



## **CENTER FOR BENEFICIARY CHOICES**

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### **MEMORANDUM**

**DATE:** April 11, 2006

**Memorandum to:** All Part D Plan Sponsors

**From:** Abby L. Block, Director, Center for Beneficiary Choices

**Subject:** Revisions to HPMS Call Center Performance Metrics

Thank you for your participation in the Medicare prescription drug benefit. As you are aware, CMS announced, on April 4, 2006, a new module in HPMS titled “Call Center Performance Metrics.” This new module allows Part D plan sponsors to view information related to call center performance for their current contracts to help Plans examine their performance.

CMS also asked for your feedback on ways to improve the methodology for collecting and reporting these data for this new HPMS module. In response, we received a number of comments and suggestions regarding the Call Center Performance Metrics and have incorporated them in this revised release.

The following changes have been made to the revised version of the HPMS Call Center Performance Metrics:

- The requirement that 80% of calls should be answered within 30 seconds is now based on hold time. Hold time is defined as the time from the end of the Interactive Voice Recognition (IVR) system to the time the first live person gets on the call. Previously this requirement was defined as the time from the start of the call to the time the first live person came on the call (including any time spent navigating an IVR system).
- CMS has redefined calls that are terminated due to hold times longer than 10 minutes as “completed” and has reset the call length for these calls to 15 minutes for the calculation of this measure. Previously, calls that were put on hold for more than 10 minutes were considered “incomplete” and did not count against a plan’s average call time. The result of this change increases the average length of hold time slightly.
- A new measure was added, referred to as “Unanswered Calls”, this category includes calls that reach an answering machine, a fax/modem line, or a disconnected line, and calls that

ring either busy or with no answer. This measure is separate from the measure of abandoned calls.

- A separate count was added for the number of calls that reached a person who is able to answer a specific scenario question. The average time to reach that person does not include calls that were terminated since scenario questions are not presented in terminated calls.
- Presentation of the data was modified to add clarification and incorporate the “Met”/”Not Met” requirements for the abandonment rate and % answered within 30 seconds by color coding the results as green or red based on meeting or not meeting the benchmarks.

The data presented with the revised release of the HPMS Call Center Performance Metrics are from the previously released week of data (revised using the new methodology), plus two additional weeks. CMS appreciates your comments. We continue to seek your feedback on ways to improve the methodology for collecting and reporting these data. Please examine your own Plan’s performance and use these data to help identify areas for continued improvement.

Again, thank you for your participation in the Medicare prescription drug benefit. While we have had many successes, it is important that we continue to improve. If you have any questions or comments about the data please contact Emerson Carvalho at [emerson.carvalho@cms.hhs.gov](mailto:emerson.carvalho@cms.hhs.gov).