

# Call Center Monitoring

February 3, 2016

1:00-3:00 pm ET

Presented by CMS Call  
Center Monitoring Team

# Audio Difficulties

During the presentation on February 3, 2016, we experienced audio technical difficulties. Because the audio is not available for the first 13 slides, we added the script to this slide deck to assist you.

If you are listening to the audio recording, please use this slide deck, with the added script, to begin your review of 2016 Call Center Monitoring Studies. The audio will begin in the middle of original slide 13.

Thank you.

# Welcome!

- ◆ A formal question and answer session will follow the presentation for study-related questions
- ◆ Please send plan-specific questions to [CallCenterMonitoring@cms.hhs.gov](mailto:CallCenterMonitoring@cms.hhs.gov).
- ◆ This presentation is being recorded. The slides and recording will be available at <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/index.html>.

**Please mute your phones and do not put the webinar on hold.**

# Script – Welcome Slide

Good afternoon, and thank you for joining the 2016 Part C and Part D Call Center Monitoring webinar. As you may have heard, we experienced technical difficulties during the first webinar scheduled for January 26. Thank you for your patience, and for joining us today for the rescheduled webinar.

We ask that you hold questions related to our studies until the end of the presentation. When we open the Q&A session, you may use the “raise hand” feature found on your screen. We will unmute the phones at that time. Please send plan-specific questions to [CallCenterMonitoring@cms.hhs.gov](mailto:CallCenterMonitoring@cms.hhs.gov)

This presentation is being recorded. The slides are available now at the link shown on this screen, and the recording will be posted at the same location next week.  
(<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/index.html>)

# Introductions

## **CMS, Medicare Drug Benefit and C&D Data Group**

Linda Anders, Acting Division Director, Division of  
Benefit Purchasing and Monitoring

Chris Rotruck – Project Lead for Call Center  
Monitoring/Contracting Officer's Representative (COR)

Gregory Bottiani – Prior Project Lead for Call Center  
Monitoring and Alternate COR

Monitoring Contractor: IMPAQ International, LLC

# Script - Introductions

I am Chris Rotruck, call center monitoring lead in the Medicare Drug Benefit, C&D Data Group.

Today, I will walk you through the call center monitoring methodologies, provide an overview to understanding your organization's call center performance results, and highlight areas to improve call center performance.

Joining me on today's call are Greg Bottiani, the former project lead for Call Center Monitoring, and Linda Anders, Acting Division Director of the Division of Benefit Purchasing and Monitoring. CMS contracts with IMPAQ International to conduct the year-round studies.

# Agenda

- ◆ Introductions
- ◆ CMS Authority and Resources
- ◆ The Surveys: Timeliness/Accuracy & Accessibility
  - Automated Call Process
  - Summary and Call Data
  - Compliance
- ◆ Methodology
- ◆ Tips for Success
  - TTY
  - Limited English Proficiency
  - Accuracy Questions
- ◆ Star Ratings

# Script - Agenda

Today, I will provide an overview of the two call center monitoring studies which are the

- Call center Timeliness Study, referred to as Survey I, and the
- Call center Accuracy and Accessibility Study, which is referred to as Survey II.

We will cover the monitoring process, the role of the contractor, and how CMS uses the data collected through these studies, including how the results contribute to Part C & Part D sponsors' Star Ratings. Please remember: You can always email your questions to [CallCenterMonitoring@cms.hhs.gov](mailto:CallCenterMonitoring@cms.hhs.gov). That email address will be provided again at the conclusion of today's presentation.



# Disclaimer

*Nothing in this presentation is intended to supersede the regulations at 42 C.F.R. Part 422, 42 C.F.R. Part 423, the Prescription Drug Benefit Manual, the Medicare Managed Care Manual, or any other CMS guidance or instructions related to the operation of the MA program or Part D program. Failure to reference a regulatory requirement or CMS instruction in this presentation does not affect the applicability of such requirement.*

# Code of Federal Regulations (CFR)

## Authority

- ◆ 42 C.F.R. § 422.111(h)(1) - Each Medicare Advantage organization must have mechanisms for providing specific information on a timely basis to current and prospective enrollees upon request.
- ◆ 42 C.F.R. § 422.112(a)(8) – provide culturally competent care
- ◆ 42 C.F.R. § 423.128(d)(1) - provide foreign language interpreters
- ◆ 42 C.F.R. § 423.128(d)(1) – toll-free customer call center for beneficiaries and pharmacists. The regulations do not distinguish between hearing and non-hearing individuals; therefore, the regulations apply to all beneficiaries regardless of hearing status or language ability.
- ◆ Electronic Code of Federal Regulation  
<http://www.eCFR.gov>

# Script – Authority

The next slides point to key regulations and sub-regulatory guidance applicable to our discussion today.

For the Medicare Advantage Program, the Code of Federal Regulations states:

- ◆ Each MA organization must have mechanisms for providing specific information on a timely basis to current and prospective enrollees upon request. These mechanisms must include a toll-free customer service call center that provides interpreters for non-English speaking and limited English proficient (LEP) individuals.
- ◆ The second bullet addresses access to services and rules for coordinated care plans. Section (a)(8) deals specifically with cultural considerations. It states: “The Medicare Advantage organization must ensure that services are provided in a culturally competent manner to all enrollees, including those with limited English proficiency or reading skills, and diverse cultural and ethnic backgrounds.”
- ◆ For the Medicare Prescription Drug program, the citations seen at the third and fourth bullets state: **“Each Part D sponsor offering qualified prescription drug coverage under a Part D plan must have mechanisms for providing specific information on a timely basis to current and prospective enrollees upon request. These mechanisms must include a toll-free customer call center that provides interpreters for non-English speaking and limited English proficient (LEP) individuals.** The regulations do not distinguish between hearing and non-hearing individuals; therefore, the regulations apply to all beneficiaries regardless of hearing status or language ability.

# Resources

## ◆ Marketing Guidelines

- Medicare Marketing Guidelines (July 2, 2015), 30.5, 80.1, Appendix 3 <http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>

## ◆ Documentation

- Call Center Monitoring memo published in HPMS on December 22, 2015.

# Script - Resources

I want to point out the 2016 Call Center Monitoring Memo that we recently issued on December 22, 2015. You should have received it but if not, this memo can be found in HPMS under the “HPMS Memos” section.

# Which call centers are monitored?

## CMS Monitors:

- ◆ All Medicare Advantage Organizations
- ◆ Prescription Drug Plan Sponsors
- ◆ Medicare/Medicaid Plans (MMPs)

## Contracts Not Included in Call Center Monitoring:

- ◆ National PACE contracts
- ◆ Cost contracts (1876 Cost)
- ◆ Employer Group Waiver Plans (EGWPs) – 800 series
- ◆ Point of Sale Contractors
- ◆ Medicare Savings Accounts (MSAs)

## Notes:

- ◆ Special Needs Plans are excluded from our Accuracy measure.
- ◆ Plans under Marketing and Enrollment Sanctions are excluded from the Accuracy & Accessibility Study until the sanctions are released.

