

## Q&A

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### Clarifications to Questions and Answers During the Webinar

**Question:** If the state relay operator [for TTY] is not available or accidentally drops the call, the call is still considered incomplete. Is that a correct statement?

**Clarified Answer:** The majority of the contracts opt to use the relay operator via 711 in lieu of using in-house TTY equipment, so we want to share additional information about the monitoring experience when using a relay operator. During the call, the 711 relay operator narrates what is happening via the TTY device for the contractor's test caller as they move through the call. That way, we can capture what is happening and report those metrics for each contract. Below is a description of how it works, and instances when a failure *is* or is *not* counted against the contract.

The test caller uses a TTY device to call 711. There is no ring limit for TTY calls to the relay operator.

If the call does not connect to the relay operator on the first attempt or they receive a busy signal, they turn the machine off, and turn it back on, and make a second attempt to connect via 711. If they cannot connect via 711 on the second attempt, they also have a toll-free number for the relay operator to be used for a third attempt. If the test caller uses the toll-free option in lieu of 711, they are trained to leave a comment in the call notes. For example, they might include this note, "Call did not go through with 711 and used 1-800-XXX-XXXX instead." If, after a third attempt, the test caller is not able to connect with a TTY relay operator, the inability to connect is reported and this is counted against the contract. Codes for reporting a failure to connect via TTY are available. For example, we might see code 296.19 (TTY Could Not Connect to Relay Operator) in the raw data results. *Rationale: We attempt to create an authentic experience of a Medicare beneficiary trying to receive assistance via a TTY device. Our policy is to report one unsuccessful call if, after three attempts, we cannot connect to the relay operator. The organization should use this feedback to evaluate its business policy for use of a relay operator in lieu of an in-house TTY device.*

Once our contractor connects on its TTY device with the relay operator at 711, we give 711 the plan's toll-free Part C or Part D prospective beneficiary customer service number to dial. There is no timer activated at this point. We ask the TTY operator to confirm the number he or she is dialing. Note: If the TTY operator dials the wrong number, the monitoring contractor opts to use the "do over" option available to try again. In this scenario, the invalidated call is not counted against the plan.

The operator will narrate what's happening by replying through the TTY device, e.g., he or she may type "ringing."

When answered, the relay operator will relay the next options: "Thank you for calling The Example Health Plan. Please hold for next representative," or relay the IVR options available. **At this point, the 7-minute TTY hold timer is initiated.**

The interviewer navigates through the IVR via the relay operator by telling the operator to select X in the IVR choices, or to say "representative." If the relay operator relays information to the test caller indicating that his or her call disconnected from the health plan when making the requested selection in the IVR, the disconnected call gets coded as such and this is counted in the results in the same manner that disconnected calls are counted for non-TTY calls. If the relay operator indicates there has been an extended hold time and asks if we wish to call back later, the test caller will state again, "No, please hold for a live CSR." The test caller will hold until a live CSR answers, or the 7-minute TTY hold timer expires.

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If the call successfully connects with a live customer service representative who can respond “yes” to the introductory question (“Can you answer questions about Medicare Part C (or Part D) benefits?”) before the 7-minute TTY HOLD timer expires, the survey continues and each of the randomly generated three accuracy questions is asked. A time stamp is set on exiting the test caller’s screen so that the length of time to answer can be determined. The TTY\_HOLD timer captures the time waiting for the live CSR to respond to the relay TTY operator. We then move to asking the first of three randomly generated accuracy questions. Each accuracy question has its own 7-minute timer.

If the relay operator stops responding via the TTY device at any point, this counts against the contract. Here is an example. Our test caller is communicating and types “GA” for “go ahead” on our TTY device and we receive no response in return. In this case, we remain on the line until the call times out. This is counted as unsuccessful in our test for TTY functionality because we have not had true communication in the process and are still awaiting an answer to our question. Rationale: Plans need to know how members are affected when they attempt to contact their plan via a relay operator, especially if there are TTY functionality failures occurring during this process. We want plans to have this information so that they can make informed business decisions about processes that affect their membership.

*Webinar Answer: I may have to defer the answer on that one. Let me touch base with the contractor. If the person who asked that question could send it to the Call Center Monitoring mailbox, I would appreciate it.*

*[Linda] I was just going to say exactly the same thing. Send it to the mailbox and we will give it careful thought, but in general we try not to hold you accountable for things outside of your control, so if it was obvious that it was dropped by the relay and that was a knowable event, we would strive not to count that against you.*

*[Chris] Let me say too that if the Call Center Monitoring contractor is placing a call and anything goes awry – they make the wrong IVR selection or whatever – they have the option to do what they call a redo, so it will stop that call and invalidate it. If they make an error, it does not count against you. It would just allow an opportunity for them to redo that call. So, please know that we try not to hold you accountable for anything that is not your fault.*

**Question:** Why is accuracy not included in the Star Ratings?

**Clarified Answer:** Upon research, we clarify that the accuracy measure results previously were part of the Star Ratings process. In the past, the majority of plans scored high ranks and that clustered the majority of plans together with similar results, so the measure itself was deemed to be not particularly helpful in differentiating one plan from another. It was then moved to a display measure rather than a Star Ratings measure.

