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

CENTER FOR BENEFICIARY CHOICES

MEMORANDUM

DATE: **November 13, 2008**

Memorandum to: **All Part C Plans and D Plan Sponsors**

From: **Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group**

Subject: **Updated Complaint Tracking Module (CTM) Categories and Subcategories; Hints for Complaint Assignment**

The Centers for Medicare and Medicaid Services (CMS) is pleased to provide an updated list of Health Plan Management System (HPMS) Complaint Tracking Module (CTM) complaint categories and subcategories, as well as a high-level description of each of these categories. Please note that the descriptions provided are to be used for informational purposes only and are not to be assumed as the only definition of a particular complaint category or subcategory. These updates will be effective as of 10/31/08, and are contained respectively in attachments A and B of this memo. These documents will also be posted in HPMS on the CTM Main Page, under "Documentation".

Plans and Part D Sponsors are encouraged to assign complaints or request re-assignment of complaints, based on interpretation of these documents. It is imperative that all Part C Plans and D Sponsors understand that proper utilization of the CTM features is critical to ensuring these data are captured consistently and are as accurate as possible and are attributable to the appropriate contract.

As a reminder, CMS continues to encourage Plans to follow the CTM Standard Operating Procedures, as well as verify category and subcategory assignment of complaints, and communicate regularly with the assigned regional office staff to resolve complaints.

Thank you again for your contribution to making the Medicare programs a success. If you have any further questions or comments regarding these procedures or the CTM, please contact CMS via email at ctm@cms.hhs.gov.

Attachment A

CTM Categories and Subcategories
Effective 10/31/2008

Category	Subcategory	Comments
Access & Availability	Dental	Deleted – replaced by [A]
	Durable Medical Equipment (DME) supplier	Name change from "DME Supplier"
	Hospital	No change
	Mental health/substance abuse	Deleted – replaced by [A]
	Other Access and Availability [A]	No change
	Primary care physician	No change
	SNF/long term care facility	Deleted – replaced by [A]
	Specialist physician	No change
	Therapy provider	Deleted – replaced by [A]
	Vision	Deleted – replaced by [A]
Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information	Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information	No change
	Other Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information issue	No change
Benefits/Access	Access and availability	Deleted – replaced by [E]
	Authorization/Referral issues	Recategorized from Plan Administration
	Coordination of Benefits (COB)	No change
	Explanation of Benefits (EOB) is inaccurate	No change
	Other Benefits/Access issue	No change
	Part B vs. Part D coverage	No change
	Part D Card did not work at pharmacy	No change
	Pharmacy access and/or medication availability issue [E]	New
	Pharmacy does not offer generic alternatives	No change
	Pharmacy incorrectly listed	No change

Category	Subcategory	Comments
	in Part D tool	
	Pharmacy is located too far away	Deleted – replaced by [E]
	Sponsor/plan/provider discouraging Part D benefit usage (e.g., for certain drugs)	Deleted
	Transition coverage unavailable/inadequate	Replaces "Transition"
	TrOOP balance unavailable	Recategorized to Pricing/Co-Insurance
	4Rx/E1	No change
Confidentiality/Privacy	HIPAA Violation	No change
	Other Confidentiality/Privacy issues	No change
Contractor/Partner Performance	Medicare Integrity Contractor (MEDIC)	Name change
	Other Contractor/Partner Performance	No change
	Quality Improvement Organization (QIO)	No change
	Social Security Administration (SSA)	No change
	State Health Insurance Plans (SHIPs)	No change
	1-800-Medicare	No change
Customer Service	Beneficiary cannot get through to sponsor/plan's 1-800 number	Deleted – replaced by [F]
	Call Center/Plan Call Center	Deleted – replaced by [F]
	No denial notice/appeal rights given	Recategorized to Exceptions/Appeals
	Non-English/hearing impaired services inadequate	Deleted – replaced by [F]
	Other Customer Service issue	No change
	Pharmacy not providing timely customer service	Deleted – replaced by [C]
	Pharmacy staff are rude or give poor customer service	Deleted – replaced by [C]
	Plan customer service representative rude,	Deleted – replaced by [C]