# Script – Monitored Call Centers

You'll see that CMS, with the assistance of IMPAQ International, monitors the beneficiary customer service call centers, both current and prospective enrollees' centers, and the pharmacy technical assistance centers for all Medicare Advantage Organizations and Prescription Drug Plan Sponsors, including Medicare/Medicaid Plans, or what we call MMPs.

Contracts not included in call center monitoring being discuss today include National PACE contracts, Cost Contracts, Employer Group Waiver Plans, Point of Sale Contractors, and Medicare Savings Accounts. Plans under Marketing and Enrollment Sanctions are excluded from the Accuracy & Accessibility Study until the sanctions are released.

Please note that Special Needs Plans are *excluded* from the *Accuracy measure*, or what we call Survey II. Let me expand on that last comment a bit to clarify it. If a contract has only Special Needs Plans, we do not ask accuracy questions during the Accuracy & Accessibility Study. If the contract is a mixture of Special Needs Plans and non-Special Needs Plans, we ask the accuracy question of the non-Special Needs Plans only. Results roll up to the contract level. Well cover that in more detail when we get to the section on our Accuracy and Accessibility Survey, but I wanted to mention this while we discuss which contracts are monitored by our call center monitoring studies.

# Part C and Part D

## Required Hours of Operation

Plans/Part D Sponsors must operate a **toll-free** call center

- ◆ seven (7) days a week
- ◆ from at least 8:00 a.m. to 8:00 p.m. **according to the time zones for the regions in which they operate.**

**Remember: From February 15 to September 30, Plans/Part D Sponsors may use alternative technologies on Saturdays, Sundays, and federal holidays.**

- Medicare Marketing Guidelines, 80.1



# Script - Part C and Part D Required Hours of Operation

## Part C & D Required Hours of Operation

Slide 9 outlines the requirement found in the Medicare Marketing Guidelines for required hours of operation of your Part C & Part D call centers. Our studies are designed to place calls to your call center during the times when your call centers are required to be open, which is 8:00 am to 8:00 pm, 7 days a week, according to the time zones for the regions in which they operate.

If you have a plan that serves Medicare Beneficiaries in both New York and Chicago, for example, that call center would be required to operate from at least 8:00 am to 8:00 pm local time in both the Eastern and Central Time Zones.

Our outbound monitoring calls are placed **from** the Eastern Time Zone, Monday through Friday, placing calls to Part C and Part D phone lines during the times when you are required to be open. Essentially that means that our contractor is working around the clock, for about 21 hours out of every 24-hour day. Let me give you an example to explain this. If your plan serves beneficiaries in California, using Pacific Time as an example, there would be a three-hour time difference between where we place the calls and where the calls are received. Our contractor will call you from 8-8 in Pacific time, which would be 11 am-11 pm Eastern time. I mention this so you will understand the raw call data we provide. In the raw data, the time the call was placed will show up in the time stamp as Eastern Time.

For calls to your current or prospective member customer service lines, results are provided at the contract level, based upon hours of operation in the service area(s) for the plans under that contract.

Remember: From February 15 to September 30, Plans/Part D Sponsors may use alternative technologies on Saturdays, Sundays, and federal holidays.

# Pharmacy Technical Help Desk Required Hours of Operation

Must be a **toll-free** number.

Must operate during “usual business hours.”

-Medicare Marketing Guidelines, Appendix 3

# Script – Pharmacy Technical Help Desk Required Hours of Operation

This slide outlines the required hours of operation for your pharmacy technical help desk. The requirement states that the pharmacy technical assistance help line must be open during the pharmacies' "usual hours of operation." CMS interprets this to mean during the entire period in which the part D Sponsor's Network pharmacies in its plans' service areas are open. If your pharmacy networks include 24-hour pharmacies, your pharmacy technical help desk call center must operate 24 hours a day as well.

Now let's move on to discuss the individual studies.

# The Studies

- ◆ Timeliness Study
- ◆ Accuracy and Accessibility Study

# Script – The Studies

We conduct two studies throughout the year. In this next section, we will walk you through each one so you can better understand what is monitored, when it is monitored, how it is done, and where to find your results.

# Timeliness Study

## When and What it Measures

- ◆ Conducted Quarterly
  - 4 weeks Enrollee (Parts C and D); 4 weeks Pharmacy
- ◆ Measures (performed by phone number)
  - Hold Times
  - Disconnect Rates
- ◆ Passing Scores
  - Average Hold Time of 2 minutes or less
  - Disconnect Rate of 5% or less
  - Adjusted for Margin of Error

# Script – Timeliness Study

## When and What It Measures

- ◆ 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 and disconnect rates.
- ◆ The timeliness study is conducted quarterly. **Results are calculated at the phone line level.** This is the **toll-free** phone number you entered into HPMS. To verify that HPMS has the accurate current and prospective enrollee phone numbers, TTY numbers, and pharmacy technical help desk numbers in HPMS, go to the *HPMS Home Page*, *click on Plan Bids*, *then Bid Submission*, choose “*Manage Plans*” and then *Edit Contact Data*. The 2016 Call Center Monitoring Memo you received shares the instruction for how to do this.
- ◆ A single compliance action may be taken once each quarter when an organization fails to meet one or more call center timeliness standards for Part C and/or Part D current enrollee customer service phone lines, and/or pharmacy technical held desk phone lines. The standards are maintaining an average hold time of 2 minutes or less, and when an organization has an average disconnect rate greater than 5%, after adjustment for the margin of error.
- ◆ Let’s take a minute to discuss the **average hold time**. 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 in 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. Contracts with an average hold time for each measure greater than 2 minutes are out of compliance with CMS standards.
- ◆ Our Medicare Marketing Guidelines define the CMS standard for percent of disconnected calls as being five percent (5%) or less. 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 (CSR) divided by the total number of calls made to the phone number associated with the contract. Contracts with a disconnect rate for each measure greater than 5.0%, plus the margin of error, are out of compliance with CMS standards.

