

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



## **CENTER FOR MEDICARE**

---

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

**FROM:** Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

**DATE:** December 14, 2012

**SUBJECT:** 2013 Part C and Part D Call Center Monitoring and Guidance for Providing Services to Limited English Proficient Beneficiaries

The Centers for Medicare & Medicaid Services (CMS) will continue monitoring Part C and Part D call centers in 2013. 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 2013 call center information by **December 27, 2012**.

### **Call Center Monitoring Background**

As in the past several years, CMS, assisted by Research Triangle Institute (RTI) International, will monitor plan sponsors' call centers to ensure compliance with CMS call center standards.<sup>1</sup> CMS conducts two studies, and each study is 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**<sup>2</sup> and **disconnect rates**.<sup>3</sup> 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%.

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.

---

<sup>1</sup> Medicare Managed Care Manual, Chapter 3 and Medicare Prescription Drug Benefit Manual, Chapter 2, Medicare Marketing Guidelines (June 7, 2012), 30.7, 80.1, Appendix 5.

<sup>2</sup> 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.

<sup>3</sup> 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 CSR (CSR) divided by the total number of calls made to the phone number associated with the contract.

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 > Part C Performance Metrics > Beneficiary Customer Service Call Center Performance Metrics > [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 > Part D Performance Metrics and Reports > Beneficiary Customer Service Call Center Performance Metrics > [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 > Part D Performance Metrics and Reports > Pharmacy Support Customer Service Call Center Performance Metrics > [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 an organization’s own internal monitoring results.

The **accuracy and accessibility** study measures plan sponsors’ Medicare Part C and Part D prospective enrollee beneficiary call center phone lines to determine (1) the **availability of interpreters**<sup>4</sup> for individuals, (2) **TTY/TDD functionality**, and (3) the **accuracy of plan information provided by customer service representatives** (CSRs) in all languages. This study is conducted from February through May, and compliance actions will be taken when an organization’s interpreter availability is less than 75%,<sup>5</sup> its TTY service score is lower than 60%,<sup>6</sup> and/or its rate of accurately answering questions is below 75%.

Compliance action may also be taken where an organization is either an outlier with respect to other 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.

---

<sup>4</sup> Languages tested in 2013 will be Cantonese, Mandarin, Vietnamese, Spanish, Russian and Korean; English will be tested as a foreign language for organizations with a service area exclusively in Puerto Rico.

<sup>5</sup> 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.

<sup>6</sup> TTY/TDD 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/TDD device or relay operator. The number of successful calls out of all TTY/TDD calls is used for compliance as well as star ratings measures.

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/TDD calls); CMS will not consider challenges premised on an organization's own internal monitoring results.

Results will also 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 > Part C Performance Metrics > Prospective Beneficiary Customer Service Call Center Performance Metrics > [enter the contract number].
2. For Part D results, from the HPMS home page (<https://www.hpms.cms.gov>): Quality and Performance > Part D Performance Metrics > Prospective Beneficiary Customer Service Call Center Performance Metrics > [enter the contract number].

### **Verify 2013 Call Center Information**

All Sponsors should prepare for this monitoring effort by verifying the accuracy of their 2013 Part C and Part D call center phone numbers in HPMS by **December 27, 2012**. Sponsors 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/TDD numbers. If an organization achieves poor results on the measures due to inaccurate telephone numbers, the results will not be negated. If any of the phone numbers change during the year, sponsors must immediately update their phone numbers in HPMS. Use the paths outlined below to correctly update the phone numbers.

Verify current and prospective enrollee numbers and TTY/TDD numbers through the following path: HPMS Homepage > Plan Bids > Bid Submission > Contract Year 2013 > Manage Plans > Edit Contact Data.

Verify pharmacy technical help desk numbers through the following path: HPMS Homepage > Contract Management > Basic Contract Management > Select Contract Number > Contact Data.

### **Tips for Success**

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

#### *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.
- 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 LEP beneficiary 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 taken off guard by foreign-language callers.

*TTY/TDD 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, ensure that during the hours your call center is required to operate with live CSRs that it has a staffing plan that includes coverage for the TTY device.
- 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 or state relay operators are able to promptly respond 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 80.2.
- Review the 2013 edition of *Medicare & You* to ensure your CSRs are trained on new Part C and Part D benefit information for 2013.
- 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 Medicare Part C and D sponsors of the Office of Minority Health's (OMH) National Standards on Culturally and Linguistically Appropriate Services (CLAS). These standards are available at: [www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov). The standards include ensuring timely access to all services and care offered by the organization to limited English proficient individuals or individuals with communication needs (Standard 4); notice of the availability of language services (Standard 5); and quality of language service provided (Standard 6). The fourth standard required of recipients of federal funds pertains to the provision of easy-to-understand print and electronic materials and signage in the languages commonly spoken in the service area (Standard 7). CMS strongly encourages sponsors to review the OMH National Standards on CLAS as well as the soon to be released enhanced standards on CLAS. If you have any questions about the OMH National Standards on CLAS, please contact Guadalupe Pacheco at [guadalupe.pacheco@hhs.gov](mailto:guadalupe.pacheco@hhs.gov).

If you have any questions about the 2011 call center monitoring effort please contact Greg Bottiani at [Gregory.bottiani@cms.hhs.gov](mailto:Gregory.bottiani@cms.hhs.gov) or (410) 786-6920.