Category	Subcategory	Comments
	couldn't answer question, or gave incorrect info	
	Plan does not have accessible toll-free number	Deleted - replaced by [F]
	Plan hasn't responded in a timely manner to complaint or appeal	Deleted – replaced by [B]
	Plan not providing accurate and/or timely plan benefit information	Deleted – replaced by [B]
	Plan not providing timely customer service [B]	No change
	Plan Website	Recategorized from Plan Administration
	Poor coordination between plan and provider	No change
	Problems with Plan's 1-800 number [F]	New
	Provider or office staff rude or gave poor customer service (Specify Provider Type)	Deleted – replaced by [C]
	Sponsor/plan/pharmacy staff rude or gave poor customer service [C]	Replaces "Sponsor/plan staff are rude…"
Enrollment/Disenrollment	Beneficiary has not received Part D card or enrollment materials [D]	No change
	Delay in receiving materials	Deleted – replaced by [D]
	Delayed Disenrollment processing [G]	No change
	Delayed Enrollment processing [I]	No change
	Difficulty switching between plans	No change
	Disenrollment delayed	Deleted – replaced by [G]
	Disenrollment inappropriate	Deleted – replaced by [K]
	Eligibility	Deleted – replaced by [L]
	Enrollment delayed	Deleted – replaced by [I]
	Enrollment denied inappropriately	Name change
	Enrollment Exceptions (EE)	Name change
	Enrollment inappropriate	Deleted – replaced by [J]
	Enrollment Reconciliation – Dissatisfied with Decision	No change – complaints categorized here are

Category	Subcategory	Comments
		considered CMS Issues and hidden from the plans
	Facilitated enrollment issues	No change
	Inappropriate Disenrollment [K]	No change
	Inappropriate Enrollment [J]	No change
	Inconsistent enrollment practices in same state	No change
	Involuntarily switched to a different plan	Deleted – replaced by [J]
	Low Income Subsidy (LIS)	No change
	Missing Medicaid/Medicare Eligibility in MBD [L]	Name change
	Other Enrollment/Disenrollment issue	No change
	Overcharged premium fees	Recategorized to Pricing/Co-Insurance
	Retroactive Disenrollment (RD)	Removed MA or PDP distinction
	Retroactive Enrollment (RE)	Removed MA or PDP distinction
	TRR/Batch File	Deleted
	Untimely processing of disenrollment requests	Deleted – replaced by [G]
	Untimely processing of enrollment requests	Deleted – replaced by [I]
Exceptions/Appeals	Complainant did not receive a timely response from the plan or the plan's response was unsatisfactory	No change
	No denial notice or appeal rights given [H]	Recategorized from Customer Service
	Other Exceptions/Appeals issue	No change
	Plan does not provide adequate exceptions/appeals process	No change
Formulary	Beneficiary complains that the plan formulary does not cover drugs that they need [P]	No change
	Drug Coverage	Deleted – replaced by [P]

Category	Subcategory	Comments
	Formulary is unsatisfactory in its coverage of medications	Deleted – replaced by [P]
	Medications that are listed as covered under their formulary are not covered	No change
	Other Formulary issue	No change
	Prior Authorizations (PA)	Recategorized to "Authorization/Referral issues" under Benefits/Access
	Step Therapy	No change
Grievances	Complainant did not receive a timely response from the plan or the plan's response was unsatisfactory	No change
	Other Grievances issue	No change
	Plan does not provide adequate grievance process	No change
Implementation	None	All old subcategories deleted
Marketing	Deceptive Part D drug benefit marketing practices	No change
	Delay receiving plan materials	Deleted – Replaced by [D] in Enrollment/Disenrollment
	Direct and broker sale practices	No change
	E-mail practices	Deleted – replaced by [Q]
	Enrollment Exception – Marketing Misrepresentation (No RO Action Needed)	Recategorized from Enrollment/Disenrollment
	Enrollment Exception – Marketing Misrepresentation (RO Action Needed)	Recategorized from Enrollment/Disenrollment – complaints categorized here are considered CMS Issues and hidden from the plans
	False advertisement of covered drugs/services [M]	No change
	False advertisement of drug prices	Deleted – replaced by [M]
	False advertisement of service area	Deleted – replaced by [M]
	False advertising	Deleted – replaced by [M]
	Illegal marketing practices	No change
	Other Marketing issues [Q]	No change
	Plan materials incorrect or	Replaces "Plan materials or