# Timeliness Study

## Scope and Results

### ◆ Scope

- Part C Current Member Phone Lines
- Part D Current Member Phone Lines
- Pharmacy Technical Assistance Phone Lines
- Weekly phone number updates are pulled from HPMS
- Must be TOLL FREE numbers

### ◆ Results

- Summary data posted quarterly on HPMS
- Email with letter attachment (non-compliant)
- Raw Call Data available by request
- Does NOT count towards Star ratings
- Are display measures



# Script – Timeliness Study Scope and Results

- I want to point out that IMPAQ pulls the toll-free phone numbers from HPMS each week for this study. **IMPORTANT: 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.**
- Sometimes IMPAQ encounters a problem with the phone numbers found in HPMS. The number may not work, it may not be a toll-free number, or IMPAQ may note a trend where we call the number but it always results in a transfer or confusion. In that case, they reach out to me to explain the issue. I, in turn, reach out to your compliance officer to make them aware. **Please know that you may receive an email or a call from me throughout the year if we encounter any problems.** I strive to let your compliance officer know as early as possible in the study so that we can resolve the problem and help you be successful. I ask that you update your phone numbers in HPMS whenever necessary, and that you maintain accurate contact information for your compliance officer in HPMS.
- Results are posted in HPMS at the conclusion of each quarterly study. Only non-compliant plans/sponsors are notified by email.
- If your organization is non-compliant, your compliance officer will receive a letter from CMS letting you know that you were non-compliant. The compliance action type will be defined in that communication. All compliance actions are in the Compliance Activity Module in HPMS.
- If your organization is compliant, congratulations! You will not receive a notification. You can view your results in HPMS.
- The results of the Timeliness Study **DO NOT COUNT** toward the Star Ratings! **The results are display measures.** As such, you will be given an opportunity to review them prior to going on display.
- **IMPORTANT: DO NOT WAIT UNTIL PREVIEW PERIOD BEGINS TO REQUEST YOUR RAW DATA. IT COULD TAKE SOME TIME TO PROVIDE IT TO YOU; WE WANT TO ALLOW YOU SUFFICIENT TIME TO REVIEW YOUR DATA.** Please request raw data at the conclusion of each study. Seeing your results in HPMS should trigger your request for data!

# Timeliness Study Results Sample Format

Z9999	Average Hold Part C	Average Hold Part D	Average Hold Pharmacy Help Desk	Dis-connect Rate Part C	Dis-connect Rate Part D	Disconnect Rate Pharmacy Help Desk
1 <sup>st</sup> Quarter	COMPLIANT	COMPLIANT	COMPLIANT	COMPLIANT	7.04%	COMPLIANT

# Timeliness Study

## Results Posted to HPMS

To find your results in HPMS, follow these paths:

- ◆ 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]. **See column “G” for average hold time data and column “J” for disconnect rate data.**
- ◆ 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]. **See column “G” for average hold time data and column “J” for disconnect rate data.**
- ◆ 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]. **See column “G” for average hold time data and column “J” for disconnect rate data. This is the average hold time.**

# Timeliness Study

## Call Center Performance Metrics

### Beneficiary Customer Service Call Center Performance Metrics

Z9999 Sample Health Plan												
Call Center Performance Metric Comparison For Beneficiary Customer Service Centers												
04/22/2013 TO 04/26/2013												
	A	B	C	D	E	F	G	H	I	J	K	L
	Total Number of Monitoring Calls	Total Number of Successful Monitoring Calls	Total Number of Monitoring Calls with a 10 Minute Hold	Total Number of Unsuccessful Monitoring Calls	Percentage of Unanswered Calls <sup>2</sup>	Average Time Spent in IVR System (min:sec)	Average Hold Time (min:sec) <sup>1</sup>	Median Hold Time (min:sec) <sup>1</sup>	Average Time to Reach a Live Person (min:sec)	Percentage of Calls Disconnected (Benchmark <= 5%)	Average Hold Time (min:sec) <sup>1</sup>	Median Hold Time (min:sec) <sup>1</sup>
Contractor Enrollee - Current Week	35	31	0	4	0.00%	0:28	0:01	0:00	0:29	2.86%	0:01	0:00
Contractor Enrollee - Current Quarter	140	121	0	19	0.00%	0:28	0:09	0:00	0:38	0.71%	0:09	0:00
Contractor Enrollee - Cumulative (Year-To-Date)	280	251	1	28	0.00%	0:31	0:10	0:00	0:39	1.07%	0:08	0:00

<sup>1</sup> - Excluding time spent navigating the IVR system, if applicable.

<sup>2</sup> - Unanswered calls include those that reached an answering machine/voice mail, had a busy signal, reached a fax/modem line, were out of service, or rang with no answer.

Z9999 Sample Health Plan		
Unsuccessful Calls for Current Week (from column D above)		
04/22/2013 TO 04/26/2013		
Call Outcome Description	Beneficiary	
	Number of Unsuccessful Calls	Percent of Unsuccessful Calls
Survey could not continue for other reasons	3	75.0%
Survey could not continue, Call Center disconnected call	1	25.0%
<b>Total</b>	<b>4</b>	<b>100.0%</b>

[Technical Notes](#)

[Back](#)

[Go To: HPMS Home Page](#) | [Part C Performance Metrics Start Page](#) | [Select Contract Number Page](#)

# Timeliness Study

## Summary Data Fields – Part 1

- ◆ Total Number of Calls
- ◆ Total Number Successful Calls
- ◆ Total Calls with a 10 minute Hold
- ◆ Total Unsuccessful Calls
- ◆ % of Calls Unanswered
- ◆ Average Time in IVR
- ◆ **Average Hold Time**

# Timeliness Study

## Summary Data Fields – Part 2

- ◆ Median Hold Time
- ◆ Average Time to Live CSR
- ◆ Disconnected Call Percentage
- ◆ Average and Median Hold Time Without 10 Minute Hold

# Timeliness Study

## Unsuccessful Calls

- ◆ Unsuccessful Calls Include:
  - Breakdown By Reason
  - Count
  - Percent
- ◆ Technical Notes contain definitions.
  - Access from bottom of HPMS screen.
  - Updated version coming soon.

# Timeliness Study

## Percentage of Calls Disconnected

### From 2016 Call Center Monitoring Memo

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.

