DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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TO: All Part C and D Sponsors (excluding PACE, Cost, and Employer Group plans)

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

DATE: December 9, 2010

SUBJECT: 2011 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 2011. This memo describes the elements CMS will monitor and explains how to
prepare for the monitoring studies. CMS will proceed with compliance actions against Part C and
Part D sponsors that do not meet CMS' call center standards. Sponsors must update the Health Plan
Management System (HPMS) with 2011 call center information by **December 20, 2010**.

Call Center Monitoring Background

As in the past several years, CMS, assisted by Research Triangle Institute (RTI) International,
will monitor call centers to ensure compliance with CMS call center standards.[1] CMS conducts
two studies, and each study is described below. We conduct the timeliness study year-round and
the accuracy and accessibility study from February through May. Last year, CMS noticed
marked improvement over 2009 performance, and we hope to see the trend continue. Based
upon sponsor feedback, CMS has worked with the contractor to reduce the call volume to each
call center by half for 2011.

- The **timeliness** study measures Medicare Part C and Part D current enrollee beneficiary
  call center phone lines and pharmacy technical help desk lines for:
    o Average hold times
    o Average disconnect rates
    o Inappropriate call center closures (i.e., closed during business hours)

- The **accuracy and accessibility** study measures Medicare Part C and Part D prospective
  enrollee beneficiary call center phone lines to determine the:
    o Availability of interpreters for limited English proficient (LEP) callers

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[1] Medicare Managed Care Manual, Chapter 3 and Medicare Prescription Drug Benefit Manual, Chapter 2, Medicare
Marketing Guidelines (June 4, 2010), 30.7, 80.1, and 80.1.1.

- TTY/TDD functionality
- Accuracy of plan information provided by customer service representatives (CSRs)

Verify 2011 Call Center Information

All Sponsors should prepare for this monitoring effort by verifying the accuracy of their 2011 Part C and Part D call center phone numbers in HPMS by **December 20, 2010**. 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. Poor results due to inaccurate numbers 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 beneficiary numbers and TTY/TDD numbers through the following path: HPMS Homepage > Plan Bids > Bid Submission > Contract Year 2011 > 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. Please also see the HPMS memo from January 2, 2007 entitled *Best Practices for Addressing the Needs of Non-English Speaking and Limited English Proficient (LEP) Beneficiaries*.

- Interpreter availability:
  - 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. Then, make sure the CSR/operator is trained to connect foreign-language callers with an interpreter.
  - Train CSRs on how to connect to the interpreter service.
  - Ensure CSRs stay on the phone when a foreign-language interpreter joins the call.
  - 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, ensure that your organization has a staffing plan that includes coverage for the TTY device from 8 a.m. to 8 p.m.
  - Messages that ask a caller to leave their phone number are not appropriate, and will not be counted as a completed call. Callers need to be able to communicate with a live person when they call.
  - If using a state relay, ensure that wait times for a relay operator are not lengthy. By protocol, our callers will wait for 7 minutes for an operator to come to the phone. Excessive wait times can adversely affect results.

- Information Accuracy:
    - Ensure CSRs can respond to questions regarding items listed in the Medicare Marketing Guidelines, 80.1.3.
    - Review Medicare & You 2011 to ensure your CSRs are trained on new Part C and Part D benefit information for 2011.
    - 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: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=15. Four of the fourteen standards are federal requirements for all recipients of federal funds, and three of these mandated standards apply to Medicare Part C and D sponsors. All three of these mandated standards are addressed in existing CMS Medicare Marketing Guidelines requirements. The mandated standards include the provision of language assistance services (Standard 4); notice to individuals of their right to receive language assistance services (Standard 5); and competency of language assistance service provided (Standard 6). CMS strongly encourages sponsors to review the OMH National Standards on CLAS. If you have any questions about the OMH National Standards on CLAS, please contact Guadalupe Pacheco at guadalupe.pacheco@hhs.gov.

If you have any questions about the 2011 call center monitoring effort please contact Linda Gousis at linda.gousis@cms.hhs.gov or (410) 786-8616.