Category	Subcategory	Comments
	unapproved by CMS [N]	provider directory incorrect"
	Provider practices	Deleted – replaced by [Q]
	Telemarketing practices	Deleted – replaced by [Q]
	TV/Radio advertising	Deleted – replaced by [Q]
	Using unapproved marketing materials	Deleted – replaced by [N]
	Website content	Deleted – replaced by [Q]
	Written materials	Deleted – replaced by [Q]
Medication Therapy Management	Beneficiary disenrolled from Plan but is still receiving information/services related to Plan's MTMP	Deleted – replaced by [T]
	Beneficiary enrolled in Plan's MTM Program but was charged fees to participate	No change
	Beneficiary opted in for participation in MTMP but they have not received information/services	Deleted – replaced by [S]
	Beneficiary opted out from participating in MTMP but they are still receiving information/services	Deleted – replaced by [T]
	Beneficiary thinks they meet Plan's MTM eligibility criteria but Plan didn't allow enrollment	Deleted – replaced by [S]
	Beneficiary was disenrolled by Plan from MTMP before the end of the calendar year	Deleted – replaced by [S]
	Beneficiary's provider did not authorize release of Protected Health Information (PHI) to MTM provider	Deleted – replaced by [V]
	Inadequate information about the MTM Program [R]	New
	Issues with services or interventions provided through the MTM Program [U]	New
	MTM Program	New

Category	Subcategory	Comments
	disenrollment issues [T]	
	MTM Program eligibility issues	Replaces "Plan's MTM eligibility criteria are discriminatory or restrictive"
	MTM Program enrollment issues [S]	New
	Other MTM Program issue [V]	No change
	Plan did not provide any information about MTM (general, eligibility, enrollment, types of services)	Deleted – replaced by [R]
	Plan provided confusing information about MTM (general, eligibility, enrollment, types of services)	Deleted – replaced by [R]
	Plan's MTM intervention meeting times are not convenient	Deleted – replaced by [U]
	Plan's MTM interventions are invasive, complicated, or otherwise unsatisfactory	Deleted – replaced by [U]
Payment/Claims	Insufficient payment	No change
	Late payment	No change
	Other Payment/Claims issue	No change
	Payment denied	No change
Pharmacies	Contracting with Part D sponsors	No change
	Other Pharmacy issue	No change
	Pharmacies denied payment	No change
	Pharmacies not paid enough or incorrect amount	No change
	Pharmacies not paid in a timely manner	No change
	Pharmacies unable to access sponsor/plan information in a timely manner	No change
	Pharmacies will not charge secondary payer (Coordination of benefit)	Deleted
Plan Administration	Alleged fraud/abuse	Deleted

Category	Subcategory	Comments
	Authorization/referral issue	Recategorized to Benefits/Access
	Best Available Evidence (BAE) – Failure to Correct Low-Income Subsidy Status Level	No change
	Other Plan Administration issue	No change
	Plan terminating contract	No change
	Provider services not responsive	No change
	Unable to access eligibility and/or benefit info in a timely manner	Deleted
	Website/CMS Website (Plan Finder)	Deleted
	Website/Plan Website	Recategorized to Customer Service
Pricing/Co-Insurance	Beneficiary double billed (both premium withhold and direct pay)	New
	Beneficiary encountering Premium Withhold issue	Deleted – replaced by [O]
	Beneficiary has lost LIS Status/Eligibility or was denied LIS	Name change
	Best Available Evidence (BAE) – Failure to Correct Low-Income Subsidy Status Level	No change
	Enrollees charged improper co-insurance based on formulary tier	No change
	Late Enrollment Penalty (LEP) issue	New
	Other Co-Insurance issue	New
	Other Drug Related Pricing issue	New
	Other Premium Withhold issue [O]	New
	Other Pricing/Co-Insurance issue	Deleted – replaced by [O]
	Overcharged Premium Fees	Recategorized from Enrollment/Disenrollment
	Part B Premium Reduction	New

