

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland



CENTER FOR MEDICARE

February 25, 2025

Ad-Hoc CAP

Contract ID: S2668

Parent Organization Name: Tennessee Rural Health Improvement Association

Legal Entity Name: MEMBERS HEALTH INSURANCE COMPANY

Thomas Tutaj
Medicare Compliance Officer
P.O. Box 313
Columbia, TN 38402

VIA EMAIL: ttutaj@fbhp.com

RE: Corrective Action Plan Request – 2024 Accuracy and Accessibility Study – Interpreter Availability

Dear Thomas Tutaj:

The Centers for Medicare & Medicaid Services (CMS) is issuing this corrective action plan request to MEMBERS HEALTH INSURANCE COMPANY, S2668, for failure to meet the above-referenced call center standard for prospective beneficiary customer service phone lines. We are issuing a corrective action plan request because CMS issued a warning letter to your organization for its failure to comply with similar standards for 2023.

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 1, 2023 Health Plan Management System (HPMS) memorandum entitled "2024 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.

Pursuant to 42 C.F.R. §§ 422.111(h)(1) and 423.128(d)(1), all organizations must have call centers that serve current and prospective enrollees and provide customer telephone service in accordance with standard business practices. These call centers must be able to provide interpreters for Limited English Proficient callers (per §§ 422.111(h)(1)(iii) and 423.128(d)(1)(iii)), TTY services for the hearing and speech impaired (per §§ 422.111(h)(1)(iv) and 423.128(d)(1)(v)), and accurate Part C and/or Part D benefit information (per §§ 422.2262 and 423.2262).

The Accuracy and Accessibility study measures Part C and Part D prospective 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. Your organization is out of compliance because your organization did not meet the requirements, as

indicated by its performance on the Accuracy and Accessibility study element(s) shown below. Only non-compliant data are shown. In the future, please ensure that your organization takes action to avoid non-compliance.

Part C Interpreter Availability: N/A
Part D Interpreter Availability: 0.00%

The Accuracy and Accessibility study elements are defined as follows:

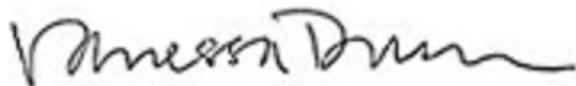
Interpreter Availability. Pursuant to §§ 422.111(h)(1)(iii) and 423.128(d)(1)(iii), interpreters must be available for 80 percent of incoming calls requiring an interpreter within 8 minutes of reaching the CSR and be made available at no cost to the caller. Interpreter availability is defined as the ability of a caller to communicate with someone and receive answers to questions in the caller's language.

TTY Functionality. Pursuant to §§ 422.111(h)(1)(iv) and 423.128(d)(1)(v), Medicare Advantage Organizations and Part D sponsors must connect 80 percent of incoming calls requiring TTY services to a TTY operator within 7 minutes. TTY functionality is defined as the ability of a caller using a TTY device to communicate with someone and receive answers to questions at the plan's call center directly or via a relay operator.

Accuracy. Pursuant to §§ 422.2262 and 423.2262, Medicare Advantage Organizations and Part D Sponsors may not mislead confuse, or provide materially inaccurate information to current or potential enrollees. We determined the accuracy compliance threshold to be 90 percent. Medicare Advantage Organizations and Part D sponsors with accuracy results below 90 percent are outliers and per §§ 422.504(m)(1) and 423.505(n)(1), CMS may determine that a Medicare Advantage Organization or Part D sponsor is out of compliance when its performance in fulfilling requirements represents an outlier relative to the performance of other organizations.

Please see our July 11, 2024 HPMS memorandum entitled "2024 Call Center Monitoring Performance Metrics for Accuracy and Accessibility Study" for instructions about how to access your contract's data. CMS requests that your organization take corrective action to come into compliance with the above-referenced call center standards. 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 D issue. 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,



Vanessa Duran, Director
Medicare Drug Benefit and C & D Data Group
Center for Medicare

CC via email:

Shannon Comage, CMS
Arianne Spaccarelli, CMS
Kerry Casey, CMS