



CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

Real Time Caption Transcript

The following is a transcript of the real time captioning provided live, during the webcast. It is not a 'text perfect' translation of the spoken word. Rather it is imperfect translation of what the captioner heard. Please refer to the webcast recording for the actual record of the event.

Customer Service Monitoring Linda Gousis, CPC/MDBG/DBPM

Linda Gousis

Hi, good morning, everyone. I'm Linda Gousis. I will talk to today about customer service monitoring. First, I will talk with you about the call center monitoring studies, then about what you can expect in 2011, then we will talk about the results from 2010, which I know you are all interested in, then I will give you a few next steps.

Let's move on to slide 2. All right. So CMS monitors your call centers for compliance with the CMS call center standards. We do this because your call centers are the link between beneficiaries and your plans. If they have any questions they will call you and want to have details. Another reason for monitoring is since we've started compliance with standards has increased. We like to see you doing better and better.

Slide 3. We monitor multiple call centers. We monitor your current enrollee centers, your prospective enrollee call centers, and also pharmacy call centers. Some of what we monitor has become a part of an agency-wide strategic access plan. The monitoring is not going away any time soon, continue to work away at it.

These are our customer service standards. These standards have all been in place since we started the Part D program. You can find them in the guidelines, chapter 2 of the managed care manual. Let's go through them through here. Your average hold time needs to be 2 minutes or less. The time in between -- after a caller has gone through your touch-tone response system and before they reach a live person. If your organization has a very robust system with lots of options we will not penalize you for that. It will be the waiting period before they get to a live person. The disconnect rate needs to be 5% or less. That's a call where a CSR hangs up on a caller, usually that's by accident. If there's a glitch in the call, or if somebody is navigating through your system and it drops the call. Another standard that we have is providing accurate plan information, you need to be able to provide foreign language interpreters. This standard is completely independent of written materials. Lastly, you need to provide TTY services to the deaf and hearing impaired. You need to have an inhouse TTY device or direct callers through your state relay service. Although these guidelines look easy, it looks simple, it's not necessarily easy.

Slide 5. Now I will go into the studies that we have. We have two call center monitoring studies, they measure different things, different times of the year, using different numbers. We have our timeliness study and our accuracy and accessibility study. We have a contractor that carries out these studies for us.

Slide 6. Since 2006 we've run our timeliness study, it measures hold times and disconnect rates. In 2011 we also look to make sure that you are open when you should be. We will look for inappropriate closers. Your pharmacy technical help desk needs to be open 24 hours a day, they need that claim to go through right then, if there's a problem the pharmacists need to be



CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

able to call and reach your pharmacy help desk.

Slide 7. For the timeliness study the calls are placed in your current enrollee call centers. This is your current enrollee call center number, again. We also call your pharmacy technical help desk. We use the numbers that your organization enters into HPMS. If you give us the wrong number we can't back out your data and void it. Make sure your numbers are correct. If you change your number, make sure you change the number in HPMS. When do this study we pull the numbers every week. The frequency for the study is one month out of each quarter. One month we look at Part D. The next month we look at Part C. The calls are spread out throughout the week, they're not all made on Monday. You can find the data from this study on HPMS in the quality and performance section. You can also find more just this information, you can also find the number of calls by a given week and quarter. The timeliness study is just a snapshot of what your times look like. If you are doing your own internal monitoring keep in mind they will not mirror up exactly. We're not looking at all of the calls, we're just looking at the few that we place.

On the next slide we will talk about the accuracy and accessibility study, we which started in 2009. It covers information accuracy, how well your representatives can answer questions. It covers interpreter availability and TTY functionality. So I will talk more about each measure. Sore the information accuracy information we have 20 different questions for Part C and 20 questions for Part D. Each time we call we will ask three questions. These questions can be plan specific, the specific contract, the specific PDP ID. We have a particular county on the screen when we call, we're calling with a question about a specific benefit package. We get the questions from the benefit information that you provide to us, information about formulary coverage, also Medicare and U.

Slide 9. A few more measures. Interpreter availability. Here on the slide I have the languages that we call in. These are the most frequently requested at 1-800-Medicare. We've had some improvements in this area, I want to congratulate everyone on that. We were very pleased there. Congratulations on that. Half of the calls are placed in English. 40% are placed in a nonEnglish Langage. 6 to 7% are conducted using TTY.

Slide 10. We call your prospective enrollee customer service center. You need to be well versed in most Part C and D. We need to be able to get through to your CSR. That's a little bit of rationale about why we use the perspective enrollee numbers. We conduct the accuracy study in February and March and May and June. We have the calls spread out throughout the days of the week and different times of the day. This data is available. Many of you saw it for plan preview, I got quite a few questions. Later we will get you that more detailed information. I don't know if you remember the letters that went out last September, it had your results, how you did, the questions. That will be coming to you soon.

Let's talk about 2011 on the next slide. We will continue the timeliness study. Make sure that you look up in the guidelines, we will have our new element closures. Make sure centers are open when they should be, make sure pharmacy technical help is open. Make sure you are open on New Year's Day. It's the first day of the new benefit year. For us it's like the start of the football season, please don't miss kickoff.

Slide 12. For the accuracy study we will have new questions for 2011. We will recycle from 2009 and 2010, use those as a study guide. We will use the same foreign language. We will reduce the number of calls by quite a bit. We will reduce the number of calls this year by about half. If



CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

had been getting about 25 a week, you can expect about 12-15. We think this is a good balance of getting the information we need, it will be less of a burden on you. Your CSRs need to be prepared to do a good job. Remind your CSRs when it's our study times to do a good job here.

Moving on to slide 23, or 13. Also, I will give you a few of the 2011 potential information accuracy topics. Coverage gap discount, probably not a surprise. Also maximum out-of-pocket. I don't like to write compliance letters. I want beneficiaries to get the right information they need, that's your goal, as well. All right.