Category	Subcategory	Comments
	issue	
	Pharmacy charging more co-insurance than listed on the Part D Tool on their description of benefits, or TrOOP	No change
	Pharmacy charging more than lowest available price	No change
	Premium Reconciliation – Refund or Billing issue	No change
	Premium withhold amount not going to plan	New
	Subsidy-eligible enrollees charged improper co-insurance	No change
	True Out-of-Pocket (TrOOP) balance unavailable	Recategorized from Benefits/Access
Program Integrity Issues/Potential Fraud, Waste and Abuse	Program Integrity Issues/Potential Fraud	All old Program Integrity/Fraud subcategories combined here – complaints categorized here are considered CMS Issues and hidden from the plans
Quality of Care/Clinical Issues	Other Quality of Care/Clinical Issues	All old Quality of Care subcategories combined here

Attachment B

CTM Subcategory Usage Hints
10/31/2008

Category	Subcategory	Hints
Access & Availability	Durable Medical Equipment (DME) supplier	Beneficiary has a complaint concerning their DME supplier.
	Hospital	Beneficiary has a complaint concerning a hospital.
	Other Access and Availability	Any other Access and Availability complaint that does not fit into another subcategory.
	Primary care physician	Beneficiary has a complaint concerning their primary care physician.
	Specialist physician	Beneficiary has a complaint concerning a specialist physician.
Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information	Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information	Beneficiary needs assistance securing evidence of Medicaid coverage or Low Income Subsidy status.
	Other Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information issue	Other issues involved where beneficiary needs assistance securing evidence of Medicaid coverage or Low Income Subsidy status.
Benefits/Access	Authorization/Referral issues	Beneficiary has not received expected prior authorization for medications or services or cannot get a referral to another physician.
	Coordination of Benefits (COB)	Beneficiary has additional insurance, and the Coordination of Benefits is not being handled correctly.
	Explanation of Benefits (EOB) is inaccurate	Examples include: 1) Inaccurate TrOOP amount listed, 2) Incorrect list of drugs received that count towards TrOOP, 3) Drugs are being charged to the beneficiary that they never received, 4) Details services that the beneficiary did not receive or is inaccurate.
	Other Benefits/Access issue	Any other Benefits/Access complaint that does not fit into another

Category	Subcategory	Hints
		subcategory.
	Part B vs. Part D coverage	Issues related to whether a drug should be covered under Part B or Part D (i.e., self-administered drugs in an emergency facility).
	Part D Card did not work at pharmacy	Beneficiary goes to contracted pharmacy and is unable to get their medications because their card is refused or expired.
	Pharmacy access and/or medication availability issue	Examples include: 1) Pharmacy is located too far away, 2) Not enough network pharmacies, 3) The pharmacy that the complainant wants to use is non-contracted/the sponsor's contract with the pharmacy has terminated, 4) Pharmacy does not have the medication the beneficiary requires
	Pharmacy does not offer generic alternatives	When beneficiary is prescribed a brand name drug, the pharmacy does not offer to substitute a generic alternative for a lower price.
	Pharmacy incorrectly listed in Part D tool	Beneficiary not allowed to use Part D card at a pharmacy, even though that pharmacy appears in the Part D Tool as a contracted pharmacy with the Part D sponsor. Pharmacy believes they are incorrectly listed in the Part D tool (i.e., they do not believe they have a contract with a listed Part D sponsor). NOTE: CSRs should refer all pharmacy complaints directly to the appropriate CMS RO contact.
	Transition coverage unavailable/inadequate	Beneficiary's plan terminates or the beneficiary moves into a non-covered service area, and they are not allowed the time to find another plan without loss of coverage.
	4Rx/E1	Beneficiary cannot get prescription filled as Pharmacy has not received the 4Rx information from the plan.
Confidentiality/Privacy	HIPAA Violation	Beneficiary believes their personal information has been shared with others inappropriately.
	Other	Any other Confidentiality/Privacy

