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MEDICARE DRUG BENEFIT AND C & D DATA GROUP

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

FROM: Amy Larrick, Acting Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: 2016 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 2016. 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 2016 call center information **by January 4, 2016**.

Call Center Monitoring Background
In 2016, 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 which are each 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%.

Note that thresholds are adjusted for margin of error. Medicare Part C, Medicare Part D sponsors, and MMPs will receive a compliance action for the **Timeliness Study** if, after the adjustment for margin of error, it did not pass the compliant-level standard of limiting average hold time to 2 minutes and limiting the disconnect rate of all incoming calls to five (5) percent.

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

[1] 42 C.F.R. § 422.111(h)(1); 42 C.F.R. § 423.128(d)(1); Medicare Managed Care Manual, Chapter 3; Medicare Prescription Drug Benefit Manual, Chapter 2; and Medicare Marketing Guidelines (July 2, 2015), 30.5, 80, Appendix 3.
[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 divided by the total number of calls made to the phone number associated with the contract.

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.

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 > Performance Metrics > Call Center Monitoring > Part C Beneficiary Customer Service > [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 > Performance Metrics and Reports > Call Center Monitoring > Part C Beneficiary Customer Service > [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 > Performance Metrics and Reports > Call Center Monitoring > Pharmacy Support Customer Service > [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 methodology or an organization's own internal monitoring results.**

The **Accuracy and Accessibility Study** measures plan sponsors' Medicare Part C and Medicare 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**[5] **of plan information provided by customer service representatives** (CSRs) in all languages.[6] This study is conducted from February through May, and compliance actions will be taken when an organization's interpreter availability is less than 75%,[7] its TTY service score is lower than 60%,[8] and/or its rate of accurately answering questions is below 75%.

[4] Languages tested in 2016 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] In 2015, CMS performed the accuracy study only for Medicare-Medicaid Plans. All other plan types were excluded from the monitoring plan. In 2016, all applicable plan types will be included in the accuracy component of the monitoring study.

[6] Contracts with only Special Needs Plans (SNPs) are excluded from the accuracy measure.

[7] 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.

[8] 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.

Compliance actions may also be taken where an organization is either an outlier with respect to other plans or 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 miscalculations or the use of incorrect data sets (e.g., completed instead of successful TTY calls). **CMS will not consider challenges premised on methodology or 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 > 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 (https://www.hpms.cms.gov): Quality and Performance > Performance Metrics > Call Center Monitoring > Part D Prospective Beneficiary Customer Service > [enter the contract number].

IMPORTANT ACTION: Verify 2016 Call Center Information
All applicable Medicare Part C, Medicare Part D sponsors, and MMPs, should prepare for this monitoring effort by verifying the accuracy of their 2016 Medicare Part C and Medicare Part D call center phone numbers in HPMS by **January 4, 2016**. Organizations 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 monitoring 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, TTY numbers, and pharmacy technical help desk numbers through the following path: *HPMS Home Page> Plan Bids> Bid Submission> Manage Plans> Edit Contact Data* (complete steps listed below).

Follow these steps when editing contact information in the HPMS:

1. In the right-hand **Bid Submission** menu, under **Manage Plans**, click **Edit Contact Data.**

2. On the **Select a Contract** screen, enter a contract number into the field provided (Option 1) or select a contract number (Option 2). Click **Next** to advance to the Update and Save Data screen.

3. On the **Update and Save Data** screen, select a plan, and select a contact tab (Table 1-15).

4. *CY 2016 Bid Submission User Manual 1 - 35*

Edit the mailing address, telephone numbers, and e-mail address for that contact, if applicable (Table 1-15).

Notes:
• The required fields (denoted with an asterisk) vary depending on the type of contact. For example, the toll-free phone number is required for Medicare Part D contact types, but is optional for other types in HPMS. *Please recall that the Medicare Marketing Guidelines, Section 80.1, requires Medicare Part C organizations, Medicare Part D organizations, and MMPs to operate a toll-free call center for current and prospective members. MMPs also have state-specific marketing guidance that requires the toll-free number. Appendix 3 of the Medicare Marketing Guidelines requires Part D Sponsors and MMPs to operate a toll-free pharmacy technical help call center.* MMPs also have state-specific marketing guidance that requires the toll-free number. *Even if HPMS does not denote this as a required field in your view, having toll-free numbers available is required.*
• All TTY numbers must be either three numeric characters or 10 numeric characters.

5. After entering data for the first contact type, the user can complete data entry for other contact types under the same plan by one of two methods.

This information can be found in Chapter 1 of the CY2016 Bid User Manual (*HPMS Home Page> Plan Bids> Bid Submission> CY2016> View Documentation> Bid User manual*).

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

Health Plan Management System (HPMS) Entries:
- Current, prospective, and TTY customer service call center toll-free telephone numbers must be entered in the appropriate locations in HPMS. There is a toll-free field for TTY or relay telephone numbers. CMS extracts the values found in the toll-free and alternate toll-free fields, so please make sure HPMS reflects accurate contact information and is complete in every field.
- Contact the HPMS Help Desk at hpms@cms.hhs.gov or 1-800-220-2028 if you require assistance.

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.
- In order to replicate a beneficiary's actual experience, CMS telephone interviewers who are testing a language other than English will not make a selection in the IVR based upon the premise that a non-English-speaking person would not understand the instruction. 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.

Ability to Accept Calls:

- If your organization intends to implement any new technology affecting phone systems, ensure it will not interfere with the organization's ability to accept calls.

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, have a staffing plan that includes coverage for the TTY device during the hours your call center is required to operate with live CSRs.
- 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 2016 edition of *Medicare & You* to ensure your CSRs are trained on new Part C and Part D benefit information for 2016.
- 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 organizations of the HHS 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 HHS *National CLAS Standards* was released by OMH in April 2013. The *National CLAS Standards* may assist health and health care organizations in the implementation of culturally and linguistically appropriate services. The *National 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 *National CLAS Standards'* implementation. One key area is Communication and Language Assistance, which 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 *National CLAS Standards* are available at www.ThinkCulturalHealth.hhs.gov. CMS strongly encourages sponsors to review and utilize the OMH *National CLAS Standards* and its guidance document, *The Blueprint*. If you have any questions about the OMH *National CLAS Standards*, please contact AdvancingCLAS@ThinkCulturalHealth.hhs.gov.

Informational Webinar in January 2016

CMS will hold a Call Center Monitoring Webinar on January 26, 2016, from 2:00 pm to 3:30 pm Eastern Time to present information about the 2016 Timeliness Study and the 2016 Accuracy and Accessibility Study.

To register for the online event:

1. Go to https://cms-events.webex.com/cms-events/onstage/g.php?MTID=e57dfa533a82d6770ed59d2a1dc056046
2. Click "Register."
3. On the registration form, enter your information and then click "Submit."

   When your registration is approved, you will receive a confirmation email message with instructions on how to join the event.

We will have a question and answer session during this webinar. If you have advance questions you would like to submit, please send them to CallCenterMonitoring@cms.hhs.gov by January 15, 2016.

Please plan to have your team gather together for the call in order to conserve phone lines. We respectfully request that you limit your organization to no more than three phone lines.

If you have any questions about the 2016 call center monitoring effort or the upcoming webinar, please contact the Call Center Monitoring mailbox at CallCenterMonitoring@cms.hhs.gov. Thank you.