

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 00-00-00
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

CORRECTIVE ACTION PLAN REQUEST

October 18, 2018

Contract ID: H1189

Legal Entity: CHRISTUS Health Plan

Mrs. Nicolle Mustafa
919 Hidden Ridge
Irving, TX 75038

VIA EMAIL: nicolle.mustafa@christushealth.org

RE: Corrective Action Plan Request for Call Center Monitoring – 2018 Accuracy and Accessibility Study – Interpreter Availability Measure

Dear Mrs. Mustafa:

The Centers for Medicare & Medicaid Services (CMS) is issuing this request for Corrective Action Plan (CAP) to CHRISTUS Health Plan, H1189, because, as a result of our monitoring efforts, we determined that it failed to meet the **Interpreter Availability** measure call center standard during the 2018 Accuracy and Accessibility Study for Part C and/or Part D prospective enrollee beneficiary customer service phone lines.

CMS advised Medicare Part C, Part D, and Medicare-Medicaid Plan sponsors of our call center monitoring efforts in a November 17, 2017 Health Plan Management System (HPMS) memorandum entitled “2018 Part C and Part D Call Center Monitoring - Guidance for Timeliness and Accuracy and Accessibility Studies.” In the memorandum, CMS stated that we would be working with our own contractor to monitor sponsors’ call center performance, and we offered tips for success or improvement on performance.

Your organization’s non-compliant result(s) for 2018 are shown below. Only non-compliant data are shown below. To view this year’s full set of performance metrics for the Accuracy and Accessibility Study, please refer to the HPMS Performance Metrics instructions below.

Part C Interpreter Availability: 57.78%

Part D Interpreter Availability: 54.35%

Pursuant to CMS regulations and the Medicare Marketing Guidelines, all organizations must have call centers that serve current and prospective enrollees. These call centers must be able to provide interpreters for Limited English Proficient (LEP) callers, TTY services for the hearing and speech impaired, and accurate Part C and/or Part D benefit information.

The Accuracy and Accessibility Study measures Part C, Part D, and MMPs' prospective enrollee beneficiary call center phone lines to determine (1) the availability of interpreters for individuals, (2) TTY functionality, and (3) the accuracy of plan information provided by customer service representatives (CSRs) in all languages.

This study was conducted from February 12, 2018, through June 1, 2018. Compliance actions are taken when an organization's interpreter availability is less than 75%, its TTY service score is lower than 70%, or its rate of accurately answering questions is below 75%. CMS monitored the Part C and Part D prospective enrollee beneficiary customer service phone lines Monday through Friday, 8 a.m. to 8 p.m. in the service area(s) for the plan(s).

HPMS Performance Metrics

Detailed results (e.g., number of calls by language, number of successful TTY calls, number of completed interpreter availability calls, number of accuracy questions answered correctly, etc.) for your contract(s) are available in HPMS by following the paths below and looking at the rows for *cumulative* data.

1. For Part C results, from the HPMS home page: Quality and Performance - Performance Metrics - Call Center Monitoring - Part C Prospective Beneficiary Customer Service - [enter the contract number].
2. For Part D results, from the HPMS home page: Quality and Performance - Performance Metrics - Call Center Monitoring - Part D Prospective Beneficiary Customer Service - [enter the contract number].

Organizations may download the raw data/call detail files directly from HPMS. Cumulative raw data supporting the Part C and/or Part D performance metrics are available in HPMS in a link immediately below the performance metrics for the selected contract. Please access the link entitled "Raw Data for Xxxx," with the variable being the contract ID you selected. This is available to you for a single contract as an Excel download. Also available for your convenience is a link entitled "Raw Data for All Contracts." This link will provide a download of all raw data to which you are entitled under your parent organization identification code. The multiple-contract data are available to you in a text-delimited file format. You may use this file to import into Excel, Access, or some other database product. You will also find links to an Excel document entitled, "Data Dictionary for Raw Data" and Technical Notes. The data dictionary explains the numerical codes used within the raw data.

CMS suggests that you download and review the raw data as soon as possible after receiving this letter, and use the data contained within to assist with your troubleshooting and/or internal monitoring activities. CMS also suggests that you download and save your organization's performance metrics.

Upon request, CMS will consider challenges to the data for miscalculations or the use of incorrect data sets. **CMS will not consider challenges premised on methodology or an organization's own internal monitoring results.**

Consistent with CMS' authority under 42 C.F.R. §§ 423.507(b)(3) and 423.509(c), CMS made the determination to issue this compliance notice at the level of a CAP request because your organization failed to meet the performance standard for the **Interpreter Availability** Measure after we had previously issued a Warning Letter with Request for Business Plan for non-compliance with the same requirements. CMS expects your organization to develop and successfully complete a corrective action plan designed to bring it into compliance with the Part C and Part D program call center requirements. CMS will continue to monitor prospective beneficiary customer service call centers on an annual basis. If CMS determines through future surveys that your organization fails to be in compliance with these requirements, CMS may consider taking enforcement actions in the form of imposition of intermediate sanctions (e.g., the suspension of marketing and enrollment activities) or civil money penalties or the issuance of a contract termination notice.

Please be aware that this CAP request will be included in the record of your organization's past Medicare contract performance, which CMS will consider as part of our review of any application for new or expanded Medicare contracts your organization may submit. This letter is considered a Part C and/or Part D issue (depending on the measure(s) in which you were found to be non-compliant) with beneficiary impact for past performance purposes. CMS notes that we are issuing this compliance notice based exclusively on information that we obtained from sources other than the sponsor's own self-disclosure.

If you have any questions regarding this letter, please email the call center monitoring mailbox at CallCenterMonitoring@cms.hhs.gov and copy your account manager.

Sincerely,



Amy Larrick Chavez-Valdez, Director
Medicare Drug Benefit and C&D Data Group

CC via email:

Toni Duplain, CMS Account Manager, toni.duplain2@cms.hhs.gov

Scott Nelson, CMS, Scott.Nelson2@cms.hhs.gov

Chris Rotruck, CMS, Chris.Rotruck@cms.hhs.gov