Category	Subcategory	Hints
	Confidentiality/Privacy issues	complaints, not covered by another subcategory.
Contractor/Partner Performance	Medicare Integrity Contractor (MEDIC)	Beneficiary dissatisfied with the timeliness or the way in which the MEDIC handled the complaint.
	Other Contractor/Partner Performance	Any other Contractor/Partner Performance complaints, not covered by another subcategory.
	Quality Improvement Organization (QIO)	Beneficiary dissatisfied with the timeliness or the way in which QIO handled the complaint.
	Social Security Administration (SSA)	Beneficiary dissatisfied with the timeliness or the way in which SSA handled the complaint.
	State Health Insurance Plans (SHIPs)	Beneficiary dissatisfied with the timeliness or the way in which the SHIP handled the complaint.
	1-800-Medicare	Beneficiary complains that the 1-800 CSR was not helpful or they could not get through to 1-800.
Customer Service	Other Customer Service issue	Any other Customer Service complaint that does not fit into another subcategory.
	Plan not providing timely customer service	It takes the sponsor longer than 60 seconds to answer the beneficiary's call or an inquiry has gone 5 days with no response from the sponsor.
	Plan Website	Plan's website is not accessible or provides incorrect information.
	Poor coordination between plan and provider	Plan and provider are not communicating well together.
	Problems with Plan’s 1-800 number	Beneficiary cannot get through to Plan's 1-800 number or the Plan does not offer multi-lingual services.
	Sponsor/plan/pharmacy staff rude or gave poor customer service	Sponsor/plan/pharmacy staff are rude or gave poor customer service.
Enrollment/Disenrollment	Beneficiary has not received Part D card or enrollment materials	Beneficiary has not received enrollment card or enrollment materials.
	Delayed Disenrollment processing	Beneficiary believes that their request to disenroll was not handled in a timely manner. Generally, a disenrollment should occur at the end of the month in which the sponsor

Category	Subcategory	Hints
		receives the request.
	Delayed Enrollment processing	More than 30 calendar days have elapsed since the beneficiary submitted a completed enrollment form and the beneficiary has not received information or a reply from the sponsor OR the beneficiary called the sponsor to inquire about their enrollment status and the sponsor told the beneficiary that CMS is holding up his/her enrollment.
	Difficulty switching between plans	Another subcategory can probably be chosen instead of this (i.e., Delayed Enrollment or Delayed Disenrollment). Beneficiary has no election and made a request to switch to a new plan, but it hasn't happened yet.
	Enrollment denied inappropriately	Beneficiary is advised that their enrollment has been denied (i.e., lack of eligibility) and is not in agreement with that finding.
	Enrollment Exceptions (EE)	Beneficiary seeks to enroll in a Plan outside the election period and is not currently enrolled in a Plan. An example might me a beneficiary who would like to change MA Plans on January 1st.
	Enrollment Reconciliation – Dissatisfied with Decision	Exclusively for beneficiaries dissatisfied with their plan assignment as a result of the 2006 enrollment reconciliation. Complaints categorized here are considered CMS Issues and hidden from the plans
	Facilitated enrollment issues	Beneficiary is facilitated-enrolled into a plan and wants to change to another plan or wants to opt out of future such actions.
	Inappropriate Disenrollment	Beneficiary believes that they were improperly disenrolled from a Plan or were disenrolled from a Plan without their consent.
	Inappropriate Enrollment	Beneficiary believes that they were improperly enrolled into a Plan or were enrolled into a Plan without their