Contract ID	Organization Name	Organization Type	Contract Type (0=MA-PD, 1=PDP)	Week Dates	Call Week	Study Type (B=bene, P=pharm a)	Data Type	Total Number of Monitoring Calls	Total Number of Successful Monitoring Calls (CAS_CaseStatus=295)	Total Number of Monitoring Calls with a 10 minute Hold (CAS_CaseStatus=292)	Total Number of Unsuccessful Monitoring Calls	Percentage of Unanswered Calls (CAS_CaseStatus=291)	Average Time Spent in IVR System (min:sec)	Average Hold Time (min:sec)	Met / Not Met Average Hold Time of 2 Minutes or Less (Met=1, Not Met=0)	Percentage of Calls with Hold Time of 30 Seconds or Less (Benchmark >=80%)	Median Hold Time (min:sec)	Average Time to Reach a Live Person (Time Spent in IVR + Hold Time (min:sec))	Percentage of Calls Disconnected (Benchmark <=5%) (CAS_CaseStatus=293.5)	Met / Not Met Disconnection Performance Standard of <=5% of Calls (Met=1, Not Met=0)	Average Hold Time (min:sec)	Median Hold Time (min:sec)	Percentage of Calls with Hold Time of 30 Seconds or Less (Benchmark >=80%)
H3755	COMMUN	Local CCP	0	06/28/201	26	B	WEEK	22	21	0	1	0.00%	1:51	0:08	1	85.71%	0:01	1:59	0.00%	1	0:08	0:01	85.71%
H3755	COMMUN	Local CCP	0	06/28/201	26	B	QUARTER	93	91	0	2	0.00%	1:49	0:04	1	93.41%	0:01	1:54	1.08%	1	0:04	0:01	93.41%
H3755	COMMUN	Local CCP	0	06/28/201	26	B	CUMULAT	204	194	0	10	0.00%	1:44	0:03	1	95.36%	0:01	1:48	1.96%	1	0:03	0:01	95.36%

**The numerator is the total number of disconnected calls (codes 293.5, 296.01, 296.05).** *Remember: All codes are defined in the data dictionary delivered with any raw data request.*

The denominator is the total number of monitoring calls found in the raw data file.

With one (1) disconnected call in this quarter, and 93 total calls in the quarter, the formula is  $1/93 * 100$ , for a disconnect rate of 1.0752%, or rounded up to 1.08% (quarterly). In this example, there were 4 disconnected calls cumulatively, so  $4/204 * 100 = 1.96\%$  (cumulatively).



# Pharmacy Technical Assistance

## Example: 1-800-111-2222

	Contract H111A	Contract H222B	Contract S111C	Contract H111D
<b>Plan 001</b>	Eastern Calls placed 8 am-midnight EST	Eastern Calls placed 8 am-midnight EST	Mountain Calls placed 10 am to 10 pm EST	Eastern Calls placed 8 am-midnight EST
<b>Plan 002</b>	Central Calls placed 9am-1:00 am EST	Alaska Calls placed 12 noon to 4 am EST	Hawaii Calls placed 1:00 pm. to 5 am EST	Eastern Calls placed 8 am-midnight EST
<b>Original Method</b>	All calls for this contract through midnight local time (1:00 am EST)	All calls for this contract through midnight local time (4:00 a.m. EST)	All calls for this contract through midnight local time (5:00 a.m. EST)	All calls for this contract through midnight local time (midnight EST)
<b>Revised Method</b>	All calls to this phone number based on 24-hour operation	All calls to this phone number based on 24-hour operation	All calls to this phone number based on 24-hour operation	All calls to this phone number based on 24-hour operation

# Raw Data Requests

Email [CallCenterMonitoring@cms.hhs.gov](mailto:CallCenterMonitoring@cms.hhs.gov)

Include detailed information in your request:

- ◆ contract ID
- ◆ Identify the information you are requesting (e.g., Timeliness Study for Quarter 1 of 2016) <sup>78</sup>

It may take up to two weeks to fulfill your request for raw data. Thank you for your patience.

# Automated Call Pre-Process

- ◆ Computer Assisted Telephone Interview (CATI) System
  - Pre-process
    - Determine phone numbers to call
    - Determine number of calls based on statistical models
    - Load to CATI
    - CATI schedules calls

# Automated Survey Call Process

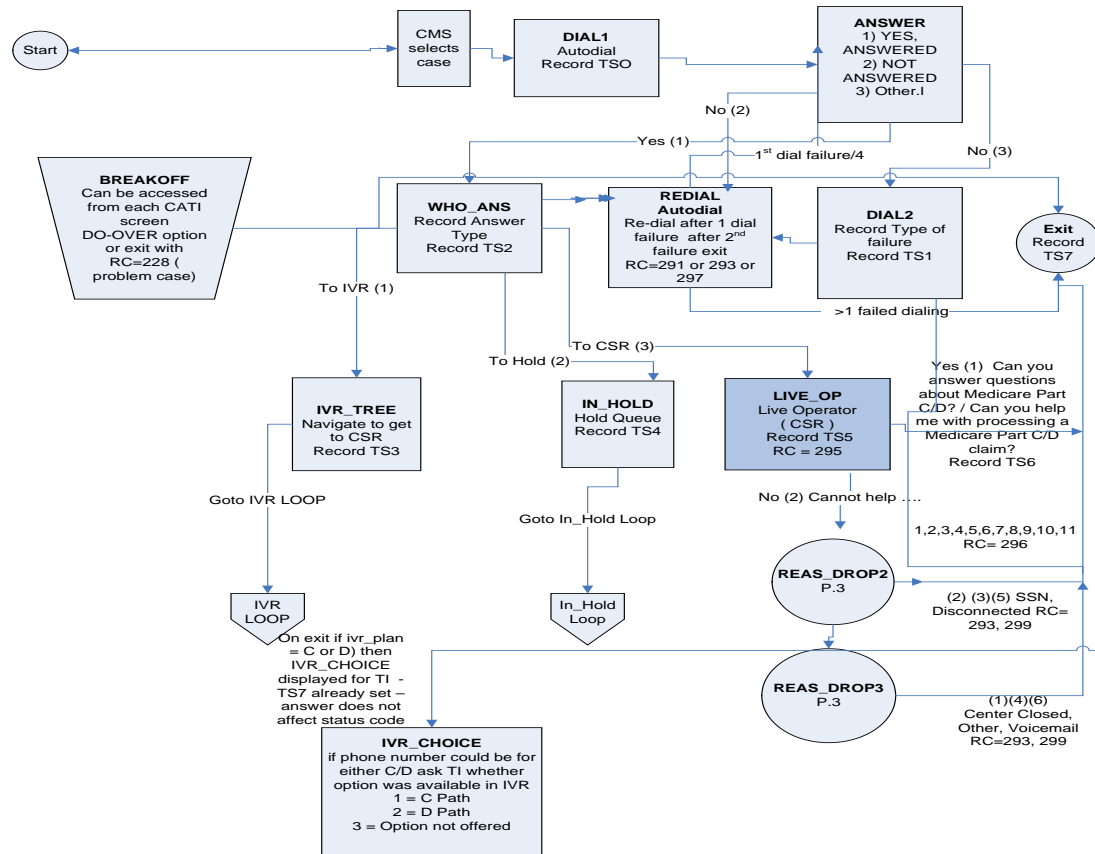
- ◆ Computer Assisted Telephone Interview (CATI) System
  - Survey Begins
    - System uses an auto-dialer.
    - CATI prompts telephone interviewer
    - At each stage of the call telephone interviewer records milestones
    - CATI timestamps each milestone
    - Each call may be dialed twice before moving to next call
    - In-progress call may be redialed by interviewer in case of error (example: selected wrong IVR option)

# Timeliness Study – Five Stages of Data Capture

## CMS Call Center Surveys – SURVEY I C&D

Version 1.0 P.4

12/13/2010



# Timeliness Study

## Raw Call Data Fields

### ◆ Raw Call Data Fields

#### ○ Date and Time Stamps

- TS0 ... Start Time of dial
- TS1 ... Phone answer failure time
- TS2 ... Phone answer success time
- TS3 ... Start of IVR time
- TS4 ... Start of Hold Time
- TS5 ... Time of answer by CSR
- TS6 ... Time when call was disconnected
- TS7 ... Time when interviewer exited the case

# Key Data Fields

## ◆ Raw Call Data Fields

- Case Id ... Identifier
- Call Status ... Final disposition of the call
- Phone number dialed
- Date and Time Stamps

Raw data is accompanied by a data dictionary to help you interpret the information.

