

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

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



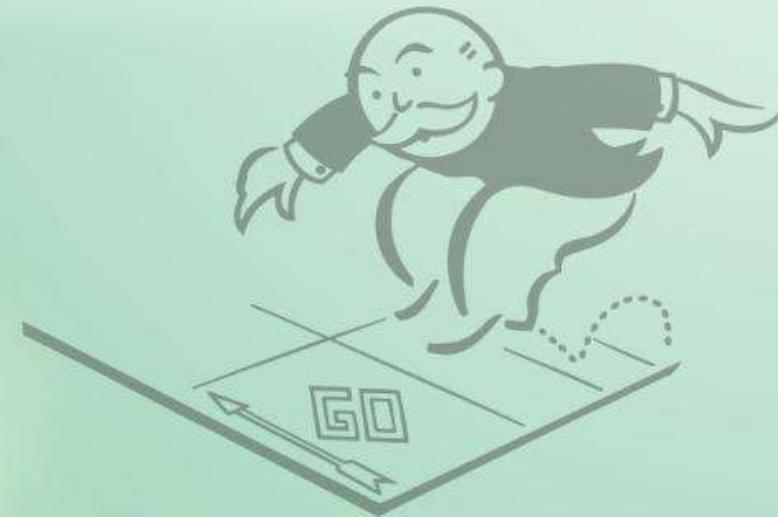
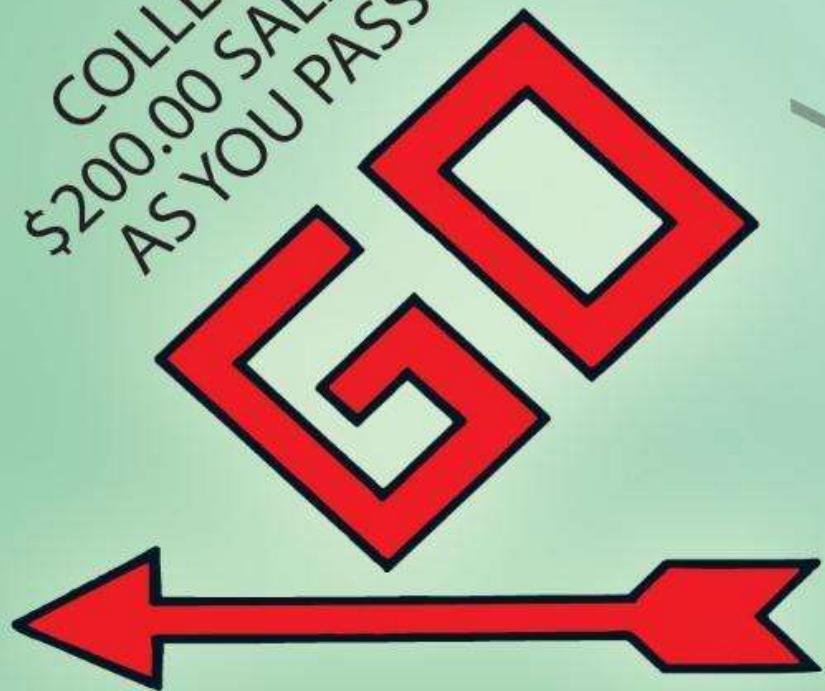
DO ENTER

- 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>
- 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

EXAMPLES



COLLECT
\$200.00 SALARY
AS YOU PASS



PART III

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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 PREFERENCES 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 enter</u>	<u>Do NOT enter</u>
	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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