Category	Subcategory	Hints
		consent.
	Inconsistent enrollment practices in same state	Sponsor treats two beneficiaries in the same state, who want to enroll in the same program, differently.
	Low Income Subsidy (LIS)	A LIS beneficiary was auto-enrolled into a Part D plan and wants to change to another plan. Those that were denied or lost LIS, should be categorized under Pricing/Co-Insurance, Beneficiary has lost LIS Status/Eligibility or was denied LIS.
	Missing Medicaid/Medicare Eligibility in MBD	Beneficiary's records do not show the proper eligibility information and their enrollment into a plan is being blocked.
	Other Enrollment/Disenrollment issue	Any other Enrollment/Disenrollment complaint that does not fit into another subcategory.
	Retroactive Disenrollment (RD)	Beneficiary is seeking a retroactive disenrollment from a plan.
	Retroactive Enrollment (RE)	Beneficiary is seeking a retroactive enrollment into a plan.
Exceptions/Appeals	Complainant did not receive a timely response from the plan or the plan's response was unsatisfactory	Complainant did not receive a timely response from the plan or the plan's response was unsatisfactory regarding an exception or appeal.
	No denial notice or appeal rights given	Beneficiary was not notified of the denial of a claim or their rights to appeal.
	Other Exceptions/Appeals issue	Any other complaints related to Exceptions/Appeals, not covered by another subcategory.
	Plan does not provide adequate exceptions/appeals process	Plan does not provide adequate exceptions/appeals process.
Formulary	Beneficiary complains that the plan formulary does not cover drugs that they need	Beneficiary's needed drugs are not covered by their plan's formulary.
	Medications that are listed as covered under their formulary are not covered	Beneficiary wants to fill a prescription for a drug that is on the plan's formulary, but the plan will not cover it.
	Other Formulary issue	Any other complaints related to Formulary, not covered by another

Category	Subcategory	Hints
		subcategory.
	Step Therapy	Beneficiary is complaining about their Step Therapy program.
Grievances	Complainant did not receive a timely response from the plan or the plan's response was unsatisfactory	Complainant did not receive a timely response from the plan or the plan's response was unsatisfactory regarding a grievance.
	Other Grievances issue	Any other complaints related to Grievances, not covered by another subcategory.
	Plan does not provide adequate grievance process	Plan does not provide grievance process
Marketing	Deceptive Part D drug benefit marketing practices	Medicare-approved Part D sponsor soliciting through door-to-door marketing, telemarketing, or unsolicited e-mail.
	Direct and broker sale practices	
	Enrollment Exception – Marketing Misrepresentation (No RO Action Needed)	Beneficiary requests a change in enrollment because they were allegedly misled or received incorrect information when joining the plan (no retroactive action required).
	Enrollment Exception – Marketing Misrepresentation (RO Action Needed)	Beneficiary requests a change in enrollment because they were allegedly misled or received incorrect information when joining the plan (retroactive action required). Complaints categorized here are considered CMS Issues and hidden from the plans
	False advertisement of covered drugs/services	Sponsor advertises drugs/services that the beneficiary does not receive. For example, sponsor advertises they offer vision care, but when the beneficiary tries to obtain this service, the sponsor does not provide the service or the sponsor advertises assistance to determine which medicine is the least expensive, but when the beneficiary tries to get this information, the sponsor does not provide the service.
	Illegal marketing practices	Medicare-approved sponsor soliciting

Category	Subcategory	Hints
		through door-to-door marketing, telemarketing, or unsolicited e-mail.
	Other Marketing issues	Any other Marketing complaint that does not fit into another subcategory.
	Plan materials incorrect or unapproved by CMS	Plan marketing materials contain incorrect information or were not approved by CMS.
Medication Therapy Management	Beneficiary enrolled in Plan's MTM Program but was charged fees to participate	Beneficiary enrolled in Plan's MTM Program but was charged fees to participate.
	Inadequate information about the MTM Program	Beneficiary received insufficient information about the MTM Program.
	Issues with services or interventions provided through the MTM Program	Issues with services or interventions provided through MTM Program.
	MTM Program disenrollment issues	MTM Program disenrollment issues.
	MTM Program eligibility issues	MTM Program eligibility issues.
	MTM Program enrollment issues	MTM Program enrollment issues.
	Other MTM Program issue	Any other MTM Program issue, not covered by another subcategory.
Payment/Claims	Insufficient payment	Beneficiary believes not enough was paid on their claim.
	Late payment	Beneficiary claims payment was made late.
	Other Payment/Claims issue	Any other Payments/Claim issue, not covered by another subcategory.
	Payment denied	Beneficiary does not understand why payment of a particular claim was denied.
Pharmacies	Contracting with Part D sponsors	Pharmacy did not contract with the plan in a timely manner.
	Other Pharmacy issue	Any other Pharmacy issue, not covered by another subcategory.
	Pharmacies denied payment	Plan had denied the pharmacy payment.
	Pharmacies not paid enough or incorrect amount	Plan has not paid the pharmacy correctly.
	Pharmacies not paid in a timely manner	Pharmacies not paid in a timely manner.
	Pharmacies unable to access sponsor/plan	Pharmacies unable to access sponsor/plan information in a timely