# Compliance

Compliance action taken depends on

- Compliance history
- Severity



# General Compliance Spectrum

- ◆ Notice of Non-compliance
- ◆ Warning Letter
- ◆ Warning Letter with Request for Business Plan
- ◆ Corrective Action Plan

# Compliance Spectrum Timeliness Study

- ◆ Conducted once each quarter.
- ◆ Compliance actions “build” each quarter.
- ◆ If non-compliant in all four quarters of any year, one would reach a CAP by quarter 4.

NONC → WL → WL w Bus Plan → CAP

# Compliance Spectrum Timeliness Study (continued)

CMS reserves the right to “reset” the compliance spectrum with the start of each new year for the Timeliness Study.

We expect every contract to have a “clean slate” as we begin 2016, assuming no egregious issues are identified from late 2015.

# Methodologies

- ◆ Timeliness Survey
  - Measured at the **Phone Number level**
  - Stratified Split Sample
- ◆ Accuracy and Accessibility Survey
  - Measured at the **Call Center Level**
  - Simple Random Sample

# Accuracy and Accessibility Study

- ◆ Annual (February through May)

- ◆ Measures

- Interpreter Availability
- TTY Availability
- Information Accuracy

- ◆ Passing Scores

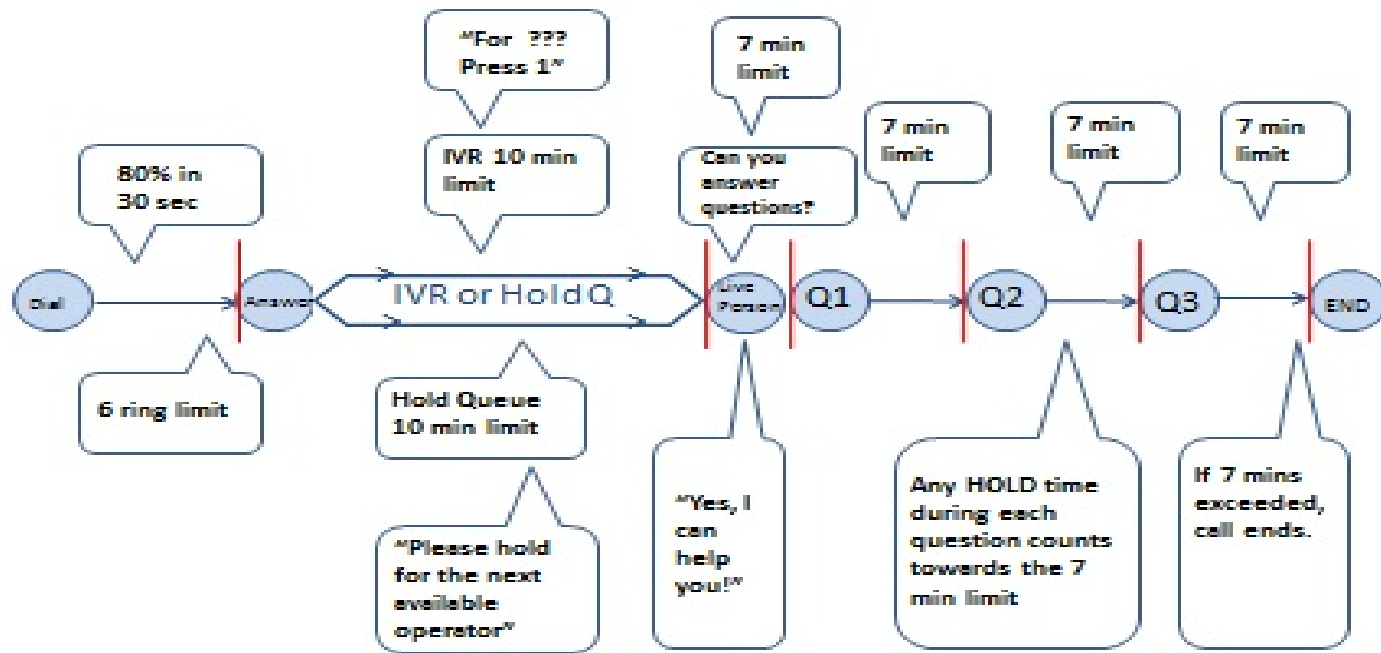
- Interpreter 75%
- TTY 60%
- Accuracy 75%
- Adjusted for Margin of Error

