



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #06-60-OPE

### Medicare Part D Problem Resolution Contacts

<p><b>Date:</b> April 17, 2006</p>	<p><b>Subtopic(s):</b> Medicaid</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Procedure #1 (emailing complaints)</p>	<p>The purpose of this policy bulletin is to provide Medicare Part D Liaisons at the Job Centers the procedures for reporting problems to the Centers for Medicare and Medicaid Services (CMS) regarding participant access to the Medicare Part D benefit.</p> <p>Since the change in pharmacy benefits from Medicaid to Medicare on January 1, 2006, some participants have experienced various problems when attempting to obtain prescription drugs, which include:</p> <ul style="list-style-type: none"> <li>• Patients going without necessary medications</li> <li>• Enrollment issues,</li> <li>• Incorrect co-payments or deductibles,</li> <li>• Plans requiring prior authorization of transition supplies,</li> <li>• Inability to access prescription drug plans via telephone,</li> <li>• Problems with the E1 query system including incorrect (outdated) information being returned to pharmacies, and</li> <li>• No plan information on record.</li> </ul> <p>Once the Medicare Part D Liaison has interviewed the participant to determine that the problem involves the Medicare Part D Drug Program and that it falls into one of the above six categories, s/he must contact CMS by using one of the following four procedures:</p> <ul style="list-style-type: none"> <li>• Send problems and/or complaints to the New York CMS Regional Office at the following e-mail address: PartDComplaints_RO2@cms.hhs.gov. Patient specific information should not be included in an e-mail.</li> </ul>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center*

Procedure #2  
(phoning complaints)

Complaints can also be made to CMS at the following numbers:

- 1-866-835-7595 (for pharmacies only; now available 24/7)
- Call the CMS Regional Office at 212-616-2222

Procedure #3  
(Confidential)

When the participant information being sent to CMS is confidential:

- Call CMS at 212 616-2222 and follow-up by faxing the Regional 2 PDP Complaint Referral (**Attachment A**) to the secure fax line (212-264-1022) at the CMS Regional Office.
  - **Attachment A** is a complaint form developed by CMS that is used to record complaints and should be sent to the fax number listed above. Please provide as much detailed information as possible when submitting the comments/complaints to CMS including the participant's name, Health Insurance Claim (HIC) number, and date of birth. If the participant is in need of immediate medication, please indicate this on the complaint form.
- Call Reginald Slaten at 212 616-2358 or e-mail him at [Reginald.Slaten@cms.hhs.gov](mailto:Reginald.Slaten@cms.hhs.gov) for complaints specific to the Medicare Advantage Prescription Drug Plans.

Procedure #4  
(Medicare Advantage  
Prescription Drug Plans)

**Reference:**

GIS 06 MA/008

**Attachment:**

**Attachment A** Region 2 PDP Complaint Referral

# Region 2 PDP Complaint Referral

## Secure Fax line (212) 264-1022

Plan Name: \_\_\_\_\_

Date of Complaint \_\_\_\_\_

State \_\_\_\_\_

Is the beneficiary completely out of medication and unable to get it? \_\_\_\_\_  
\_\_\_\_\_

Caller Name (who initiated complaint) \_\_\_\_\_

Participant Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Health Insurance Claim # \_\_\_\_\_

Low Income Subsidy Eligible \_\_\_\_\_

Call Back # \_\_\_\_\_

Preferred Call Back Time \_\_\_\_\_

Language \_\_\_\_\_

Drug(s) information (type): \_\_\_\_\_

Reason card didn't work at pharmacy \_\_\_\_\_  
\_\_\_\_\_

Complaint Summary \_\_\_\_\_  
\_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Street Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pharmacy City \_\_\_\_\_

Pharmacy State \_\_\_\_\_

Pharmacy Zip \_\_\_\_\_

Pharmacy Phone \_\_\_\_\_

Plan Contract \_\_\_\_\_

Plan Member \_\_\_\_\_

Primary Benefit Plan Number \_\_\_\_\_

Prescription Discount Drug Card? \_\_\_\_\_