*Webinar Answer: This is a very deep question and probably beyond the scope of today’s call. There are lots of reasons why things wind up in the call ratings. The only piece of the call center monitoring has been is the accessibility [of TTY and interpreter availability]. I think that it’s a more objective study, perhaps, or it just happens to be historically that it was not included. If you really need to know, send us an email and we will go hunt down the powers that be on the Star Ratings team.*

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**Question:** Is the accuracy test on the actual answer provided by the plan's CSR or on the quality of the interpreter to relay the answer in the foreign language?

**Clarified Answer:** One of the goals of the Accuracy & Accessibility Study, which is performed by testing interpreter availability, TTY functionality, and accuracy of the questions asked, is to determine if interpreters are available and to determine the accuracy of responses given to prospective members. So, we would separate the interpreter availability component from this question, as it is a given that an interpreter is available in this scenario. In regard to the accuracy questions, an interpreter must be able to respond to questions accurately, so if the interpreter did not do that correctly, this must be attributed to the plan's performance. If the response to the question is not relayed correctly due to the failure of the language interpreter with whom the plan contracted, we believe it is everyone's best interest to report that negative result back to the plan through the failure of the accuracy question being tested. Doing so helps inform the interpretation service's performance, and the plan can use that feedback for its future business decisions. In this scenario, we do not score or judge the interpreter's performance throughout the call – we are only looking for the correct response to the question. We would not hold the performance of the interpreter against the plan, generally speaking, so long as the response to the accuracy question is accurate. We are always happy to hear from any plan who believes a certain result may be unfair, and we are certainly willing to investigate issues that may arise, but in this instance described above, failure to respond accurately due to the failure of the interpreter is counted against the plan in the form of incorrect response to that the question being tested.

*Webinar Answer: Our goal is not to test language translation's ability to translate language. That is a different test. Our hope and dream is that you are able to provide answers to them [callers]. If it is obvious that the interpreter on the line is not successfully interpreting – which means, I think, a native speaker often knows when something doesn't make sense in their language -- I don't think that we would count against you. I don't know if it gets documented, so I would have to look to Chris for that answer.*

*[Chris] Well, I would say too that the questions we are asking are more plan-specific questions so the real emphasis is that customer service representative be able to answer plan-specific questions, and that might be something on your formulary [for example]. It should be pretty straightforward. I wouldn't anticipate too many problems, but if you experience that and you need to come to us to say we don't think this is fair the way this was counted, reach out to me. We do have mechanisms where if you have the recorded conversation we can listen to it to see if there is a problem and check our own finish notes from our contractor's records and make a judgment call on that. If it is due to the failure strictly of the interpreter, I wouldn't hold that against you.*

*[Linda] I've never heard of that happening.*

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### **Questions Asked of the Call Center Monitoring Mailbox after the Webinar**

Q: Would you be able to provide further clarity as to the timeliness metric utilized? For example, if a CSR begins providing the answer at six and a half minutes and finishes after the seven (7) minute limit. Does this count as untimely? Please let me know if you would like further clarification to the inquiry posed.

A: I believe the best way to answer your question is to explain that the timers in place are all the same for the LEP HOLD timer used when waiting for an interpreter to assist the CSR with the introductory question, the TTY HOLD timer used when connecting via a TTY device, or for any of the three accuracy questions that each utilize a 7-minute timer. The test caller has a screen that has a timer on it that counts backward from 420 seconds (7 minutes x 60 seconds). When that timer goes off, the test caller does not have the ability to change the outcome of the call being ended, so yes, if someone was halfway through the answer, the result would be the same as if they had not begun to answer -- the timer goes off and the call is ended.

So, if we are determining interpreter availability, if we have not received a yes response to the introductory question before the timer goes off, that is counted as an untimely call for the interpreter availability measure.

When we have moved to the accuracy question, if a timer goes off, that has a neutral effect on the plans, meaning we have already had a completed call for the interpreter availability component, so that would count in a good way for the plan if that portion of the test was over, and the timer going off during the accuracy questions does not negatively impact the plan because at that stage we are determining the accuracy of the answer only, so not having enough time to reply is not normally a problem for accuracy questions 1-3, but if the timer goes off, it is neutral to the plan. There is no correct answer and no incorrect answer, in other words.

Q: Are the [Accuracy] questions that were used as part of the 2015 accuracy study published and available? I would like to pass them along to the Member Services staff to be used in training.

A: No, they are not published or available. To explain, we did not ask accuracy questions of traditional Medicare Advantage Plans and Prescription Drug Plans in 2015. Instead, we asked Medicare-Medicaid Plans (MMPs) accuracy questions that are specific to MMPs. So, at the conclusion of that study, the MMPs received their results and the informational notices they received at the end of the study shared the questions that were asked of their plans. So, those would not be helpful to traditional MAs or PDPs because they are separate questions based upon MMP benefits.