# Accuracy and Accessibility Study Scope

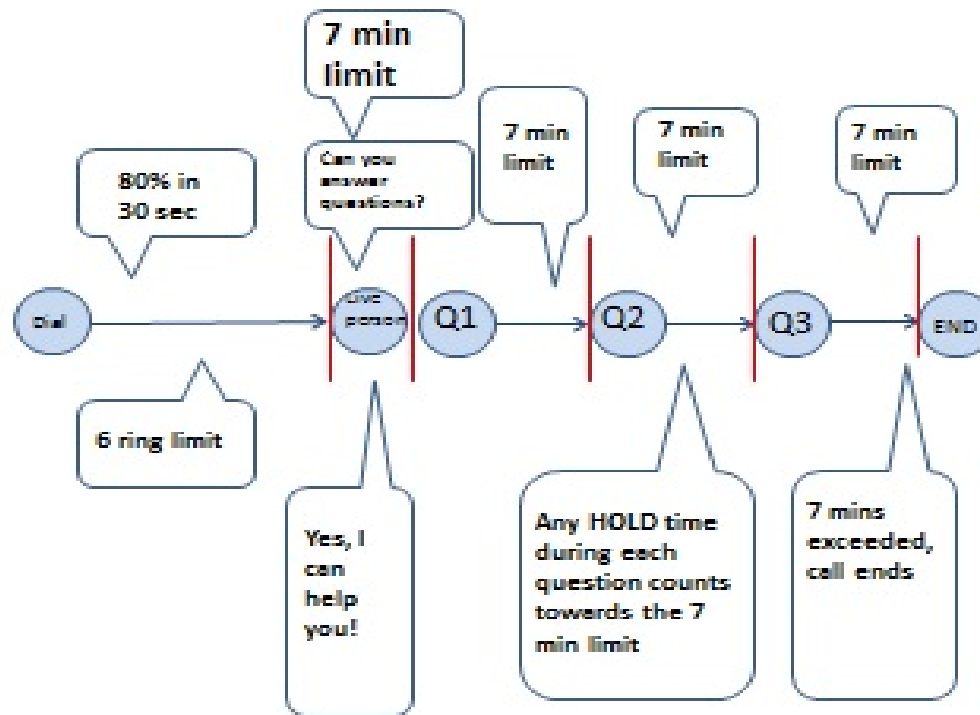
## ◆ Scope

- Part C Prospective Member Number
- Part D Prospective Member Number
- TTY Prospective Member Number
- Biweekly phone number updates
- Must be a TOLL FREE number
- Interpreters for 2016
  - English
  - Spanish
  - Mandarin
  - Cantonese
  - French
  - Tagalog
  - Vietnamese
- Puerto Rico: Spanish is primary. English and others are secondary

# Timers: Hold/IVR



# Timers: Live CSR





# Star Rating

- ◆ Two values from Accuracy and Accessibility study
  - Interpreter Availability
  - TTY Availability
- ◆ Two measures for Call Center Foreign Language Interpreter and TTY Availability
  - C32
  - D01

# Star Ratings

## Technical Notes Preview

The calculation of this measure is the number of successful contacts with the interpreter and TTY divided by the number of attempted contacts. Successful contact with an interpreter is defined as establishing contact with an interpreter and beginning the first of three survey questions. Interpreters must be able to communicate responses to the call surveyor in the call center's non-primary language (Spanish in Puerto Rico and English elsewhere) about the plan sponsor's Medicare benefits. Successful contact with a TTY service is defined as establishing contact with and confirming that the TTY operator can answer questions about the plan's Medicare Part C (or Part D) benefit.

# Star Rating - Formula

## ◆ Calculation

$$\frac{\# \text{ Successful TTY calls} + \# \text{ Completed LEP calls}}{\# \text{ TTY calls} + \# \text{ LEP calls}}$$

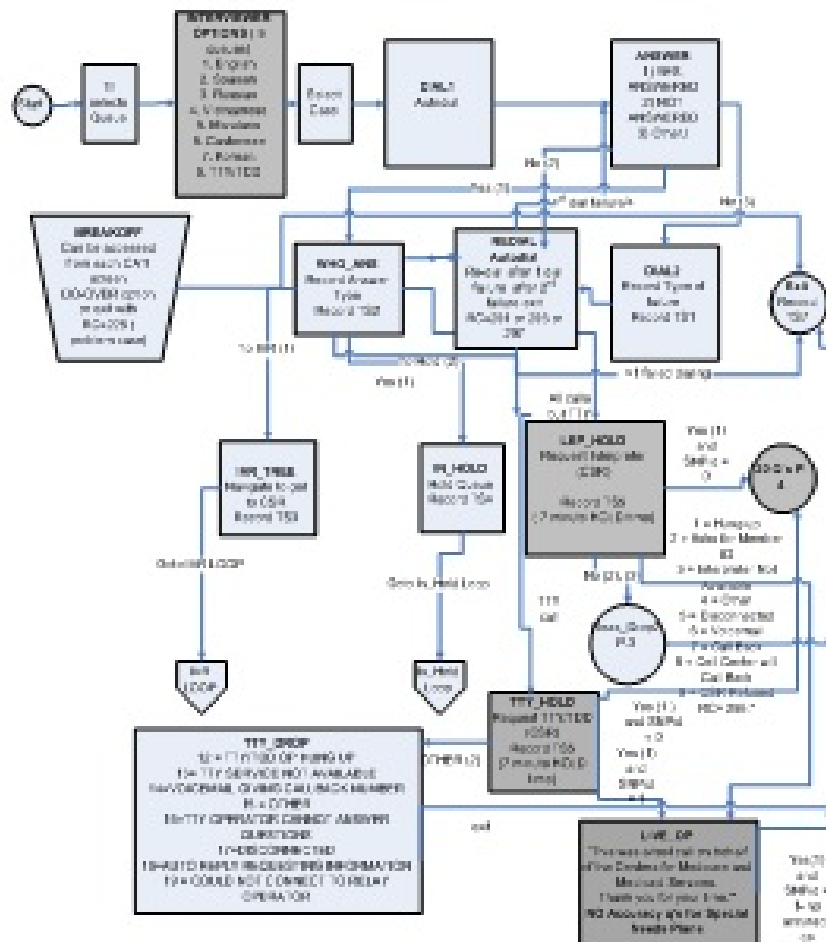
## ◆ More info on Star Ratings

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>

- CMS PartDMetrics [PartDMetrics@CMS.hhs.gov](mailto:PartDMetrics@CMS.hhs.gov)
- CMS Part C Ratings [PartCRatings@cms.hhs.gov](mailto:PartCRatings@cms.hhs.gov)

## Accuracy and Accessibility

### Survey II Accuracy and Accessibility



IVR Loop  
and  
HOLD  
Loop not  
shown

# Accuracy and Accessibility Results

## ◆ Results


- Summary data posted to HPMS
- Email with letter attachment
  - All monitored contracts
  - Areas of non-compliance are noted
  - Data used to calculate Star rating measures are included
- Raw Call Data available by request at [CallCenterMonitoring@cms.hhs.gov](mailto:CallCenterMonitoring@cms.hhs.gov)

# Accuracy and Accessibility

## Results Posted to HPMS

- ◆ Detailed results will be available in the HPMS at the following paths:
- ◆ 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].
- ◆ 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].

