DEPARTMENT OF HEALTH & HUMAN SERVICES
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CENTER FOR MEDICARE

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TO: All Medicare Advantage Organizations, Prescription Drug Plan Sponsors and Medicare-Medicaid Plans (excluding PACE contracts, cost contracts, MSA contracts, and employer-only plans)

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SUBJECT: 2019 Part C and Part D Call Center Monitoring - Guidance for Timeliness and Accuracy & Accessibility Studies

The Centers for Medicare & Medicaid Services (CMS) will continue monitoring Part C and Part D call centers in 2019. 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 2019 call center information **no later than January 2, 2019**.

In 2019, CMS has contracted with Insight Policy Research, and its subcontractors IMPAQ International and Precision Opinion, to monitor plan sponsors' call centers to ensure compliance with CMS call center standards defined in 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 Communications and Marketing Guidelines (September 5, 2018), in Sections 30.3 and 80.

The **Timeliness Study** measures Part C and Part D *current enrollee* call center phone lines and pharmacy technical help desk lines to determine **average hold times** and **disconnect rates**. This study is conducted over four consecutive weeks each quarter, 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%. These compliance cut points are unchanged from 2018. Note that thresholds are adjusted for margin of error.

Important definitions for the Timeliness Study:

1. The percentage of calls disconnected is defined as the number of calls unexpectedly dropped by the plan sponsor divided by the total number of calls made to the phone number associated with the contract.

2. The average hold time is defined as the average 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.

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.

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 & Accessibility Study** measures Part C and Part D *prospective beneficiary* call center phone lines to determine (1) the **availability of interpreters** for individuals, (2) teletypewriter (**TTY) functionality,** and (3) the **accuracy of plan information provided by customer service representatives** (CSRs) in all languages. Languages tested in 2019 will include English, 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. This study will be conducted from approximately February through June 2019. Compliance actions will be taken when an organization's interpreter availability score is less than 75%, its TTY service score is lower than 75%, and/or its rate of accurately answering questions is below 75%. Note that thresholds are adjusted for margin of error.

Important definitions and exclusions for the Accuracy & Accessibility Study:

1. Interpreter availability is defined as the ability of a caller to communicate with someone and receive answers to questions in 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 or Medicare-Medicaid benefits. (The primary language is Spanish in Puerto Rico and English elsewhere.) A *call* is considered successful when the caller reaches a CSR who is able to assist. The *measure* is considered complete when establishing contact with an interpreter and answering the introductory question (before beginning the first of three general Medicare or plan-specific accuracy questions) within eight minutes. The percent of completed foreign language calls (number of completed foreign language calls divided by all foreign language calls) is used for compliance as well as star ratings measures.

2. TTY functionality is defined as the ability of a caller using a TTY device to communicate

with someone and receive answers to questions at the sponsor's call center directly or via a relay operator. A successful call denotes a caller confirming within seven minutes that a CSR is able to assist, and then beginning the first of three general Medicare or plan-specific questions via the plan's TTY device or relay operator. There must be communication received back from the CSR, or TTY relay operator, in order to confirm that the TTY device is working properly and a connection is made so that all parties can communicate. The percent of successful TTY calls (the number of successful TTY calls out of all TTY calls) is used for compliance as well as star ratings measures.

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

4. Contracts under marketing and enrollment sanction are excluded from the study.

Results will be available annually 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 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 75%, or has a rate of accurately 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 plan 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 required business hours) and failure to maintain a toll-free telephone number for that organization's prospective beneficiaries and current enrollees.

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.**

IMPORTANT ACTION: Verify 2019 Call Center Information

All applicable Part C and D sponsors and Medicare-Medicaid Plans (MMPs) should prepare for this monitoring effort by verifying the accuracy of their 2019 Part C and Part D call center phone numbers in HPMS by **January 2, 2019**. 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 weekly 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 calls will not be invalidated and the results will not be negated. CMS extracts telephone numbers *weekly* during the studies, so it is very important that accurate information is available in HPMS prior to the launch of the studies.** 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, using 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. There are primary and secondary contacts collected in this section. The primary contact is mandatory and the secondary contact is optional. Please note that for call center monitoring purposes, we call only the primary contact.

