



Office for
the Aging

Case Resolution and Complaints Tracking Module

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Learning Objectives

- Understand the steps involved in the case resolution process.
- Understand your role and the role of others in the case resolution process.
- Learn how to identify when a case requires escalation.
- Understand how to file a complaint in the Complaints Tracking Module (CTM) and the Centers for Medicare and Medicaid Services (CMS). What information is required? Who makes the decision?
- Study various case examples and scenarios that you may come across in the Health Insurance Information, Counseling, and Assistance Program (HIICAP).

HIICAP Mission and Vision

Mission	Vision
<ul style="list-style-type: none">• To empower, educate, and assist Medicare-eligible individuals through objective outreach, counseling, and training.	<ul style="list-style-type: none">• To be the trusted community resource for Medicare information.



HIICAP Roles

- Beneficiary – an individual seeking assistance with a Medicare related issue through HIICAP.
- Volunteer Counselor – provide bias-free Medicare counseling to beneficiaries. They often uncover additional issues when conducting routine counseling and bring them to the HIICAP Coordinator.
- HIICAP Coordinator – local program leads who oversee all aspects of HIICAP at the county level. Coordinators are a liaison with NYSOFA HIICAP staff to effectively resolve cases.
- NYSOFA HIICAP – staff in NYSOFA’s HIICAP unit who are available to assist local HIICAP Coordinators with cases. NYSOFA HIICAP staff have the ability to file complaints with Medicare and CMS when necessary.

Case Resolution Steps

1. Identify the issue and gather information.
2. Contact the beneficiary's health plan to see if there is anything they can do. This should always be done prior to filing a complaint in the CTM.
3. Call the CMS Medicare SHIP Line with your SHIP Unique ID.
4. Complete the complex case assistance form and fax it to NYSOFA HIICAP.

Step 1: Identify the Issue and Gather Information

- Who is the beneficiary?
- What health insurance coverage do they have and how long have they had it?
- Other important information including the beneficiary's:
 - Full (legal) name
 - Medicare ID#
 - Date of birth
 - Home and mailing address
 - Phone number
- Gather as much information from the beneficiary as possible.



Step 2: Contact the Plan

- Contact the plan first to try to resolve the issue. Have the beneficiary with you or dialed into the call. They may need to provide consent for you to speak on their behalf.
 - You may be asked for your SHIP Unique ID.
- Explain the issue and ask the plan for assistance in resolving it. If the plan is unable to resolve it, let them know you will be filing a complaint.
 - If the plan has their own complaint process, you may file a complaint with them. Ask for the complaint # for any follow-up needed.
 - Complete a complex case assistance form and fax it to NYSOFA. NYSOFA HIICAP can file a complaint in the CTM if deemed appropriate.
- Document your conversation with the plan, including the representative's name, phone number, and ID#.

Step 3: Call the CMS Medicare SHIP Line


- Call CMS' dedicated Medicare SHIP line: 1-888-647-6701
- You must have a SHIP Unique ID to assist a beneficiary using the Medicare SHIP line. You may request a SHIP Unique ID through NYSOFA HIICAP, but they are issued by CMS.
- The SHIP Unique ID allows you to speak with Medicare SHIP representatives on a beneficiary's behalf, without the beneficiary present. You must obtain written or verbal consent from the beneficiary, or their representative, before speaking on their behalf.
 - Check on the status of the beneficiary's enrollment.
 - Assist the beneficiary with researching denied claims or claim errors.
 - Research information on a Medicare Summary Notice or Explanation of Benefits.
 - Check on premiums for Medicare Parts C and D plans.
 - Report a compromised Medicare number.
- This is not an exhaustive list. There may be other times when you will use your SHIP Unique ID.




