

FILED UNDER SEAL

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
TYLER DIVISION**

UNITEDHEALTHCARE BENEFITS OF
TEXAS, INC., et al.,

Plaintiffs,

v.

CENTERS FOR MEDICARE & MEDICAID
SERVICES, et al.,

Defendants.

Civil Action No. 6:24-cv-00357-JDK

OPPOSED MOTION TO SUPPLEMENT THE ADMINISTRATIVE RECORD¹

Pursuant to Local Civil Rule 7.1, Plaintiffs respectfully move this Court to permit Plaintiffs to supplement the Administrative Record. Defendant Centers for Medicare & Medicaid Services (CMS) has produced the Administrative Record to Plaintiffs and certified that it is a “complete copy of documents and information CMS considered in connection with the decision at issue in this litigation.” (AR Certification.) This motion relates to a small set of documents that CMS did not consider but (in Plaintiffs’ view) *should have* considered. Limiting the Court’s adjudication to evidence the agency actually considered undermines the Court’s ability to adjudicate whether the agency should have considered other evidence. The Court should authorize Plaintiffs to supplement the Administrative Record with these documents in accordance with a well-established exception to the ordinary rule limiting adjudication to the Administrative Record in a case under the Administrative Procedure Act.

¹ The Court has granted permission to file under seal.

BACKGROUND

Plaintiffs are health insurance plans that have filed this action to challenge an evaluation and rating of their performance by the federal agency that regulates them—CMS. The specific evaluation addressed a performance measure under which CMS evaluated Plaintiffs’ customer service call center for prospective customers. During that evaluation, an outside contractor for CMS (known as the American Institute for Research (AIM)) made anonymous test calls to health plans and evaluated their responses.

Two of Plaintiffs’ claims are pertinent to this motion. First, Plaintiffs claim that CMS arbitrarily and capriciously underrated their Medicare Advantage plans (on the call-center performance measure) in violation of the agency’s own decision-making criteria. The Administrative Record does not include a document that sets forth the criteria the outside contractor (AIM) must follow during the test calls: the American Institute for Research, Survey II Accuracy & Accessibility Study Interviewer Training Manual – CMS Call Center Monitoring (January 2023). Plaintiffs move the Court to allow them to supplement the Administrative Record with this document, because it is directly relevant to the foregoing claim.

In the second claim at issue, Plaintiffs maintain that CMS treated their call center less favorably than the call center of the similarly-situated health insurer Elevance Health, Inc. Count II of Plaintiffs’ Complaint refers expressly to a CMS reconsideration decision that accorded Elevance this favorable treatment. Complaint ¶¶63-65. The decision is not in the public record, although Elevance has described its essentials in public litigation filings.² Plaintiffs move the

² Elevance referenced the Reconsideration Determination in its December 29, 2023, Complaint against Defendants. *See*, Complaint, *Elevance Health, Inc. v. Becerra*, D.D.C. No. 1:23-cv-03902, ¶ 77 (Dec. 29, 2023).

Court to allow them to supplement the Administrative Record with the agency’s actual decision document in the Elevance matter: CMS’s February 22, 2024, Reconsideration Determination(s) regarding Elevance Health Inc.’s contract numbers H2593, H40356, H5431, and R4487.

ARGUMENT

The Court Should Supplement the Administrative Record Because the Pertinent Records Provide Background Information Relevant to Plaintiffs’ Claims That Defendants Violated Their Own Decision-making Standards and Treated Plaintiffs Differently Than Other Health Plans

This case satisfies the circumstances in which supplementing the administrative record is necessary and appropriate. Plaintiffs are permitted to supplement the administrative record only in “unusual circumstances justifying a departure from the general presumption that review is limited to the record compiled by the agency.” *Onpath Fed. Credit Union v. U.S. Dep’t of Treasury*, 73 F.4th 291, 299 (5th Cir. 2023) (internal punctuation omitted) (quoting *Medina Cnty. Envtl. Action v. Surface Transp. Bd.*, 602 F.3d 687, 706 (5th Cir. 2010)); *see also Am. Wildlands v. Kempthorne*, 530 F.3d 991, 1002 (D.C. Cir. 2008). The Fifth Circuit recognizes three situations in which to grant this relief:

- (1) the agency deliberately or negligently excluded documents that may have been adverse to its decision, . . .
- (2) the district court needed to supplement the record with “background information” in order to determine whether the agency considered all of the relevant factors, or
- (3) the agency failed to explain administrative action so as to frustrate judicial review.

