DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES
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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 Chavez-Valdez, Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: 2017 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 2017. 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 2017 call center information **no later than January 2, 2017**.

Call Center Monitoring Background
In 2017, 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 Part C, Part D, and Medicare-Medicaid Plans' (MMP) current enrollee beneficiary call center phone lines and pharmacy technical help desk lines to determine **average hold times** and **disconnect rates**. 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/or when an organization has an average disconnect rate greater than 5%. Note that thresholds are adjusted for margin of error.

Part C and D sponsors and MMPs will receive a compliance action for the **Timeliness Study** if, after the adjustment for margin of error, it fails to maintain an average hold time of 2 minutes or less and to limit the disconnect rate of all incoming calls to five (5) percent or less.

Results will be available quarterly through the HPMS at the following paths:

1. For Part C results, from the HPMS home page: 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 "M" for disconnect rate data.

[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 (June 10, 2016), 30.5, 80, Appendix 3.

2. For Part D results, from the HPMS home page: - Quality and Performance - Performance Metrics - Call Center Monitoring - Part D Beneficiary Customer Service - [select time period] - [enter the contract number]. Please look at column "G" for average hold time data and column "M" for disconnect rate data.

3. For Pharmacy technical help desk results, from the HPMS home page: - Quality and Performance - Performance Metrics - 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 "M" for disconnect rate data.

The **Accuracy and Accessibility Study** measures Part C, Part D, and MMPs' prospective enrollee beneficiary call center phone lines to determine (1) the **availability of interpreters**[2] for individuals, (2) **TTY functionality**[3]**,** and (3) the **accuracy**[4] **of plan information provided by customer service representatives** (CSRs) in all languages.[5] This study is conducted from approximately February through May, and compliance actions will be taken when an organization's interpreter availability is less than 75%, its TTY service score is lower than 65%, or its rate of accurately answering questions is below 75%.

Overall results will be provided via HPMS and announced via an HPMS email. Informational notices will not be issued in 2017, so compliance officers should watch for the HPMS announcement and review the results in HPMS carefully. Organizations may download the raw data/call detail files directly from HPMS. Upon request, CMS will consider challenges to the data for miscalculations or the use of incorrect data sets. **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: 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: Quality and Performance - Performance Metrics - Call Center Monitoring - Part D Prospective Beneficiary Customer Service - [enter the contract number].

Compliance

As stated above, compliance actions will be taken when an organization fails to maintain an average hold time of 2 minutes or less, has an average disconnect rate greater than 5%, has an interpreter availability score lower than 75%, has a TTY service score lower than 65%, or has a rate of accurately

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[2] 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. Interpreters must be able to communicate responses to the call surveyor in the call center's non-primary language about the plan sponsor's Medicare benefits. (The primary language is Spanish in Puerto Rico and English elsewhere.) A call is considered successful when the caller confirms that the CSR is able to assist in that language. A call is considered complete when establishing contact with an interpreter and beginning the first of three survey questions within eight 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.

[3] 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 within 7 minutes, and then beginning the first of three general Medicare or plan-specific questions via 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.

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

[5] Languages tested in 20176 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.

answering questions lower than 75%. Note that thresholds are adjusted for margin of error. 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 and 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 that organization's enrollees.

IMPORTANT ACTION: Verify 2017 Call Center Information

All applicable Part C and D sponsors and MMPs should prepare for this monitoring effort by verifying the accuracy of their 2017 Part C and Part D call center phone numbers in HPMS by **January 2, 2017**. 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 biweekly 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. CMS strongly encourages you to keep your phone numbers up to date in HPMS at all times. **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 your pharmacy technical help desk number, which is a contract-level contact and not a bid-level contact, use the following path: HPMS home page - contract management - basic contract management – select contract number – *click or type contract number* - contact data - Pharmacy Technical Help Desk Contact.

Verify current and prospective enrollee numbers and TTY 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.

4. Edit the mailing address, telephone numbers, and e-mail address for that contact, if applicable.

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.

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.
- Please make certain you have entered the **TTY Local Phone Number** and the **TTY TOLL-FREE Phone Number**. If your plan does not use a dedicated, in-house TTY device, you may enter 711 in both fields. The toll-free TTY number must be populated, as this is the number we pull for the Accuracy & Accessibility Study. All TTY numbers must be either three numeric characters or 10 numeric characters.

*This information can be found in Chapter 1 of the CY2017 Bid User Manual (*HPMS home page - Plan Bids - Bid Submission - CY2017 - View Documentation - Bid User manual*).

Tips for Success

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

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. **If you have updates at any time during the year, please enter them into HPMS immediately. A delay in updating the phone number(s) will result in unsuccessful calls for your plan(s).**
- 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 interpreter 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 the primary language will not make a selection in the interactive voice response (IVR) technology if the instruction is only in the primary language. 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.** If the IVR instruction *is* available in the language being tested, the test callers *will* make an appropriate IVR selection. For example, if the language being tested is French, and instruction is available in French in the IVR to select an option for French, the test caller *will* make that selection. (Please note that the primary language in Puerto Rico is Spanish, and English elsewhere. When testing calls in Puerto Rico, English is considered a foreign language.)
- Because the time is limited to 7 minutes for each of the general accuracy questions, a best practice for CSRs is to speak at a high level first and offer more detail, if asked.
- 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.
- Monitor CSR calls to ensure that foreign-language calls are being handled according to the sponsor's policies and procedures.

- Ensure that interpreters are available within 8 minutes of the caller reaching a CSR.
- Ensure that CSRs are able to respond promptly to questions. By protocol, each accuracy 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.
- Ensure that your organization does not employ IVR logic that will block calls at certain times based solely upon the area code of the caller.
- Carefully review your service areas to ensure you are covering the call center from 8:00 a.m. to 8:00 p.m. for **all** of your plans' local service areas. Check carefully to verify your coverage for any counties that are split into two time zones or to confirm observance of daylight savings time. For example, some contracts will occasionally serve counties that are split into two time zones. Also, most of Arizona is exempt from daylight savings time; however, the Navajo Nation lands, which extend to the states of Arizona, New Mexico and Utah, observe daylight saving time. Regardless of whether two time zones are served or daylight savings time is or is not observed, call centers are required to be open from 8:00 am.to 8:00 p.m. in all local service areas for all of its current or potential enrollees.

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 accuracy 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 2017 edition of *Medicare & You* to ensure your CSRs are trained on new Part C and Part D benefit information for 2017.
- 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 for 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* offer health and health care organizations 15 action steps for providing culturally and linguistically appropriate services. The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health care disparities. The Principal Standard is to "Provide effective, equitable, understandable, and respectful quality 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/clas. 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.

Call Center Monitoring Reference Materials

The recording of the 2016 Call Center Monitoring Webinar held on February 3, 2016 is available at https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/index.html under "Related Links." Please see the link for "2016 Part C and Part D Call Center Meeting." The slide deck is available under the "Downloads" section. Please see "2016 Call Center Monitoring Slides Script Questions and Answers." As updated training materials become available, they will be added to this web page and announced via an HPMS email.

If you have any questions about the 2017 call center monitoring effort, please contact the Call Center Monitoring mailbox at CallCenterMonitoring@cms.hhs.gov.