Step 4: Complex Case Assistance Form

- The complex case assistance form is completed by the HIICAP Coordinator and faxed to NYSOFA HIICAP.
- The form provides an overview of the case and information that NYSOFA HIICAP will need to investigate and determine whether a complaint should be filed in the CTM.
- NYSOFA HIICAP may contact the beneficiary, the health plan, Social Security Administration, and/or Medicare as part of the investigation.
- NYSOFA HIICAP will notify the HIICAP Coordinator if a complaint is filed on behalf of the beneficiary.

Step 4: Complex Case Assistance Form


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 Health Insurance
 Information, Counseling
 and Assistance Program


SHIP
 State Health Insurance
 Assistance Program

Complex Case Assistance Form

Date Prepared: _____

AAA Contact Information:

Name of County:	
Name of Counselor:	
Phone Number:	
Email:	

Beneficiary Information:

Name:	
Medicare Number:	
Date of Birth:	
Home Address:	
Phone Number:	

Beneficiary's Current Coverage:

Check one	Type of Coverage	Plan Contract # (if applicable)
<input type="checkbox"/>	Medicare Advantage Prescription Drug Plan (MAPD)	
<input type="checkbox"/>	Prescription Drug Plan (PDP)	
<input type="checkbox"/>	Medicare Parts A & B (specify if only A or B)	
<input type="checkbox"/>	Retiree Coverage	N/A

Complaint Background:

Expected Outcome: (if seeking enrollment into new plan or retro, please list plan name & number)

Fax Completed form to NYSOFA HIICAP (518)-486-2225

- Complaints filed in the CTM are overseen and assigned by CMS. When a complaint is filed, the plan must investigate and report the resolution back to CMS.
- Complaints are typically handled within 7 days.
- Complaints filed against the plan may affect the plan's star ratings.

Case Example #1

- Martha is 68 years old and retired. She is enrolled in:
 - Medicare Parts A and B
 - WellCare's Medicare Advantage Plan
- She learned that her primary care doctor will no longer be in WellCare's network in 2025.
- The local HIICAP Coordinator helped Martha enroll in MVP's Medicare Advantage Plan during the fall annual enrollment period.
- Martha realized she never received ID cards for her new plan and is worried that she doesn't have insurance to for an upcoming appointment. She calls the local HIICAP in a panic.



What steps would you take to help Martha?

Case Example #1: Resolution

- The HIICAP Coordinator gathered important information including Martha's full (legal) name, Medicare ID#, date of birth, home address, mailing address, phone number etc.
- The HIICAP Coordinator called MVP with Martha on the line. When asked by the representative, Martha provided consent for the Coordinator to speak on her behalf.
- The HIICAP Coordinator provided the representative with Martha's Medicare ID # and explained that Martha never received ID cards and is worried that she doesn't have insurance to cover an upcoming appointment.
- The representative confirmed that Martha was enrolled in MVP's Medicare Advantage Plan and reassured her that she would put the new ID cards in the mail that day.



Case Example #2

- John is enrolled in Aetna's Premier PPO plan.
- At a recent visit, his primary care doctor who told him his coverage through Aetna was no longer active.
- John called Aetna and was told that his coverage ended because he no longer had Medicare Part B coverage.
- John doesn't know how this is possible because he always pays his monthly premium on the medicare.gov website.
- John's ssa.gov account even shows his Part B is active.
- John calls Social Security and the representative could not tell him why his coverage ended.
- John is very concerned and calls the local HIICAP for assistance.



What steps would you take to help John?



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Case Example #2: Resolution

- The HIICAP Coordinator called 1-800-Medicare with John on the line. When asked by the representative, John provided consent for the Coordinator to speak on his behalf.
- The HIICAP Coordinator provided the representative with John's Medicare ID# and explained the issue.
- The representative confirmed that John's Part B coverage was no longer active due to lack of payment. John was certain he had never missed a payment.
- With John's consent, the HIICAP Coordinator completed a complex case assistance form and faxed it to NYSOFA HIICAP.
- The Coordinator received a confirmation email from NYSOFA HIICAP later that day.