Verify current and prospective enrollee numbers and TTY numbers through the following path: *HPMS home page - Plan Bids - Bid Submission CY 2019 - Edit Contact Data* (*under "Manage Plans" Section)*.

Follow these steps when editing contact information in the HPMS:

1. 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.

2. On the Update and Save Data screen, select a plan, and select a contact tab.

3. Edit the mailing address, telephone numbers, and e-mail address for applicable contracts.

4. After entering data for the first contact type, the user can complete data entry for other contact types under the same plan.

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. Recall that the Medicare Communications and 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. The Medicare Communications and Marketing Guidelines (September 5, 2018), Section 80.5, 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 ten 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, or you may enter the toll-free ten-digit number for a specific state relay service. 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 ten numeric characters.

  This information can be found in Chapter 1 of the CY2019 Bid User Manual (*HPMS home page - Plan Bids - Bid Submission - CY2019 - View Documentation (under "Documentation" Section) -Bid Submission User manual for Contract Year 2019*).

Tips for Success

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

General:

- Provide basic services and information to individuals with disabilities, upon request.

- Make available all plan materials and information, including those produced or distributed by contracted providers, in alternate formats (e.g., braille, large print, and audio and data CDs) to individuals with disabilities upon request.

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 Telecommunications Relay Service (TRS) 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) prior to the start of the study may result in unsuccessful calls attributed to your plan's performance. Calls of this nature cannot be negated.

- Contact the HPMS Help Desk at hpms@cms.hhs.gov or 1-800-220-2028 if you require assistance.

Ability to Accept Calls:

- 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 from 8:00 a.m. to 8:00 p.m.

- CMS' monitoring reveals that our callers experience longer-than-normal hold times at the beginning of the year. Generally speaking, CMS also notes longer hold times at the beginning of a week with improvement as the week progresses. Call centers should evaluate their own needs and consider increased staffing during busier times.

- 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, including TTY communications.

- CMS makes the following suggestions for self-monitoring your call centers on a regular basis:
    - Test every phone number supported by the call center.
    - Pull the phone numbers from HPMS and ensure they ring to the intended location.
    - Test by making calls from outside the organization's phone systems. If the plan is located off the mainland, have someone place test calls from the mainland to the plan.
    - Test with more than one caller at the same time.
    - See TTY section below for specific TTY testing suggestions.

- CMS will occasionally solicit volunteers for abbreviated training periods prior to the beginning of an actual study launch. This is done by randomly selecting organizations to ask if they wish to volunteer. If you are launching new technology in your call center, consider joining a pilot or interviewer training session to ensure your equipment is working as expected. Contact CallCenterMonitoring@cms.hhs.gov to discuss your desire to participate in the next pilot or interviewer training session.

- **Ensure that your organization does not employ IVR logic or other functions that will block calls at certain times based solely upon the area code of the caller.** CMS calls from the Columbia, Maryland area in the Eastern time zone, and we call from the Las Vegas, Nevada area in the Pacific time zone. We call regions from the Atlantic time zone as far west as Guam. We will call you during the required hours of operation (8:00 a.m. to 8:00 p.m. in the time zone(s) the plan serves). If our call cannot reach a live representative due to programming on your end, and we hear messages stating the office is closed during the required hours of operation, the call will be counted as unsuccessful and CMS will investigate why your call center is closed during required hours of operation. Compliance actions may result from inappropriate call center closures.

- Carefully review your service areas to ensure you are covering the call center minimally from **8:00 a.m. to 8:00 p.m. for <u>all</u> 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 minimally from 8:00 a.m.to 8:00 p.m. in all local service areas for all of its current or potential enrollees.