While I do not have the list of questions asked in the past to share, I can tell you that you will receive a listing of the questions asked following the 2016 study. Additionally, we emphasize that CSRs will be assisted if they are trained on plan-specific questions (For example, "What is my copay or coinsurance for a certain service?" and "Is a certain drug on the formulary?"). It may also help if CSRs are familiar with information in the 2016 version of Medicare & You, which is available here: <https://www.medicare.gov/medicare-and-you/different-formats/m-and-y-different-formats.html>

Q: I just want to confirm my understanding of how menu choices are handled when monitoring calls are made. When the menu includes an option for member services, this is the option that will be chosen for the monitoring - I am understanding that the caller would not choose options such as Behavioral Health crisis lines, provider lines or nurse lines.

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A: Your understanding is correct. Our telephone interviewers will make an IVR/menu selection for member services whenever that is an available choice and we are testing either an enrollee Part C or Part D phone lines. We would not make selections for behavioral health lines, nurse lines, crisis lines, or other such choices. Our callers make appropriate IVR selections whenever possible.

I separated out the enrollee Part C and Part D lines above so that I could emphasize that we also call your pharmacy technical assistance help line as part of our Timeliness Study to measure average hold time and disconnect percentage rates. This line is intended for pharmacists or providers who need technical assistance, so in that case, we call the toll-free number you designate in HPMS and make appropriate IVR selections to direct us toward the goal of receiving an answer to this question: “Can you help me with questions about processing a Medicare Part D pharmacy claim?” This is slightly different than when we call enrollee lines for the Timeliness Study, or when we call prospective beneficiary customer service lines for the Accuracy & Accessibility Study.

Q: During the Q &A session after the webinar when the phone lines were unmuted, it was hard to hear the questions/answers. Could you please share your answer again for the question that pertained to what can be said by the answering service when the benefit department has closed for the evening (and what time frame is that permissible).

A: We did not specifically address what can or cannot be said by the answering service when the benefit department has closed, but I believe you are referring to what Linda said, which was a general comment in response to slide 70 on inclement weather. At that point, we were discussing plans/sponsors having back-up measures in place in case they needed to close a center, meaning maybe a call center in the East has to “shut down” due to weather by passing the baton to a call center in the West, or something like that. Linda stated that she has also heard of plans who contract with their pharmacy benefit manager (PBM) to answer calls after hours. She postulated that the PBM may be able to respond to any Part D/prescription drug questions that comes in but would most likely just answer the phone and say that center was closed at this time and take a message. I do not recall anything more being said about center closures and the messages that are left, as we on the Call Center Monitoring team do not oversee that sort of process or react to any sort of message, unless there was an instance where a call center message says they are closed at an inappropriate time. In that case, the contractor informs me and I reach out to the compliance officer to ask why it was closed during the required hours of operation. Ultimately, we can take compliance actions for inappropriate closures. Our experience shows that most often, the sponsors’ and plans’ Medicare call centers are open as required.

Q: Slide 35 & 36 are a bit confusing. Where is the 2 minute Average Speed of Answer (ASA/AHT)? The ASA would be calculated from the time the caller has left the IVR and waiting for the agent to pick up the line, is that correct? Or, does it also include the 30 second to answer the initial call? Also, want to clarify, we believe the ASA should be after the 30 second for the line to connect and should be after the beneficiary has navigated through the IVR and is now in the hold queue waiting for agent to pick up. Is that correct (ASA, 2 min is while the beneficiary is in the hold queue (after moving through the IVR))?

A: Slides 35-36 may have been confusing because I used those to discuss the Accuracy & Accessibility Study (Survey II) where we measure interpreter and TTY availability as well as the accuracy of questions. The slide generally does apply to the average hold time of 2 minutes or less as well, which is measured during

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the quarterly Timeliness Study (Survey I). We covered that during the start of the call when we had the most audio problems, so you may not have heard me say this.

Just to clarify, we do not measure anything specifically called the Average Speed of Answer. Our study measures the average hold time, which is likely the same, but wanted to point that out in case it is difference in your call center. The text below, provided during our presentation, should answer your question.

Let's take a minute to discuss the **Average Hold Time**. 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. Please be aware that time spent navigating the IVR system or touch tone response system does **not** count toward the average hold time. For calls in which our caller terminates the call due to being on hold greater than 10 minutes prior to reaching a live person, the hold time applied is 10 minutes. Contracts with an average hold time for each measure greater than 2 minutes are out of compliance with CMS standards.

Q: How can I receive the audio recording from the 2/3/2015 Webinar on Call Center Monitoring? I would like to share with staff that were unable to attend the live session.

A: We will post it in the same location where the slides are currently posted. The slide deck is available on CMS's webpage, <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/index.html>. Following the presentation, we will attach a list of FAQ's to an updated version of the slide deck so that all can benefit from questions sent to the Call Center Monitoring mailbox after the call. This updated slide deck will also include clarifications to several questions asked during the webinar. We will post the recording with the updated slide deck.

I do want to point out that we had some audio difficulties in the beginning of the webinar, so the first 13 minutes of the original recording were not audible and were edited out of the recording. Therefore, I am sharing the script that accompanied the first 13 slides so that all can benefit from the section they may not have been able to hear.