

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

TO: All Medicare Advantage Organizations and Prescription Drug Plan Sponsors
(excluding PACE contracts, Cost contracts, and employer-plans)

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data
Group

DATE: December 9, 2011

SUBJECT: 2012 Part C and Part D Call Center Monitoring and Guidance for Providing Services
to Limited English Proficient Beneficiaries

The Centers for Medicare & Medicaid Services (CMS) will continue monitoring Part C and Part D call centers in 2012. This memo describes the elements CMS will monitor and explains how to prepare for the monitoring studies, including updating the Health Plan Management System (HPMS) with critical 2012 call center information by **December 30, 2011**.

Call Center Monitoring Background

As in the past several years, CMS, assisted by Research Triangle Institute (RTI) International, will monitor call centers to ensure compliance with CMS call center standards.¹ CMS conducts two studies, and each study is described below.

The **timeliness** study measures Medicare Part C and Part D current enrollee beneficiary call center phone lines and pharmacy technical help desk lines to determine **average hold times**² and **average disconnect rates**.³ This study is conducted year round, quarterly compliance actions taken when an organization fails to maintain an average hold time of 2 minutes or less, and when an organization has an average disconnect rate greater than 5%.

Compliance action may also be taken in other areas where an organization is either an outlier with respect to other sponsors or so far below CMS' reasonable expectations that notice is warranted in order to ensure that the organization provides current enrollees with the services to which they are entitled. These areas include, but are not limited to, inappropriate call center closures (i.e., closed during business hours) and failure to maintain a toll-free telephone number for that organization's enrollees.

The **accuracy and accessibility** study measures Medicare Part C and Part D prospective enrollee beneficiary call center phone lines to determine (1) the **availability of interpreters** for non-English

¹ Medicare Managed Care Manual, Chapter 3 and Medicare Prescription Drug Benefit Manual, Chapter 2, Medicare Marketing Guidelines (May 17, 2011), 30.7, 80.1, and 80.1.1.

² The average hold time is defined as the time spent on hold by the caller following the interactive voice response (IVR) system, touch tone response system, or recorded greeting and before reaching a live person.

³ The percent of disconnected calls is defined as the number of calls unexpectedly dropped by the sponsor while the caller was navigating the IVR or connected with a customer service representative (CSR) divided by the total number of calls made to the phone number associated with the contract.

speaking and limited English proficient (LEP) individuals, (2) **TTY/TDD functionality**, and (3) the **accuracy of plan information provided by customer service representatives** (CSRs) both in English and non-English languages. This study is conducted from February through May, compliance action will be taken when an organization's interpreter availability is less than 70%, its TTY service score is lower than 60%, and/or its rate of accurately answering questions is below 75%.

Compliance action may also be taken where an organization is either an outlier with respect to other sponsors or so far below CMS' reasonable expectations that notice to the organization is warranted in order to ensure that the organization provides prospective enrollees with the services to which they are entitled. These areas include, but are not limited to, inappropriate call center closures (i.e., closed during business hours) and failure to maintain a toll-free telephone number for an organization's prospective enrollees.

Verify 2012 Call Center Information

All Sponsors should prepare for this monitoring effort by verifying the accuracy of their 2012 Part C and Part D call center phone numbers in HPMS by **December 30, 2011**. Sponsors need to review and update their current and prospective enrollee toll-free beneficiary call center phone numbers, toll-free pharmacy help desk numbers, and current and prospective enrollee toll-free TTY/TDD numbers. If an organization achieves poor results on the measures due to inaccurate telephone numbers, the results will not be negated. If any of the phone numbers change during the year, sponsors must immediately update their phone numbers in HPMS. Use the paths outlined below to correctly update the phone numbers.

Verify current and prospective enrollee numbers and TTY/TDD numbers through the following path: HPMS Homepage > Plan Bids > Bid Submission > Contract Year 2012 > Manage Plans > Edit Contact Data.

Verify pharmacy technical help desk numbers through the following path: HPMS Homepage > Contract Management > Basic Contract Management > Select Contract Number > Contact Data.

Tips for Success

Based on several years of study results, CMS provides the following tips to help improve results.

Interpreter availability:

- Utilize an interpretation service to identify the beneficiary's language.
- Use interpretative services personnel who are familiar with healthcare terms and Medicare benefit concepts.
- Train CSRs to connect foreign-language callers with an interpreter.
- Ensure CSRs stay on the phone when a foreign-language interpreter joins the call.
- Ensure IVR systems default to a live CSR/operator if the caller does not push any buttons or make a verbal selection from an options menu.
- Include a note on the beneficiary's call center record that indicates his/her preferred language, if other than English.
- Maintain and use a tracking system so that once a beneficiary's language is identified, it is kept track of and used for future contacts (both oral and written).

- Monitor CSR calls to ensure that LEP beneficiary calls are being handled according to the sponsor's policies and procedures.
- Remind CSRs that CMS' study is underway February through May, and inform new staff of CMS' study so they are not taken off guard by foreign-language callers.

TTY/TDD functionality:

- If using an in-house TTY device, regularly test your device to ensure that it is working properly.
- If using an in-house TTY device, ensure that during the hours your call center is required to operate with live customer service representatives that it has a staffing plan that includes coverage for the TTY device.
- Messages that ask a caller to leave their phone number are not appropriate, and will not be counted as a successful call. Callers need to be able to communicate with a live person when they call.
- Ensure that wait times for a customer service representative or state relay operator are not lengthy.
- By protocol, our callers will wait for 10 minutes for an operator to come to the phone. Excessive wait times can adversely affect results.
- Ensure that customer service representatives or state relay operators are able to promptly respond to questions. By protocol, each question has a 7 minute timer.

Information Accuracy:

- Ensure CSRs can respond to questions regarding items listed in the Medicare Marketing Guidelines, 80.1.3.
- Review Medicare & You 2011 to ensure your CSRs are trained on new Part C and Part D benefit information for 2012.
- CSRs should have specific plan benefit package (PBP) level benefit and formulary data easily available.

Guidance for Providing Services to Limited English Proficient Beneficiaries

CMS reminds Medicare Part C and D sponsors of the Office of Minority Health's (OMH) National Standards on Culturally and Linguistically Appropriate Services (CLAS). These standards are available at: www.ThinkCulturalHealth.hhs.gov. Four of the fourteen standards are federal requirements for all recipients of federal funds, and three of these mandated standards apply to Medicare Part C and D sponsors. All three of these standards are addressed in existing CMS Medicare Marketing Guidelines requirements. The mandated standards include ensuring timely access to all services and care offered by the organization to limited English proficient individuals or individuals with communication needs (Standard 4); notice of the availability of language services (Standard 5); and quality of language service provided (Standard 6). The fourth standard required of recipients of federal funds pertains to the provision of easy-to-understand print and electronic materials and signage in the languages commonly spoken in the service area (Standard 7). CMS strongly encourages sponsors to review the OMH National Standards on CLAS. If you have any questions about the OMH National Standards on CLAS, please contact Guadalupe Pacheco at guadalupe.pacheco@hhs.gov.

If you have any questions about the 2011 call center monitoring effort please contact Greg Bottiani at Gregory.bottiani@cms.hhs.gov or (410) 786-6920.