



Information Partners Can Use on:

Handling Medicare Part D Prescription Drug Plan Complaints

Medicare Prescription Drug Coverage

As of June 2007

Medicare Part D Prescription Drug Plan complaints (i.e., grievances) should be directed to the affected member's Medicare drug plan. If you (i.e., a SHIP counselor or other advocate) are making a complaint on behalf of a beneficiary, first ask the beneficiary if he or she has already contacted the plan or 1-800-MEDICARE. If he or she has, the complaint is being tracked and is under review.

Note: You will not be contacted by the plan or CMS if you are making a complaint on behalf of a beneficiary unless you are the authorized representative. Only the beneficiary or his or her authorized representative will receive information on the complaint.

CMS recommends the following process if the beneficiary has not yet made a complaint, or if he or she has made a complaint and a reasonable amount of time has passed without resolution, or if the beneficiary has a dire or urgent need:

1. Contact the Medicare drug plan directly with the complaint. All specific plan complaints must be referred to the Medicare drug plan. Making initial contact through the 1-800-MEDICARE helpline or by direct contact with CMS does not expedite the complaint. The fastest way to get an issue resolved is to contact the plan.
2. The plan enters the complaint in its tracking system. Complaints are resolved as quickly as the beneficiary's health condition requires, but no later than 30 days after receiving the complaint unless extended by the plan for an additional 14 days. If the complaint relates to a refusal by the plan to grant a beneficiary's request for an expedited coverage determination or expedited redetermination and the beneficiary has not yet purchased or received the drug, the plan must respond to the complaint within 24 hours. The Medicare drug plan should be able to let you know when the beneficiary or his or her authorized representative can expect a response.
3. If follow-up is necessary, it should be conducted with the Medicare drug plan.
4. If the complaint is not resolved in a timely manner, contact 1-800-MEDICARE. The complaint will be logged in by 1-800-MEDICARE and transmitted by a development contractor the next day for upload into CMS's Complaint Tracking Module (CTM).
5. The plan will receive the complaint from CMS through CTM with specific guidelines (including timeframes) for closing the complaint.



6. If the complaint is not resolved after completing steps 1–5, follow-up with your CMS Regional Office (RO) via e-mail to the RO’s Part D mailbox (see below for the RO e-mail addresses). Do not follow-up with 1-800-MEDICARE because the CSRs do not have access to the CTM and cannot provide status or resolution. If you follow-up with 1-800-MEDICARE, there will be a duplicate entry in CTM.

CMS Regional Office Part D Mailboxes

Region	E-mail Address for Part D Complaints
1 – Boston Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont	PartDComplaints_RO1@cms.hhs.gov
2 - New York New Jersey, New York, Puerto Rico, Virgin Islands	PartDComplaints_RO2@cms.hhs.gov
3 – Philadelphia Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	PartDComplaints_RO3@cms.hhs.gov
4 – Atlanta Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	PartDComplaints_RO4@cms.hhs.gov
5 – Chicago Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	PartDComplaints_RO5@cms.hhs.gov
6 – Dallas Arkansas, Louisiana, New Mexico, Oklahoma, Texas	PartDComplaints_RO6@cms.hhs.gov
7 – Kansas City Iowa, Kansas, Missouri, Nebraska	PartDComplaints_RO7@cms.hhs.gov
8 – Denver Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	PartDComplaints_RO8@cms.hhs.gov
9 - San Francisco American Samoa, Arizona, California, Commonwealth of the Northern Mariana Islands, Guam, Hawaii, Nevada	PartDComplaints_RO9@cms.hhs.gov
10 – Seattle Alaska, Idaho, Oregon, Washington	PartDComplaints_RO10@cms.hhs.gov