

COMPLAINTS TRACKING MODULE (CTM)

[HTTPS://HPMS.CMS.GOV/APP/LOGIN.ASPX](https://hpms.cms.gov/app/login.aspx)

TODAY'S TRAINING

- PART I - WHAT IS CTM?
- PART II - WHEN SHOULD WE USE CTM?
- PART III - WHAT INFORMATION DO WE NEED TO ENTER A COMPLAINT?
- PART IV - WHAT ARE THE NEXT STEPS AFTER A CASE IS ENTERED?

BACK TO THE (BASICS)...



- THE PURPOSE OF CTM IS TO SEND ISSUES **DIRECTLY** TO INSURANCE COMPANIES.
- **STRICTLY FOR COMPLAINTS RELATED TO MA, MA-PD, OR PDP (AND MEDICARE MEDICAID PLANS).**
- EFFICIENCY (SUPPOSED TO RESOLVE COMPLAINT WITHIN 30 DAYS)
- HELPS AVOID ENCRYPTION ISSUES BECAUSE THE INFORMATION IS IN ONE LOCATION.
- CMS CAN ALSO SEE THE CTM

The background of the slide is a light gray gradient, decorated with numerous realistic water droplets of various sizes. Some droplets are large and prominent, while others are small and subtle, scattered across the top and bottom edges of the frame.

PART II

TO ENTER OR NOT TO ENTER... THAT IS THE QUESTION



DO NOT ENTER

- CMS ISSUES
- CASES THAT CANNOT BE ASSOCIATED WITH A PARTICULAR PLAN
- POTENTIAL FRAUD, WASTE, AND ABUSE CASES
- MARKETING COMPLAINTS THAT DO REQUIRE ENROLLMENT CHANGES
- GOOD CAUSE DETERMINATION FOR FAILURE TO PAY PREMIUMS OR PART D IRMAA CASES
- COMPLAINTS NOT RELATED TO MA, MA-PD, PART D OR MMP PLANS

DO ENTER



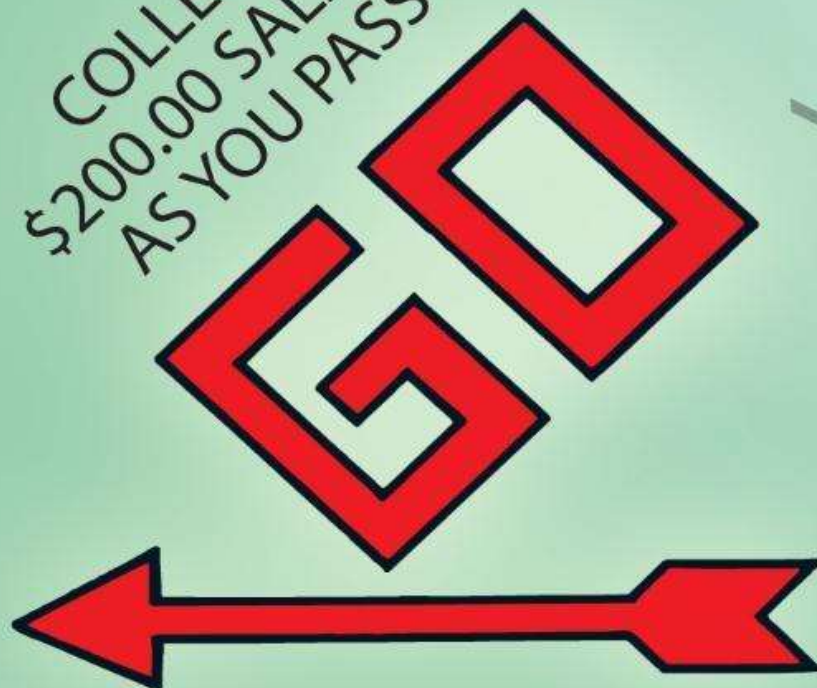
- MA AND PART D COMPLAINTS THAT YOU WOULD NORMALLY REFER TO 1-800-MEDICARE:
[HTTPS://WWW.MEDICARE.GOV/CLAIMS-AND-APPEALS/FILE-A-COMPLAINT/HEALTH-OR-DRUG-PLAN/COMPLAINTS-ABOUT-PLANS.HTML#COLLAPSE-2376](https://www.medicare.gov/claims-and-appeals/file-a-complaint/health-or-drug-plan/complaints-about-plans.html#collapse-2376)
- COMPLAINTS THAT CAN BE ATTRIBUTED TO AND SENT TO A PARTICULAR PLAN FOR RESOLUTION
 - BENEFITS/ACCESS
 - PAYMENT ISSUES
 - CLAIMS
 - PRICING
 - ANYTHING THE PLAN SHOULD BE HANDLING OR HAS DIRECT CONTROL OVER
- MARKETING COMPLAINTS THAT DO NOT SEEK ENROLLMENT CHANGES

The image features a light gray background with a subtle radial gradient. In the top-left and bottom-right corners, there are clusters of realistic water droplets of various sizes, rendered with soft shadows and highlights to give them a three-dimensional appearance. Centered in the lower half of the image is the word "EXAMPLES" in a large, bold, black serif font.

EXAMPLES



COLLECT
\$200.00 SALARY
AS YOU PASS




PART III

monopoly.com

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REQUIRED INFO

- MEMBER INFORMATION:
 - BDAY,
 - ADDRESS,
 - PLAN ID #
 - PLAN CONTRACT ID DATE OF INCIDENT
 - WHETHER CLIENT TRIED TO RESOLVE ISSUE WITH PLAN
 - THOROUGH DESCRIPTION OF COMPLAINT
 - ANY DOCUMENTATION RELATED TO THE CASE
 - WHETHER CLIENT WANTS TO BE CONTACTED OR PREFERS TO HAVE US AS CONTACT (IDEALLY, YOU SHOULD BE THE CONTACT)
- 



PART IV – NEXT STEPS


- MONITOR/TRACK THE CASE STATUS
 - BE THE CONTACT PERSON ON BEHALF OF THE CLIENT
 - SUCCESSFUL RESOLUTION
 - ISSUES NOT RESOLVED BY PLAN
- 

SUMMARY

| <u>What should/should not go in CTM</u> | |
|--|--|
| <u>Do</u> enter | <u>Do NOT</u> enter |
| | CMS Issues |
| MA and Part D complaints that you would normally refer to 1-800-Medicare | Potential fraud, waste, and abuse cases |
| Complaints that can be attributed and sent to a particular plan for resolution | Marketing complaints that require enrollment changes |
| Marketing complaints that do <i>not</i> seek enrollment changes | Cases that cannot be associated with a particular plan |
| | Good cause determination for failure to pay premiums or Part D IRMAA cases |
| | Complaints not related to MA, MMP, or Part D |



RECOMMENDATIONS

- CONTACT THE PLAN TO RESOLVE THE ISSUE FIRST
 - DO NOT ENTER CASES THAT REQUIRE A QUICKER RESOLUTION
 - LET YOUR CLIENTS KNOW TO EXPECT CALLS
 - COORDINATE W/ YOUR SUPERVISING ATTY IF YOU ARE NOT SURE WHETHER A CASE SHOULD BE ENTERED
 - COMPILE ALL REQUIRED INFORMATION
- 



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