Medina, 602 F.3d at 706 (quoting *Kempthorne*, 530 F.3d at 1002).

This request falls under the second scenario. In this situation, courts recognize “that whether an agency considered all the relevant factors,” as required by the APA, “can sometimes only be determined by looking outside the record to see what the agency may have ignored.” *Tex. Bankers Ass’n v. Consumer Fin. Prot. Bureau*, No. 7:23-cv-144, 2024 U.S. Dist. LEXIS 152401, at *10-11 (S.D. Tex. Aug. 26, 2024) (quoting *City of Dallas v. Hall*, No. 3:07-cv-00060, 2007 U.S. Dist. LEXIS 82080, at *16 (N.D. Tex. Oct. 29, 2007)). This situation can also be satisfied where, as here, the extra-record information will show that the agency “was not following its own standard review procedures or treating ‘like cases alike.’” *Vapor Train 2 LLC v. U.S. Food & Drug Admin.*, No. 6:22-cv-00429, 2024 U.S. Dist. LEXIS 103750, at *2 (E.D. Tex. June 4, 2024) (permitting plaintiff to supplement the administrative record to demonstrate, in part, disparate treatment between similarly situated industry participants) (quoting *Univ. of Tex. M.D. Anderson Cancer Ctr. v. HHS*, 985 F.3d 472, 479 (5th Cir. 2021)).

The background information Plaintiffs propose to include demonstrates Defendants failure to consider all the relevant factors in deciding whether to downgrade Plaintiffs’ Medicare Advantage plans. Specifically, Defendant did not consider that (1) Plaintiffs were similarly situated to other industry participants facing similar decisions (e.g., Elevance), (2) they ruled differently in Elevance’s case despite the distinct similarities between the cases and Defendants’ inability to accurately assign blame, and (3) Defendants’ own “secret shopper” failed to follow the detailed procedures to ensure the accuracy of their determination.

CONCLUSION

The circumstances permitting supplementation of the Administrative Record are met here. Therefore, for the reasons set forth above, Plaintiffs respectfully request this Court permit Plaintiffs to supplement the Administrative Record with (1) the American Institute for Research, Survey II

Accuracy & Accessibility Study Interviewer Training Manual – CMS Call Center Monitoring (January 2023) and (2) CMS’s February 22, 2024, Reconsideration Determination(s) regarding Elevance Health Inc.’s contract numbers H2593, H40356, H5431, and R4487.

Respectfully submitted,

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CERTIFICATE OF CONFERENCE

Pursuant to Local Rule CV-7, counsel have complied with the meet and confer requirements of Local Rule CV-7(h). Undersigned counsel met with Defendants' counsel – James Gillingham and Matthew Campbell – on October 9, 2024, via Microsoft Teams to discuss this motion and other matters. Defendants indicated they would oppose any motion to supplement the record as they do not see the Elevance situation and decision as similar to Plaintiffs' situation. Defendants' counsel confirmed their opposition via email on October 15, 2024. The parties have conclusively ended their discussions at an impasse, leaving an open issue for the court to resolve.

/s/ Daniel G. Jarcho
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CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Motion to Supplement the Administrative Record has been served via electronic mail this 15th day of October, 2024 to:

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Exhibit A

Survey II Accuracy & Accessibility Study

Interviewer Training Manual

CMS Call Center Monitoring

Prepared by Insight Policy Research and American Institutes for Research

January 2023



Advancing Evidence.
Improving Lives.

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1. Introduction

The Call Center Monitoring project is funded by the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. CMS collects information to monitor the performance of Medicare Advantage Organizations (MAOs), Medicare Advantage Prescription Drug Plans (MA-PDs), Prescription Drug Plans (PDPs), and Medicare-Medicaid Plans (MMPs). CMS conducts two studies under this contract. The first study, Survey I, is the Timeliness Study, which collects the average hold time and disconnect rates for customer service lines operated by plans for members enrolled in Part C and D Medicare, and the pharmacy technical assistance help desks accessed by pharmacists with questions about prescription drug coverage and payments. The second study, Survey II, is the Accuracy and Accessibility Study, which measures plans' ability to answer calls from prospective members (those who are interested in enrolling in Medicare Part C or D) and provide accurate answers to specific questions about Part C health and Part D prescription drug plan benefits. Customer Service Representatives (CSRs) for both the Timeliness Study (hereafter called Survey I) and the Accuracy and Accessibility Study (hereafter called Survey II) must provide accurate, timely information to all callers, including non-English speaking and hearing-impaired individuals.