Case Example #2: Resolution

- NYSOFA HIICAP used John's Medicare ID# to search his file in the Medicare system.
 - The system showed John's Part B coverage was active with no breaks in coverage, but it also showed that John was disenrolled from Aetna due to a loss in Part B entitlement.
- NYSOFA HIICAP contacted CMS who confirmed that John's Part B coverage had ended.
- CMS investigated John's case further and identified an error on the part of Social Security. John's coverage through Aetna and Part B should've been active.
- NYSOFA HIICAP worked with CMS to submit a request to reinstate John's Part B coverage. NYSOFA HIICAP was told it could take up to 14 days.
- NYSOFA HIICAP maintained contact with CMS over the next few weeks to ensure that John's coverage was reinstated.
- John was retroactively re-enrolled into Aetna's Premier PPO with no breaks in coverage.



Case Example #3

- Helen is 73 years old and was enrolled in WellCare's prescription drug plan for many years.
- Her pharmacy could not fill her prescriptions because she no longer had prescription drug coverage.
- Helen needs her prescriptions but cannot afford to pay for them out of pocket.
- Helen is very worried and contacted the local HIICAP for assistance.

Beneficiary Information:

Name:	Helen Smith
Medicare Number:	XXXX-XXX-XXXX
Date of Birth:	1/1/1952
Home Address:	1 Main St, Fake City, NY 11111
Phone Number:	555-555-5555

Beneficiary's Current Coverage:

Check one	Type of Coverage	Plan Contract # (if applicable)
	Medicare Advantage Prescription Drug Plan (MAPD)	
X	Prescription Drug Plan (PDP)	WellCare Value Script S4802-138
	Medicare Parts A & B (specify if only A or B)	
	Retiree Coverage	N/A

Complaint Background: Beneficiary has been caring for her ill husband and lost track of making payments on WellCare plan during this time. She was disenrolled from plan due to lack of premium payment. Her husband passed away and she is now trying to catch up on bills. She has paid the outstanding balance for missed premiums but has been denied reenrollment. She needs medications and cannot pay out of pocket

Expected Outcome: (If seeking enrollment into new plan or retro, please list plan name & number)

Reenrollment into WellCare Value Script S4802-138



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Case Example #3: Resolution

- The HIICAP Coordinator called WellCare with Helen on the line. With Helen's consent, the Coordinator explained the issue to the WellCare representative who determined that Helen was disenrolled on 8/31/25 due to lack of premium payment.
- The HIICAP Coordinator requested reenrollment, but it was denied despite Helen paying the outstanding balance.
- The local HIICAP Coordinator faxed a complex case assistance form to NYSOFA HIICAP.
- NYSOFA HIICAP researched Helen's enrollment status in the Medicare system and she was disenrolled on 8/31/25 for failure to pay premiums.
- NYSOFA HIICAP determined that filing a complaint against WellCare in the CTM was the best course of action. NYSOFA HIICAP monitored the notes in the CTM to be sure action was taken.
- The complaint in the CTM resulted in a retroactive reenrollment to 9/1/25 with no break in coverage.



Resources

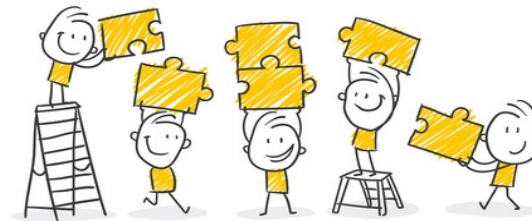
- Find your local AAA: <https://aging.ny.gov/local-offices>
- NY Connects: 1-(800) 342-9871 www.nyconnects.ny.gov
- Medicare Rights Center: <https://www.medicarerights.org/>
- Medicare Interactive: <https://www.medicareinteractive.org/>
- Medicare.gov: <https://www.medicare.gov/>
- SSA.gov: <https://www.ssa.gov/>



Questions on Case Resolution?

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