Category	Subcategory	Hints
	information in a timely manner	manner.
Plan Administration	Best Available Evidence (BAE) – Failure to Correct Low-Income Subsidy Status Level	Plan fails to have a BAE process in place or will not honor acceptable creditable coverage evidence supplied.
	Other Plan Administration issue	Any other Plan Administration complaint that does not fit into another subcategory.
	Plan terminating contract	Plan is terminating contract and not handling the beneficiary's needs adequately.
	Provider services not responsive	Provider services not responsive.
Pricing/Co-Insurance	Beneficiary double billed (both premium withhold and direct pay)	Beneficiary believes that their plan is billing them for premiums while SSA withholding continues.
	Beneficiary has lost LIS Status/Eligibility or was denied LIS	Beneficiary has lost either their LIS deemed status or LIS eligibility and cannot obtain medication. These individuals may have already re-applied for LIS and may be waiting to hear back on their application status. This is different than the "Subsidy-eligible enrollees charged improper co-insurance" subcategory which should be used for those who have LIS, but are being charged the wrong co-pay or premium amount.
	Best Available Evidence (BAE) – Failure to Correct Low-Income Subsidy Status Level	DO NOT choose this category under Pricing/Co-Insurance - choose the same category under Plan Administration.
	Enrollees charged improper co-insurance based on formulary tier	Enrollees charged improper co-insurance based on formulary tier.
	Late Enrollment Penalty (LEP) issue	Beneficiary has received a favorable appeal, but the beneficiary has not received a refund.
	Other Co-Insurance issue	Any other Co-Insurance complaint that does not fit into another subcategory.
	Other Drug Related Pricing issue	Any other Drug-Related Pricing complaint that does not fit into another subcategory.
	Other Premium Withhold	If the complaint does not fit into

Category	Subcategory	Hints
	issue	another specific category, use this for SSA withholding incorrect amount, not withholding as requested, or SSA withholding continues when the beneficiary has changed to direct pay.
	Overcharged Premium Fees	Sponsor charges the beneficiary more than the premium fee listed in the Plan Finder Tool.
	Part B Premium Reduction issue	Beneficiary should receive a Part B reduction, but this has not happened.
	Pharmacy charging more co-insurance than listed on the Part D Tool on their description of benefits, or TrOOP	Pharmacy charging more co-insurance than listed on the Part D Tool on their description of benefits, or TrOOP.
	Pharmacy charging more than lowest available price	Beneficiary was charged the higher, rather than the lower, of the following: negotiated price vs. usual and customary price.
	Premium Reconciliation – Refund or Billing issue	2006 Premium Reconciliation is complete, but this category may be used for those who are awaiting a refund from SSA or their plan, or those who are complaining about an incorrect bill received from their plan.
	Premium withhold amount not going to plan	Premiums are being withheld by SSA, but the plan informs the beneficiary that they have not received payment.
	Subsidy-eligible enrollees charged improper co-insurance	Subsidy-eligible enrollees charged improper co-insurance
	True Out-of-Pocket (TrOOP) balance unavailable	Beneficiary tries to determine their TrOOP balance and the Part D sponsor or pharmacy cannot provide the information.
Program Integrity Issues/Potential Fraud, Waste and Abuse	Program Integrity Issues/Potential Fraud	Any complaint alleging Fraud, Waste, or Abuse. Complaints categorized here are considered CMS Issues and hidden from the plans
Quality of Care/Clinical Issues	Other Quality of Care/Clinical Issues	Any complaints related to Quality of Care/Clinical issues.