



CENTER FOR MEDICARE

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

FROM: Tracey McCutcheon, MHSA, MBA, Acting Director, Medicare Drug Benefit and C & D Data Group

DATE: December 16, 2013

SUBJECT: 2014 Part C and Part D Call Center Monitoring and Guidance for Timeliness and Accuracy and Accessibility Studies

The Centers for Medicare & Medicaid Services (CMS) will continue monitoring Part C and Part D call centers in 2014. 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 2014 call center information by **December 31, 2013**.

Call Center Monitoring Background

In 2014, CMS has contracted with IMPAQ International, LLC, to monitor plan sponsors' 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 **disconnect rates**.³ This study is conducted year round, with 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 actions 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.

¹ Medicare Managed Care Manual, Chapter 3 and Medicare Prescription Drug Benefit Manual, Chapter 2, Medicare Marketing Guidelines (June 28, 2013), 30.5, 80.1, Appendix 4.

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 CSR (CSR) divided by the total number of calls made to the phone number associated with the contract.

Results will be available quarterly through the Health Plan Management System (HPMS) at the following paths:

1. For Part C results, from the HPMS home page (<https://www.hpms.cms.gov>): Quality and Performance > Part C Performance Metrics > Beneficiary Customer Service Call Center Performance Metrics > [select time period] > [enter the contract number]. Please look at column “G” for average hold time data and column “J” for disconnect rate data.
2. For Part D results, from the HPMS home page (<https://www.hpms.cms.gov>): > Quality and Performance > Part D Performance Metrics and Reports > Beneficiary Customer Service Call Center Performance Metrics > [select time period] > [enter the contract number]. Please look at column “G” for average hold time data and column “J” for disconnect rate data.
3. For Pharmacy technical help desk results, from the HPMS home page (<https://www.hpms.cms.gov>): > Quality and Performance > Part D Performance Metrics and Reports > Pharmacy Support Customer Service Call Center Performance Metrics > [select time period] > [enter the contract number]. Please look at column “G” for average hold time data and column “J” for disconnect rate data.

Organizations deemed to be non-compliant will receive notices via email. Upon request, CMS will provide call detail files, and will consider challenges to the data for miscalculations or the use of incorrect data sets (e.g. cumulative instead of quarterly results); **CMS will not consider challenges premised on an organization’s own internal monitoring results.**

The **Accuracy and Accessibility** study measures plan sponsors’ Medicare Part C and Part D prospective enrollee beneficiary call center phone lines to determine (1) the **availability of interpreters**⁴ for individuals, (2) **TTY functionality**, and (3) the **accuracy of plan information provided by customer service representatives** (CSRs) in all languages.⁵ This study is conducted from February through May, and compliance actions will be taken when an organization’s interpreter availability is less than 75%,⁶ its TTY service score is lower than 60%,⁷ 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.

Overall results will be provided through a letter emailed to the Compliance Officer associated with a contract ID. Upon request, CMS will provide call detail files and consider challenges to the data for

⁴ Languages tested in 2014 will be Spanish, Cantonese, Mandarin, Vietnamese, French, and Tagalog; English will be tested as a foreign language for organizations with a service area exclusively in Puerto Rico.

⁵ Contracts with only Special Needs Plans are excluded from the accuracy measure.

⁶ Interpreter availability is defined as the percent of time that a caller was able to reach someone who could speak the caller’s language and ask that person questions. A call is considered successful when the caller confirms that the CSR is able to assist in that language. A call is considered completed when the first of three general Medicare or plan specific questions is answered within seven minutes of reaching a CSR. The number of completed calls out of all foreign language calls is used for compliance as well as star ratings measures.