# Analysis Summary – Part 1


**HPMS**  
 Health Plan Management System

Health Plan Management System

[Home](#)

[create PDF](#)

## Prospective Beneficiary Customer Service Call Center Performance Metrics

Z9999 Sample Health Plan

Call Center Performance Metric Comparison For Prospective Beneficiary Customer Service Centers

02/11/2013 TO 05/31/2013

	Summary Data on Monitoring Calls								
	A	B	C	D	E	F	G	H	I
	All Calls - Total Number of Monitoring Calls	All Calls - Total Number of Completed Monitoring Calls	All Calls - Percentage of Completed Calls Out of All Calls	Total Number of LEP Monitoring Calls	Total Number of Completed LEP Monitoring Calls Out of All LEP Calls	Percentage of Completed Calls Out of All LEP Calls	Total Number of TTY Monitoring Calls	Total Number of Successful calls to the organization TTY/TDD number	Percentage of Successful calls to the organization TTY/T number
Contractor Prospective - Cumulative (Year-TO-Date)	215	173	80%	111	91	82%	32	26	8

# Analysis Summary – Part 2

## Prospective Beneficiary Customer Service Call Center Performance Metrics

### Z9999 Sample Health Plan

Call Center Performance Metric Comparison For Prospective Beneficiary Customer Service Centers

02/11/2013 TO 05/31/2013

	Completed Calls by Language																				
	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
	English - Total Number of Monitoring Calls	English - Total Number of Completed Calls	English - Percentage of Completed Calls Out of All Calls	Spanish - Total Number of Monitoring Calls	Spanish - Total Number of Completed Calls	Spanish - Percentage of Completed Calls Out of All Calls	Russian - Total Number of Monitoring Calls	Russian - Total Number of Completed Calls	Russian - Percentage of Completed Calls Out of All Calls	Vietnamese - Total Number of Monitoring Calls	Vietnamese - Total Number of Completed Calls	Vietnamese - Percentage of Completed Calls Out of All Calls	Mandarin - Total Number of Monitoring Calls	Mandarin - Total Number of Completed Calls	Mandarin - Percentage of Completed Calls Out of All Calls	Cantonese - Total Number of Monitoring Calls	Cantonese - Total Number of Completed Calls	Cantonese - Percentage of Completed Calls Out of All Calls	Korean - Total Number of Monitoring Calls	Korean - Total Number of Completed Calls	
Contractor Prospective - Cumulative (Year-TO-Date)	72	56	78%	18	15	83%	18	15	83%	17	14	82%	19	15	79%	19	14	74%	20	18	90%



# Analysis Summary – Part 3

## Prospective Beneficiary Customer Service Call Center Performance Metrics

Z9999 Sample Health Plan			
Call Center Performance Metric Comparison For Prospective Beneficiary Customer Service Centers			
02/11/2013 TO 05/31/2013			
Summary Data on Accuracy			
AI		AF	
All Calls - Total Number of Medicare Questions Asked		All Calls - Total Number of Accurate Answers to all Medicare Questions	
AG		All Calls - Percentage of Accurate Answers to all Medicare Questions	
Contractor Prospective - Cumulative (Year-TO-Date)		250	194
			78%

Z9999 Sample Health Plan																									
Call Center Performance Metric Comparison For Prospective Beneficiary Customer Service Centers																									
02/11/2013 TO 05/31/2013																									
Accuracy Results by Question																									
AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	
Question 1- Total Number of Questions Asked	Question 1- Total Number of Accurate Answers	Question 2- Total Number of Questions Asked	Question 2- Total Number of Accurate Answers	Question 3- Total Number of Questions Asked	Question 3- Total Number of Accurate Answers	Question 4- Total Number of Questions Asked	Question 4- Total Number of Accurate Answers	Question 5- Total Number of Questions Asked	Question 5- Total Number of Accurate Answers	Question 6- Total Number of Questions Asked	Question 6- Total Number of Accurate Answers	Question 7- Total Number of Questions Asked	Question 7- Total Number of Accurate Answers	Question 8- Total Number of Questions Asked	Question 8- Total Number of Accurate Answers	Question 9- Total Number of Questions Asked	Question 9- Total Number of Accurate Answers	Question 10- Total Number of Questions Asked	Question 10- Total Number of Accurate Answers	Question 11- Total Number of Questions Asked	Question 11- Total Number of Accurate Answers	Question 12- Total Number of Questions Asked	Question 12- Total Number of Accurate Answers	Question 13- Total Number of Questions Asked	Question 13- Total Number of Accurate Answers
Contractor Prospective - Cumulative (Year-TO-Date)	10	8	18	13	9	6	13	13	11	10	16	15	16	15	6	2	9	6	7	6	12	12	13	11	17

# Analysis Summary – Part 4

## Prospective Beneficiary Customer Service Call Center Performance Metrics

	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
	Question 1- Total Number of Questions Asked	Question 1- Total Number of Accurate Answers	Question 2- Total Number of Questions Asked	Question 2- Total Number of Accurate Answers	Question 3- Total Number of Questions Asked	Question 3- Total Number of Accurate Answers	Question 4- Total Number of Questions Asked	Question 4- Total Number of Accurate Answers	Question 5- Total Number of Questions Asked	Question 5- Total Number of Accurate Answers	Question 6- Total Number of Questions Asked	Question 6- Total Number of Accurate Answers	Question 7- Total Number of Questions Asked	Question 7- Total Number of Accurate Answers	Question 8- Total Number of Questions Asked	Question 8- Total Number of Accurate Answers	Question 9- Total Number of Questions Asked	Question 9- Total Number of Accurate Answers
Contractor Prospective - Cumulative (Year-TO-Date)	10	8	18	13	9	6	13	13	11	10	16	15	16	15	6	2	9	

[Back](#)

[Download to Excel](#)

# Analysis Summary – Part 5

## Prospective Beneficiary Customer Service Call Center Performance Metrics

Z9999 Sample Health Plan

02/11/2013 TO 05/31/2013

### Accuracy Results by Question

AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
Question 9- Total Number of Accurate Answers	Question 10- Total Number of Questions Asked	Question 10- Total Number of Accurate Answers	Question 11- Total Number of Questions Asked	Question 11- Total Number of Accurate Answers	Question 12- Total Number of Questions Asked	Question 12- Total Number of Accurate Answers	Question 13- Total Number of Questions Asked	Question 13- Total Number of Accurate Answers	Question 14- Total Number of Questions Asked	Question 14- Total Number of Accurate Answers	Question 15- Total Number of Questions Asked	Question 15- Total Number of Accurate Answers	Question 16- Total Number of Questions Asked	Question 16- Total Number of Accurate Answers	Question 17- Total Number of Questions Asked	Question 17- Total Number of Accurate Answers	Question 18- Total Number of Questions Asked
6	7	6	12	12	13	11	17	8	16	6	11	11	15	11	12	11	10

# Analysis Summary – Part 6

## Prospective Beneficiary Customer Service Call Center Performance Metrics

Prospective Beneficiary Customer Service Call Center Performance Metrics				
BQ	BR	BS	BT	BU
Question 18- Total Number of Accurate Answers	Question 19- Total Number of Questions Asked	Question 19- Total Number of Accurate Answers	Question 20- Total Number of Questions Asked	Question 20- Total Number of Accurate Answers
1	13	13	16	16

# Raw Call Data - Data Elements

- ◆ Contract ID
- ◆ Call Center Indicator
- ◆ Disposition Status
- ◆ Phone Number Called
- ◆ Survey Type
- ◆ IVR Disposition
- ◆ IVR keypress1 through IVR keypress9