- **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. This is important for both studies.** Every year CMS encounters plans that offer limited IVR options without a clear way to select the option to speak with a current member representative or a prospective beneficiary representative, and the IVR cycles over and over without a live representative answering the phone. This results in unsuccessful calls due to time-outs. Test your systems. When planning the IVR choices, ask yourself, "If I am calling to get information about enrolling in this plan, is there an IVR option for me on this prospective beneficiary phone number?"

- Ensure callers with a private number are able to connect to your plan's customer service telephone numbers.

- Train CSRs to answer the introductory question asked of them ("Are you the right person to answer questions about…?") When we call current member customer service lines, we only ask a question intended to determine if we have reached a person who has authority to answer questions about the Medicare plan we are calling. **If the CSR insists on first knowing the caller's name, date of birth, membership ID number, or Social Security Number and refuses to answer the introductory question by stating "no," the call will be counted as an unsuccessful call unless the party transfers the call to a person who can answer "yes" in a timely manner.** Note that we only need to confirm we have reached a CSR who has authority to answer questions so we can measure the average hold time to reach a live CSR, but we do not ask any actual benefit-related questions when we call the *current member* customer service line or the pharmacy technical assistance help line.

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 IVR system 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.)

- 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 plan 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.

TTY Functionality:

- CMS makes the following suggestions for testing in-house TTY devices:
  - Regularly test your device to ensure that it is working properly.
  - Have outside callers call in and test the system. (If in Puerto Rico, Guam, or island off the mainland, have someone on the mainland call into TTY system to test.)
  - Have two callers from outside the system call at the same time to make sure there is no disruption on either call, calls don't get disconnected, or garbling does not occur.
  - When testing, check for garbled language on both sides of the call.
  - Whenever you make a telephone system change, retest all TTY systems.
  - If you have an outgoing message on your in-house TTY system that states to callers that if they called this number by accident, they should call the main number instead at xxx-xxx-xxxx, confirm that a TTY-recognized call will roll over to a TTY operator. This should be tested by calling from a phone line *and* a TTY line.
  - Verify with your telecom provider that TTY calling is supported, in case there are any settings on the carrier side that need to be adjusted.
  - If using TTY Voice over Internet Protocol (VOIP), analyze network bandwidth utilization to confirm no packet loss. If there is packet loss, internet speed will need to be increased.

- 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.

- Ensure that wait times for a CSR or state relay operator are not lengthy.

- 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 are trained on requirements listed in the Medicare Communications and Marketing Guidelines (updated September 5, 2018), Section 80.

- Review the 2019 edition of *Medicare & You* to ensure your CSRs are trained on new Part C and Part D benefit information for 2019.

- CSRs should have specific plan benefit package (PBP) level benefit and formulary data easily available.

- 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.

    - When we ask our introductory question, ("Are you the right person to answer questions about…?"), it is always best for the CSR to respond "yes" or "no," meaning yes, the CSR is the correct person to answer questions about a specific plan's benefits, or no, the CSR is not the correct person to answer questions about the plan's benefits and must transfer the caller to someone else. If the CSR responds at this high level first, it will save time, especially if the caller must be transferred to another party. If the CSR spends a great deal of time trying to get more information from the caller, the timer may expire, resulting in an unsuccessful call in the plan's performance.

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

Technical Notes/Frequently Asked Questions and Data Dictionaries for each study are stored in HPMS via links in the lower left corners of the Performance Metrics pages. Please refer to pages 2 and 3 above for the location of the studies' results. This same location is where you will find these reference materials.

If you have any questions about the 2019 call center monitoring effort, please contact the Call Center Monitoring mailbox at CallCenterMonitoring@cms.hhs.gov. Please do not use secure email when communicating with this resource. CMS monitors hundreds of contracts and cannot register for secure email with each entity. We never share personally identifiable information on this project. If you must send something securely, send an email first so we can arrange a call to discuss a mutually agreeable password for the document you wish to send.