsors will be required to reduce the number of outstanding cases designated as "immediate action" and more than 2 days old by at least 50% by August 10, 2006.
- Sponsors will be required to reduce the number of outstanding cases designated as "immediate action" and more than 2 days old by at least 75% by August 24, 2006.
- Sponsors will be required to reduce the number of outstanding cases designated as "immediate action" and more than 2 days old by at least 95% by September 7, 2006.

The open immediate needs complaints data are now available for Part D sponsors to view under the Contract Management section in HPMS. Baseline values are provided to assist Part D sponsors in identifying their goal for complaints reduction. Technical notes are also provided on HPMS which describe each of the measures.

At each of the dates specified above, CTM data will be analyzed to determine if plans are meeting their targets in the reduction of open immediate action complaints greater than two days old. By September 7, 2006, all plans must have reduced their greater than two day old immediate action complaints by 95% of their baseline established on July 13, 2006. This reduction includes all immediate action complaints, not just those reflected in

the July 13th baseline. Continued monitoring of these complaints will occur and plans that exceed this number may be subject to future corrective action.

Additionally, Part D sponsors were required to submit their Standard Operating Procedures (SOPs) to CMS for handling and quickly resolving immediate action cases, as well as, outline the steps they plan to take to have their members call them directly for the prompt resolution of all inquiries. If your organization has not already done so, the SOP should be submitted to <u>drugbenefitimpl@cms.hhs.gov</u> as soon as possible.

Part D sponsors that have not gained access to the CTM should immediately request access by sending an e-mail to CTM@cms.hhs.gov. Requests should come from your organization's Medicare Compliance Officer and include the information specified in the April 26, 2006 HPMS letter from Cynthia Tudor.

CMS believes that providing superior service is critical to the success of the Part D program. Excellent performance in responding to complaints and resolving issues helps to ensure a high level of beneficiary satisfaction. Again, thank you for your continued partnership in quality improvement through resolving Medicare Part D related complaints.