⁷ TTY functionality is defined as the percent of the time a caller using a TTY device was able to communicate with someone who could answer questions either at the sponsor’s call center or via a relay operator. A successful call denotes a caller confirming that a CSR is able to assist. A call is considered complete when the first of three general Medicare or plan specific questions is responded to within 7 minutes of connecting with the plan’s TTY device or relay operator. The number of successful calls out of all TTY calls is used for compliance as well as star ratings measures.

miscalculations or the use of incorrect data sets (e.g. completed instead of successful TTY calls); **CMS will not consider challenges premised on an organization's own internal monitoring results.**

Detailed results (e.g. number of calls by language, number of questions answered correctly, number of successful TTY calls, etc.) will be available in the HPMS at the following paths:

1. For Part C results, from the HPMS home page (<https://www.hpms.cms.gov>): Quality and Performance > Part C Performance Metrics > Prospective Beneficiary Customer Service Call Center Performance Metrics > [enter the contract number].
2. For Part D results, from the HPMS home page (<https://www.hpms.cms.gov>): Quality and Performance > Part D Performance Metrics > Prospective Beneficiary Customer Service Call Center Performance Metrics > [enter the contract number].

IMPORTANT ACTION: Verify 2014 Call Center Information

All Sponsors should prepare for this monitoring effort by verifying the accuracy of their 2014 Part C and Part D call center phone numbers in HPMS by **December 31, 2013**. 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 numbers. Phone numbers are extracted from HPMS on a weekly basis and updated in the contractor's automated dialing software. If any of the phone numbers change during the year, sponsors must immediately update their phone numbers in HPMS. If an organization achieves poor results on the measures due to inaccurate telephone numbers, the results will not be negated. Use the paths outlined below to verify and/or update the phone numbers.

Verify current and prospective enrollee numbers and TTY numbers through the following path: HPMS Homepage > Plan Bids > Bid Submission > Contract Year 2014 > 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.
- CMS telephone interviewers who are testing a language other than English will not make a selection in the IVR. Therefore, 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 recorded and used for future contacts (both oral and written).
- Monitor CSR calls to ensure that foreign-language 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 surprised by foreign-language callers.
- Ensure that interpreters are available within 7 minutes of the caller reaching a CSR.
- Ensure that CSRs are able to respond promptly to questions. By protocol, each question has a 7-minute timer.

TTY 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 CSRs 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 CSR or state relay operator are not lengthy.
- Ensure that CSRs are available within 7 minutes of the time of answer. CMS considers a CSR unavailable if the caller or relay operator is unable to communicate with the CSR.
- Ensure that CSRs or state relay operators are able to respond promptly to questions. By protocol, each question has a 7-minute timer.

Information Accuracy:

- Ensure that CSRs can respond to questions regarding items listed in the Medicare Marketing Guidelines, Section 80.1.
- Review the 2014 edition of *Medicare & You* to ensure your CSRs are trained on new Part C and Part D benefit information for 2014.
- 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 in Health and Health Care (National CLAS Standards). Originally published in 2000, an enhanced version of the CLAS Standards was released by OMH in April 2013. The CLAS Standards may assist health and health care organizations in the implementation of culturally and linguistically appropriate services. The CLAS Standards consist of 15 standards that are intended to reduce disparities, advance health equity, and improve quality of services. The Principal Standard is to "Provide effective and equitable understandable and respectful quality of care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs" and serves as the overarching goal for CLAS Standards implementation. One key area is Communication and Language Assistance and includes:

offering language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services (Standard 5); informing all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing (Standard 6); ensuring the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided (Standard 7); and providing easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area (Standard 8). The CLAS Standards are available at www.ThinkCulturalHealth.hhs.gov. CMS strongly encourages sponsors to review and utilize the OMH CLAS Standards and its Blueprint. If you have any questions about the OMH CLAS Standards, please contact Mayra Alvarez at mayra.alvarez@hhs.gov.

Informational Webinar in January 2014

CMS will hold a webinar on January 16, 2014 from 2:30pm to 4:00pm Eastern Time to present information about the 2014 Accuracy and Accessibility and Timeliness Studies. To register for the webinar go to <https://webinar.cms.hhs.gov/ccmwebreg/event/registration.html> and enter the requested information.

If you have any questions about the 2014 call center monitoring effort or the upcoming webinar, please contact the Call Center Monitoring mailbox at callcentermonitoring@cms.hhs.gov.