

Customer Service & Grievance Process



Michael Adelberg

Associate Regional Administrator

Chicago Regional Office

Centers for Medicare and Medicaid Services

*Pre-Application Conference for the Medicare Prescription Drug Discount Card
and Transitional Assistance Program – December 18 & 19, 2003*

CMS Customer Service

CMS will provide Medicare beneficiaries information about the discount card program, in the following ways:

- Dedicated Rx Drug Card Guide & Brochure
- Price Comparison Website on www.medicare.gov
- 2005 Medicare & You Handbook
- National multi-media campaign
- 1-800-MEDICARE
- SHIPs and community organizations

Why is CMS interested in Beneficiary Complaints?

1. Protect the integrity of the Medicare name
2. Quality Assurance
3. Valuable data for the future

Central CMS Complaints Message to Beneficiaries:

- Take your concerns to your card sponsors first
- If your grievance persists, call 1-800-Medicare

Complaints Process: Incoming

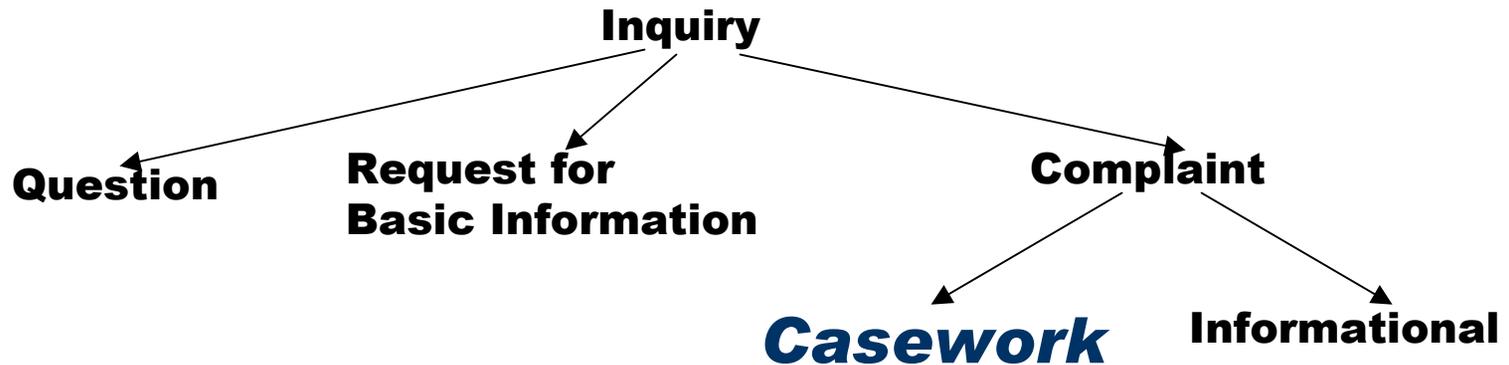
Complaints will be received through several channels:

- 1-800-MEDICARE
- Written correspondence
- Regional Offices & SHIPs
- Other sources

Complaints will be logged into a complaints tracking system, triaged, and classified as “serious” or “non-serious.”

Casework

Casework – Subset of inquiries that need further review/follow up



Inquiry – A question, request for information, or grievance (request for investigation/ resolution of a concern)

Complaint – A grievance expressing dissatisfaction with program or service(s)

- Serious
- Non-serious

Complaints categories

There are two categories of complaints:

■ **Serious Complaint:** An individual complaint that requires “casework” based on the potential severity of a complaint

■ (e.g. “*The sponsor does not keep my medical information confidential*”)

■ **Non-Serious Complaint:** A complaint that, by itself, does not need further review/follow-up. Pre-determined thresholds of these complaints *may* result in an investigation

■ (e.g. “*It takes a long time to get through to my card sponsor*”)

Caseworkers

Caseworkers will be:

- CMS trained staff
- Impartial, fact-gatherers
- Assigned to specific sponsors
- Required to follow strict timeframes for investigating and closing a case

Card sponsor, per solicitation, will identify a senior level person to be liaison with assigned CMS caseworker

Casework, continued

Complaints will be either declared validated or non-verifiable.

■ **If validated, then:**

- Contact sponsor to resolve complaint
- Notify beneficiary that complaint is resolved

■ **If non-verifiable, then:**

- Close-out in system
- Notify beneficiary