

If you cannot locate “Parent Organization of Plan”

Go to CMS.gov

1. Click on “Data and Research”
2. Click on “Statistics, trends, and reports”
3. Click on “Medicare Advantage/Part D Contract and Enrollment Data”

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4. Click on “Monthly Enrollment by Contract”
5. Click on “Enrollment by Contract” with the most recent period/date
6. Download the selection to view excel spreadsheet

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How to locate Contract number and “Parent Organization”

You need to locate contract number on the beneficiaries MA ID card

Insurance		Medicare Enhanced™
Member Name		
SUBSCRIBER NAME		MEDICARE ADVANTAGE HMO
Member ID#		
YPW1111111100		
Plan (80840)		
Group No:	M0000001	
Benefits Effective:	01/01/24	
Rx BIN:	015905	
Rx PCN:	HMONCG	
Rx Group:	NCPARTD	Contract #H3449 815

MedicareRx
Prescription Drug Coverage X

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How to locate Contract number and “Parent Organization”

1. On the spreadsheet, search for the contract number from the MA ID card
2. Locate the name of the “Parent Organization”
3. Search for the “Parent Organization” on CMS electronic complaint form

Medicare Advantage, Cost, PACE, Demo, and Prescription Drug Plan Organizations - Monthly Report by C

Notes:
 --Totals reflect enrollment as of the March 1, 2026 payment. The payment reflects enrollments accepted through February 6, 2026.
 --In addition to Employer/Union Only Direct Contract PDP plan types, employer group enrollment includes beneficiaries enrolled in employer/union only gr
 --Where a beneficiary is enrolled in both an 1876 cost or PFFS plan and a PDP plan, both enrollments are reflected in these counts.
 --An asterisk in the enrollment column indicates that the count is 10 or less.
 --The grand total at the bottom of this file does not include any of the asterisked counts. The total including the values represented by the asterisks is 61,1

Local Medicare Advantage, Cost, PACE, and Demo Contracts as of March							
Contract Number	Organization Type	Plan Type	Organization Name	Organization Marketing Name	Parent Organization	Contract Effective Date	Offers Part D
90091	HCPP - 1833 Cost	HCPP - 1833 Cost				2/1/1974	No
H0016	National PACE	National PACE				4/1/2024	Yes
H0028	Local CCP	HMO/HMOPOS				1/1/2013	Yes

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What to Expect Following a Complaint Submission

- Complaint is placed into the Health Plan Management System Complaints Tracking Module.
- CMS will review complaint and triage prior to assigning a contract number
- The complaint will be forwarded to the Medicare Advantage Organization (MAO)
- The MAO has 30 days to respond
- Providers should receive notification when the complaint is assigned
- The MAO will follow up with the provider via email, fax, or phone call to obtain additional information and with their resolution of the complaint

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Submitting an Expedited Appeal

- Can be submitted if it is determined that waiting for a decision under the standard time frame could seriously jeopardize the life or health of the member, or the ability to regain maximum function
- Can be submitted by the patient, a representative appointed by the patient, or a physician
- Once submitted, the MA plan must respond within 72 hours

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