# Raw Call Data – Data Elements Part 2

- ◆ TS0-Start of Dial
- ◆ TS1-Answer Failure Time
- ◆ TS2-Answer Success Time
- ◆ TS3-Start of IVR Time
- ◆ TS4-Start of Hold Time
- ◆ TS5-CSR Answered
- ◆ TS6-Disconnected OR Start of Accuracy Questions

# Raw Call Data – Data Elements Part 3

- ◆ TS601-Exit from Question 1, reset timer
- ◆ TS602-Exit from Question 2, reset timer
- ◆ TS603-Exit from Question 3
- ◆ TS7-Call End Time
- ◆ Call Duration in Seconds
- ◆ Hold Time in Seconds
- ◆ IVR Time in Seconds

# Raw Call Data – Data Elements Part 4

- ◆ Language
- ◆ Contract ID
- ◆ Plan ID
- ◆ Plan Name
- ◆ Language Interpreter Hold Time in Seconds
- ◆ Call Time in Minutes
- ◆ Call Center Indicator



# Raw Call Data – Data Elements Part 5

- ◆ Additional fields available for advanced troubleshooting
  - Telephone Interviewer comments
  - Accuracy question data

# Compliance – Accuracy & Accessibility

## Compliance Spectrum by Year

- ◆ TTY – 2015
- ◆ Interpreter Availability - 2015
- ◆ Accuracy - 2016

# Compliance Reminder

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.**

# TIPS - Telecommunications Relay Services (TRS)

- ◆ Umbrella of services for hearing and speech impaired persons
- ◆ Available in all 50 states, the District of Columbia, Puerto Rico and the U.S. territories for local and/or long distance calls.
- ◆ TTY is just one of the TRS services
- ◆ FCC web site has information on TRS
- ◆ <http://www.fcc.gov/guides/telecommunications-relay-service-trs>

# TIPS - Text to Voice (TTY) - Part 1

- ◆ History – from teletypewriters to digital devices
- ◆ Hearing/Speech impaired use their TTY to reach the relay service
- ◆ Relay operator calls the requested number and relays the message or question
- ◆ Relay operator then relays the reply to the caller

# TIPS - Text to Voice (TTY) – Part 2

- ◆ 711 number established
- ◆ Similar to 911 – no 10 digit number to memorize
- ◆ FCC list for each state

<http://www.fcc.gov/encyclopedia/telecommunications-relay-services-directory>

# TIPS - Text to Voice (TTY) – Part 3

## Maryland

**TRS Provider - Hamilton Relay; Captioned Telephone (CapTel):  
Hamilton Relay**

**Address:** P.O. Box 285, Aurora, NE 68818

**Customer Service #'s:** 1-800-552-7724(V/T)

**Email:** [mdrelay@hamiltonrelay.com](mailto:mdrelay@hamiltonrelay.com)

### **Access #'s:**

711 - In Maryland

1-800-201-7165(V/T)

1-800-735-2258(TTY/HCO)

1-888-826-9673(VCO)

1-800-785-5630(STS)

1-877-735-5151(ASCII)

1-877-258-9854(2-Line VCO)

1-855-828-6465 (VA STS)

1-800-877-1264(Spanish)

# TIPS - Text to Voice (TTY) – Part 4

- ◆ Test TTY calls using the local relay in your plan's service area.
- ◆ FCC website maintains a list of toll-free numbers for each relay.
- ◆ If you have difficulty connecting to the relay number, consult your phone company.



# TIPS – 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.

# TIPS - Language Interpretation Services – Part 1

- ◆ Do you have CLAS?
- ◆ *The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*
- ◆ <https://www.thinkculturalhealth.hhs.gov/>
- ◆ Contact [AdvancingCLAS@ThinkCulturalHealth.hhs.gov](mailto:AdvancingCLAS@ThinkCulturalHealth.hhs.gov)

# TIPS - Language Interpretation Services – Part 2

- ◆ 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.

# TIPS - Language Interpretation Services – Part 3

- ◆ 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.
- ◆ Consult CLAS Blueprint on the Cultural Health web site.

# TIPS - Accuracy Questions – Part 1

- ◆ Questions for 2016 are not released until the end of the study
- ◆ Some questions are renewed from year to year
- ◆ Some new questions are added
- ◆ Approximately 18-20 questions each for Part C and Part D

# TIPS - Accuracy Questions – Part 2

- ◆ 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.

# TIPS - Accuracy Questions – Part 3

## ◆ Other resources

- Landscape files

- <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/>

- Part D Information , including Call Letters

- <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/index.html>

- Regulations

- PBP

- Formulary

- Managed Care Manuals

- <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html?DLPage=2&DLSort=0&DLSortDir=ascending>

# Communication

- ◆ Do not use secure email services to contact CMS.
- ◆ We do not have the resources to maintain user-ids and passwords.
- ◆ If you have concerns, contact us at  
[CallCenterMonitoring@cms.hhs.gov](mailto:CallCenterMonitoring@cms.hhs.gov)



# Call Screening

- ◆ Survey calls may be easy to recognize, although we have de-identified/masked the number.
- ◆ Please tell your CSRs not to ask “Is this a test call?” or “Didn’t you call me yesterday?” Remember, your caller may not be our monitoring contractor: Be Professional!

# Inclement Weather

Reminder: From February 15 to September 30, Plans/Part D Sponsors may use alternative technologies on Saturdays, Sundays, and Federal holidays.

Otherwise, your call centers must be open during required hours of operation. Be prepared with a back-up plan in case of inclement weather.

# Emergencies

We remind Part D sponsors that they must continuously monitor both the Federal Emergency Management Agency (FEMA) Web site (<http://www.fema.gov/>) and the DHHS Web site (<http://www.dhhs.gov/>) for updates, changes and/or closures of existing emergency declarations.

# The Bottom Line

- ◆ Hearing and Speech Impaired and Limited English Proficient Enrollees and Prospective Beneficiaries are some of the most vulnerable groups in our society.
- ◆ Successful results ensure they are getting the service they deserve.
- ◆ WIN-WIN-WIN for
  - Health Plan sponsors/**BENEFICIARIES**/CMS

# Questions?

# Open the phone lines!

# How May I Serve You?

Email us at [CallCenterMonitoring@cms.hhs.gov](mailto:CallCenterMonitoring@cms.hhs.gov)

Raw Data Requests

Answer your questions

Help you find resources (Technical Notes, Performance Metrics, HPMS Help Desk, etc.)

# Call Center Monitoring

***Thank you for attending our  
webinar.***

Send Questions or Comments to

[CallCenterMonitoring@cms.hhs.gov](mailto:CallCenterMonitoring@cms.hhs.gov)