Next slide. Let's talk about the 2010 results. CMS was very pleased overall. Results increased. We were very, very pleased to see. On the next few slides the tables will show the average results across all organizations. These were my results, how did I compare to other organizations? Now you will know. When do get your results later on this month you can refer back and see how well you did compared to others.

Moving on. Actually, let me go back to the previous one. I will just talk for a minute about the average hold times. For 2010 they looked great, everybody was under 2 minutes, this is good. We will move again forward to the disconnect rate.

As you can see here, everyone was below the 5% standard, we were pleased with that. On to the accuracy and accessibility study results. We had new questions for 2010. We did use a few old ones from 2009. The Part C questions were easier than the Part D questions this year, that's reflected in the scores here. The D questions were consistent with last year's questions. I just want to remind you that the C questions will be a little bit harder next year. Be prepared for that.

On the next slide I will provide you with a few topics to have your CSRs brush up on. For Part D make sure they know when beneficiaries need referrals. This is a little bit of a concern. Also, make sure that your customer service teams know you can't use medical gap to pay for out of pocket costs.

Part D, need to work on Medicare therapy management, what the details are on that. Also what is best available evidence for low income subsidy, and how it can be used. And lastly drug coverage and the gap, big topic for this year.

On the next slide we will go into -- let me pause on this slide for a minute. Quite a few organizations were concerned that their information accuracy score would suffer because such a large percentage of the calls were placed in a foreign language or using the TTY. Regardless of the language that was used, or the use of TTY, the accuracy of the answers was about the same. People were concerned that things would be lost in translation, we don't think that was the case. You will be able to see how you fared. Overall I don't think we need to be worried about things getting lost in translation.

Interpreter availability. I was happy to see this. Almost immediately we saw foreign language callers were connected almost immediately with interpreters. This is just great. I think there's potential for even more improvement, as you will see on the next slide.

Table 6. Foreign language calls that reached a representative, but they didn't get you an interpreter. Only about 75% are getting connected to an interpreter to help answer their calls. Make sure you train your representatives to bring that interpreter into the call, make sure they don't hang up when they bring the interpreter on. Last year we had a problem with that, they



CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

would bring in the interpreter, they thought they were done, no. The three-way call between the interpreter, the CSR and the caller. The CMS plan that I mentioned earlier is shooting towards an 80% standard for being able to reach an interpreter by 2013.

This year we looked at the average hold time, how long it took to get an interpreter on the line. We were very pleased, it took a little over a minute. We were concerned that people were having to wait, it doesn't look like that was happening.

On the next slide I have our results for TTY functionality. Here is saving the best for last, we had about 15% increase here. It is much better than last year. Thank you so much to all of the organizations who really researched this topic, worked with your call centers to make sure that your TTY calls are answered, that you are using the state relay services. We saw improvement here. Very nice, very promising. I hope to continue in this direction. We will analyze the data, we asked for more data points. We will see what we can do and what the data will reveal to help you make your processes better.

Moving on to the next slide. We also looked at the average hold time it took for a TTY operator to come on to the phone. This is how long it took for somebody to start responding back using the TTY machine. It was about two and a half minutes, we're looking into that. Generally I think this is pretty good, ideally we want to have the time lower. We will look to see if there's differences between inhouse TTY machines and state relays here.

Here are a few next steps that can you that take. Make sure that your phone numbers are correct in HPMS. I mentioned that at the beginning, I am mentioning it now. Train your CSRs so they know how to connect to interpreters. Make sure to train your new staff. Make sure to remind your staff that CMS is going to be starting a study, CMS is going to be calling. Create a staffing plan for your TTY machines. The most successful organizations last year had a particular staffing plan. So every hour of the day when the machine was operating somebody knew it was their responsibility to go to that machine when it rang or buzzed. Tell new employees about the CMS study so if they get a call and they're thinking I have already answered questioned that are very similar to this, don't have the new employee say I already answered these questions and hang up. Feel free -- we're not trying to hide anything. Put your best foot forward, take it as an opportunity to really shine. Look for the call center memo, we will put it out mid-November. Check your phone numbers, make sure they're correct and in the right place. We will give you a few tips on how to improve your processes and make sure that things go smoothly for 2011.

Here are some helpful resources. Make sure to check them out. There's the regulations, marketing guidelines. Check out the new version that came out in June. The HPMS memos have operational tips so you can score well on our studies.

On the last slide you have my contact information. When you email go ahead and cc your account manager so we can keep them in the loop, they like to be included, it's important to do that. I won't be taking questions during this session. Usually the questions get a little too far in depth, I don't have your results with me. I would be happy to work with you if you call me. After I send out the letters later on this month I will block off some time on my calendar for calls, we can set up a call, we can go flew your results -- through your results. I am happy to do that. I do want to congratulate, overall we saw great improvements. I think that's very important. It's not just a reflection of percentages going up, more beneficiaries are getting the information they need and the services that they deserve, so thank you very much. [Applause]



CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

I told you, you were going to like her.

Yes?

I want to make a quick recommendation. With respect to TTY, we have been living with that technology a very long time. I had a thought I wanted to bring to CMS, to you specifically. I think it might be helpful. All customer service representatives have keyboards. Since we have single switches, technology, computing, why not think about, instead of having a TTY desk, but that every single customer service desk becomes a TTY desk, so that CMS goes out to vendors all over the country, makes a recommendation to the software industry, instead of just doing the little things, little places, to expand it out to TTY for everyone. That way, you work with people with special needs on the regular course of business, creates a tremendous reduction in the processing of people who are often excluded from the regular interaction within the special needs population versus, let's call it the typical population. That's the recommendation I wanted to make.

Thank you.