

## COMPLAINTS / CASEWORK PROCESS

To help organize and provide timely aid to Medicare beneficiaries and the SHIP programs assisting them, the following process is provided by the CMS (Centers for Medicare & Medicaid Services) Regional Office. We have been asked to follow this protocol. To resolve beneficiary complaint and casework issues, please follow each step in succession.  
 \* \* \* PLEASE READ CAREFULLY.

### Part A/B Complaints

**STEP 1:** Call **1-800- MEDICARE** (1-800-633-4227) Client may call Medicare.

**STEP 2:** CMS Regional Office [PartABinquiriesRO4@cms.hhs.gov](mailto:PartABinquiriesRO4@cms.hhs.gov)

Casework Issues: SHIP counselors may submit their inquiries concerning a claim, coverage, coordination of benefit (COB), premium, enrollment, or eligibility issues to:

EMAIL	FAXING	MAILING
Please include the following: * Include your <b>contact information</b> for the Specialist to provide you with a resolution * <b>Name of Beneficiary</b> * <b>Last four digits</b> of Medicare number (w/letter) * <b>Beneficiary phone numbers</b> * A <b>brief description</b> of the complaint	If the Specialist contacts you for more information, you may fax it to:  <b>SHIP Inquiries - Part A/B Casework</b> <b>Fax #: 404-562-7350</b> <b>(Atlanta)</b>	Attn: Jimmy Brown, Chief Medicare Fee for Service Operations 61 Forsyth Street, Ste. 4T20 Atlanta, GA 30303

### Status Request

- If case is **over 30 days old** and/or
- The situation is now an “**urgent or dire need**”
- Counselors may **resend their original email** to the CMS address above and insert “**RESEND**” in the subject line for a status request
- Include your contact information

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**NON-CASEWORK ISSUES** - For other Part A & B non-casework issues you may call **404-562-7347**  
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**SOCIAL SECURITY ADMINISTRATION** – For Part A & B issues that should be routed to SSA see the attached page.

## Part C/D Complaints

### STEP 1: Contact the Plan

If the plan is unable to resolve the issue or does not resolve the issue satisfactorily, go to **Step 2**.

#### **BYPASS CRITERIA**

In some cases it is appropriate to go to **Step 2** or **Step 3** and **bypass the plan**. You should bypass the plan for the following issues:

- **Marketing Misrepresentation** – These are cases where the beneficiary has been misled into joining an MA plan. Please be prepared to give specific information regarding the agent, as well as what was said to the beneficiary.
- **Premium Withhold** – Cases when the beneficiary is having premiums deducted by the Social Security Administration. (If the beneficiary is paying premiums directly to the plan, your inquiry should go to the plan first.)
- **Potential Fraud Cases**

**STEP 2:** Call **1-800-MEDICARE** (1-800-633-4227) Client may call Medicare.

**STEP 3:** **CMS Regional Office** [PartDComplaints\\_RO4@cms.hhs.gov](mailto:PartDComplaints_RO4@cms.hhs.gov) or by calling **404-562-7500**

(By using either the email address or by calling – the Regional Office Staff will enter the complaint into the Complaint Tracking Module [CTM] for the plan and/or staff to work.)

EMAIL	FAXING
<ul style="list-style-type: none"><li>* Include your <b>contact information</b> for the Medicare Specialist/Plan to provide you with a resolution</li><li>* <b>Name of Beneficiary</b></li><li>* <b>Last four digits</b> of Medicare # (w/letter)</li><li>* <b>Beneficiary phone numbers</b></li><li>* A <b>brief description</b> of the complaint</li></ul>	<p>If the Specialist contacts you for more information, you may fax it to:</p> <p><b>SHIP Inquiries - Part C/D Casework</b> <b>Fax #: 404-562-7386 (Atlanta)</b></p>

### **Status Request**

- If case is **over 30 days old** and/or situation has changed to an **“urgent / immediate need - life threatening”**
  - Urgent – 3-14 days of medication left OR denied access to health care
  - Immediate need/life threatening – 0-2 days of medication left
- If case is **less than 30 days** and is an **“urgent / immediate need - life threatening”**
- Case has already been entered in CMS Complaint Tracking System (CTM)
- Contact Patty Shaffer [shafferp@elderaffairs.org](mailto:shafferp@elderaffairs.org)

## **PART A/B ISSUES THAT SHOULD BE ROUTED TO SSA FOR PROCESSING / RESOLUTION**

### **ELIGIBILITY**

- Part A or B eligibility determination
- Changing Part A or B eligibility date

### **REINSTATEMENT**

- Part A or B reinstatement consideration i.e., a beneficiary's Medicare Part A or B is terminated due to non-payment of premium or beneficiary withdrawn from the program)
- Requests about enrolling into Medicare including reinstatement requests, explanation of loss of coverage, disputed Medicare effective dates.

### **SPECIAL ENROLLMENT PERIOD**

- Part B Special Enrollment Period (SEP) consideration

### **REFUNDS**

- Determination of Part B refund
- Refund Part B premium that was paid in excess

### **PENALTY**

- Part B penalty (imposed or removed)

### **PREMIUMS**

- Premium increase due to income (for an explanation why premium increased or to appeal the increase)
- Requests for correction to Medicare Part B premium including explanation of amount charged and any refund requests. This applies to premiums that are coming out of the beneficiary's social security check.

### **ANNOTATIONS**

- Annotation of Civil Service Annuity (CSA) information on record
- Annotation of State Buy-in information on record

### **CHANGE OF ADDRESS**

- Change of address or bank information

### **REPLACE CARD**

- Requests to replace a Medicare card

### **REQUESTS**

- Request to correct date of birth or date of death. If there is a problem with the Common Working File (CWF) and the Master Beneficiary Record (MBR), SSA will contact CMS directly. Initial requests and documentation should be sent to SSA.
- Requests to terminate Medicare coverage
- Requests for income verification letters
- Requests for explanation about any changes to a Medicare number