

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



CENTER FOR MEDICARE

June 04, 2025

Warning Letter

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: Warning Letter for Call Center Monitoring - Timeliness Study - Quarter 4 2024

Dear Jessica Warshaw:

The Centers for Medicare & Medicaid Services (CMS) is issuing this Warning Letter to WESTERN HEALTH ADVANTAGE, which operates H2782, for failure to meet call center timeliness requirements for the second consecutive quarter in 2024.[1]

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.

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)(ii) and 423.128(d)(1)(ii)), as indicated by its performance on the Timeliness 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. To view this quarter's full set of performance metrics for the Timeliness Study, please refer to the HPMS performance metrics at the areas identified below.

Part C Hold Time: Compliant

Part D Hold Time: Compliant

Pharmacy Hold Time: Compliant

Part C Disconnect Percentage Rate: 10.42%

Part D Disconnect Percentage Rate: 10.42%

Pharmacy Disconnect Percentage Rate: Compliant

Average Hold Time. Pursuant to 42 C.F.R. §§ 422.111(h)(1)(ii)(A) and 423.128(d)(1)(ii)(A), 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 are out of compliance with this requirement.

Disconnect Rate. Pursuant to 42 C.F.R. §§ 422.111(h)(1)(ii)(C) and 423.128(d)(1)(ii)(C), 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 are out of compliance with this requirement.

This study was conducted from October 21 – November 15, 2024. 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 13, 2025 HPMS memorandum entitled "2024 Call Center Monitoring Performance Metrics for Timeliness Study, Quarter 4" for instructions about how to access your contract's data.

CMS will continue to monitor Part C and Part D current beneficiary customer service call centers and pharmacy technical help desk telephone lines. Should your organization fail to come into compliance in a timely manner, CMS may consider taking additional compliance actions, including a Corrective Action Plan (CAP), or taking enforcement actions in the form of the imposition of intermediate sanctions (e.g., the suspension of marketing and enrollment activities) or civil money penalties.

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 Part 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,



Linda Anders, Division Director
Division of Benefit Purchasing and Monitoring

Medicare Drug Benefit and C&D Data Group

CC via email:

Kaihe Akahane, CMS

Arianne Spaccarelli, CMS

Stephen Stoyer, CMS

[1] CMS did not conduct a monitoring study in 2024 Quarter 3. Thus, 2024 Quarter 4 is the third consecutive quarter for the purpose of this study.