

70.2 – Timeframes for Complaints Processing

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All Part D sponsors are accountable for the prompt resolution of CMS recorded complaints in the CTM. As a result, Part D sponsors will resolve any complaints designated as “immediate need” (see section 10.2 Definition of Terms) within 2 calendar days of receipt into CTM. *Complaints categorized as “urgent need” should be resolved within 7 calendar days of receipt; and complaints without an immediate or urgent designation should be resolved within 30 days of receipt.*¹²

Part D sponsors are required to have at least 95% of cases designated as “immediate need” resolved within 2 calendar days of receipt. For a given month, CMS will calculate the proportion of “immediate need” complaints that remain unresolved at the end of each month. The analysis will exclude those complaints that can be identified as not attributable to the sponsor, such as SSA premium withhold, retroactive disenrollment, enrollment exception, and facilitated enrollment complaints.

Should a Part D sponsor not meet the 95% *of cases designated as “immediate need” resolved within 2 calendar days of receipt* threshold, CMS will consider those organizations out of compliance with one or more Part D requirements, including but not limited to requirements related to enrollment; coverage determinations, appeals, and formulary exceptions; and claims processing. In that instance, CMS may conduct a targeted audit of the Part D sponsor. Where audit findings indicate that the sponsor is not meeting Part D requirements, CMS may demand the sponsor develop and complete a formal corrective action plan to rectify the deficiencies indicated by the audit. If there is significant non-compliance, CMS may impose intermediate sanctions (i.e., suspend marketing and enrollment activities or withhold CMS payments). If the non-compliance presents potential harm to beneficiaries, CMS may also pursue civil monetary penalties against the organization.

¹ *CMS reserves the right to classify any complaint as “Immediate Need” or “Urgent” if it doesn’t meet the standard guidelines for these types of complaints (such as access to care or lack of medications) should the complaint be egregious in nature. An egregious complaint would mean that there is potential for harm or hardship to the beneficiary.*

² *The resolution time period begins on the initial assignment/reassignment date into CTM. Friday complaints are loaded into CTM on Saturday; weekend complaints are loaded into CTM on Monday.*