



CENTER FOR MEDICARE

March 30, 2023

CORRECTIVE ACTION PLAN REQUEST

Contract ID: H2782

Parent Organization Name: Western Health Advantage

Legal Entity Name: WESTERN HEALTH ADVANTAGE

Jessica Warshaw
Medicare Compliance Officer
2349 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

VIA EMAIL: j.warshaw@westernhealth.com

RE: Corrective Action Plan for Call Center Monitoring - Timeliness Study - Quarter 4

Dear Jessica Warshaw:

The Centers for Medicare & Medicaid Services (CMS) is issuing this Corrective Action Plan (CAP) request to WESTERN HEALTH ADVANTAGE, H2782, for failure to meet call center timeliness requirements for the fourth consecutive quarter in 2022.

CMS advised Medicare Advantage Organizations, Medicare Advantage Prescription Drug Plans, Prescription Drug Plans, and Medicare-Medicaid Plans of our call center monitoring efforts in a December 16, 2021 Health Plan Management System (HPMS) memorandum entitled "2022 Part C and Part D Call Center Monitoring - Timeliness and Accuracy & Accessibility Studies." In the memorandum, CMS stated that we would be working with our own contractor to monitor call center performance, and we offered tips for improvement on performance.

The Timeliness Study measures the average hold times and disconnect percentage rates for Part C and Part D current beneficiary customer service phone lines and pharmacy technical help desk phone lines. Your organization is out of compliance because your organization did not meet the requirement that it operate a toll-free customer service call center in accordance with standard business practices (42 C.F.R. §§ 422.111(h)(1) and 423.128(d)(1)), as indicated by its performance on the Timeliness study element(s) shown below. Only non-compliant data are shown.

Part C Hold Time: Compliant

Part D Hold Time: Compliant

Pharmacy Hold Time: Compliant

Part C Disconnect Percentage Rate: 10.71%

Part D Disconnect Percentage Rate: 10.71%

Pharmacy Disconnect Percentage Rate: Compliant

The Timeliness study elements are defined as follows:

Average Hold Time. Pursuant to 42 C.F.R. §§ 422.111(h)(1)(ii) and 423.128(d)(1)(ii), Medicare Advantage Organizations and Part D Sponsors must maintain an average hold time for each measure of two minutes or less. 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. Please be aware that time spent navigating the IVR system or touch tone response system does not count toward the average hold time. For calls during which our caller terminates the call due to being on hold greater than 10 minutes prior to reaching a live person, the hold time applied is 10 minutes. Thus, contracts with an average hold time for each measure greater than two minutes, after adjustment for the margin of error, are out of compliance with this requirement.

Disconnect Rate. Pursuant to 42 C.F.R. §§ 422.111(h)(1)(ii) and 423.128(d)(1)(ii), Medicare Advantage Organizations and Part D Sponsors must limit the percent of disconnected calls to five percent or less. The percent of disconnected calls is defined as the number of calls unexpectedly dropped by the sponsor divided by the total number of calls made to the phone number(s) associated with the contract. Thus, contracts with a disconnect rate greater than five percent, after adjustment for the margin of error, are out of compliance with this requirement.

This study was conducted from October 24 – November 18, 2022. CMS monitored the Part C and Part D current enrollee beneficiary customer service phone lines Monday through Friday, from 8 a.m. to 8 p.m. in the service area(s) for the plans, and pharmacy technical help desk phone lines Monday through Friday, 24 hours a day. Detailed hold time and disconnect rate data for your contract(s) are available in HPMS. Please see our January 27, 2023 HPMS memorandum entitled "2022 Call Center Monitoring Performance Metrics for Timeliness Study, Quarter 4" for instructions about how to access your contract's data.

Consistent with CMS' authority under 42 C.F.R. §§ 422.510(c) 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 call center timeliness requirements for the fourth consecutive quarter in 2022, after we previously issued two Warning Letters for non-compliance with the same requirements. CMS expects your organization to develop and successfully complete a CAP designed to bring it into compliance with the Part C and Part D program call center requirements. CMS will continue to monitor current beneficiary customer service call centers. If CMS determines that your organization fails to be compliant with these requirements through future surveys, 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 letter 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. CMS deems this instance of non-compliance a Part C and D issue. 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:

KAIHE AKAHANE, CMS

Linda Anders, CMS

Arianne Spaccarelli, CMS

Kerry Casey, CMS