In response to an Executive Order issued by President George Bush in 2006 that promoted transparency of healthcare quality and pricing data, and supported consumers' right to make informed healthcare treatment decisions, CMS established performance measurement ratings for Medicare Part C and Part D plan sponsors. These ratings help prospective and current members make informed choices among the many plan alternatives available to them under Medicare Parts C and D. To enhance beneficiaries' ability to compare different plans, CMS publicly displays performance metrics (star ratings) for each plan on the Medicare website (www.medicare.gov). Two of the many star ratings measurements available are derived from the results of Survey II. Additionally, CMS publicly posts the average hold time and disconnect rates for each plan, which are measured by Survey I.

Organizations that provide Part C and/or Part D benefits, including those that provide integrated and coordinated Medicare and Medicaid benefits for dual eligible beneficiaries, must meet certain standards for providing information to current enrollees, pharmacies requesting technical assistance, and prospective members. Part C and Part D customer services lines are answered by CSRs who must provide accurate, timely information to all, including those who do not speak English and those who are hearing or speech impaired. The call centers must have CSRs available for Part C and/or Part D inquiries

Medicare Part C

Also known as Medicare Advantage. Medicare Part C is administered by private insurance companies contracted with Medicare. Medicare Part C covers everything that Original Medicare (Part A and Part B) covers and may cover extra benefits as well.

Medicare Part D

Also called the Medicare prescription drug benefit, Medicare Part D is an optional program to help Medicare beneficiaries pay for prescription drugs. Beneficiaries pay a monthly premium to an insurance carrier and in return, use the insurance carrier's network of pharmacies to purchase prescription medications.

from 8 a.m. to 8 p.m. local time, Monday through Friday, in all the service areas where the sponsor or organization operates. Pharmacy technical help desks must be open during the same hours as the pharmacies in the corresponding networks; if any pharmacy in the network is open 24 hours a day, the pharmacy technical help desk must remain open 24 hours a day.

1.1 Purpose of the Evaluation

The purpose of the evaluation program is to provide information to CMS to ensure that organizations contracted to provide Medicare services are meeting their obligation to answer each call from current and prospective members in a timely manner and to provide the services and information required by their contracts. The major goals of the program are to evaluate:

- Customer service phone line availability and responsiveness (measuring average hold times and disconnect rates);
- the availability of LEP (Limited English Proficiency) services, i.e., non-English language interpreters and TTY lines for the hearing or speech impaired; and
- the ability of CSRs to correctly answer a set of test Medicare information questions.

1.2 Overview of Survey II – Accuracy Study

Survey II targets the population of customer service centers serving prospective enrollees. Survey II collects information on the ability of call centers to provide accurate information in the native language of the callers. The survey includes calls in English, Spanish, French, Vietnamese, Tagalog, Mandarin, and Cantonese, as well as TTY services for the hearing and speech impaired.

Several calls will be made to each phone line over a specified time period. During each call, not only will measurements be taken regarding the time it takes to be connected to a CSR, but also the time spent waiting for an interpreter for the foreign language calls or for someone to respond back via TTY.

Once a CSR is available, the AIR interviewer will ask 3 randomly assigned questions about enrolling in Medicare and the benefits provided by their plan. AIR will provide CMS with the data about the accuracy of the CSR's answers to these questions.

Requirements for **Survey II** include the timely connection to a live customer service representative (CSR) and the ability to provide correct answers to questions about the plan's coverage in the native language of the callers. Keys to success for Survey II include the CSR's conferencing in an interpreter (or use of a bilingual CSR) and utilizing their translations to provide accurate information for the caller. In addition, TTY calls will assess the ability of a caller to obtain accurate information via TTY.

1.3 Instrument Structure

For Survey II, AIR interviewers will be placing calls to determine the average service level across different time slots and days of the week. Interviewers will ask an introductory question, for example "Are you the right person to answer questions about [Plan name]'s health benefits?" If yes, the three additional

questions will be randomly selected from a group of 20 for Part C and Part D for non- Special Needs Plans. See Section 10 for more information on Special needs Plans (SNPs).

The survey is being conducted in seven different languages – Cantonese, English, French, Mandarin, Spanish, Tagalog, and Vietnamese, as well as TTY. When you first log into the instrument, you will either be presented with an English, or Foreign Language Call. If you are a TTY interviewer, you will log into a separate module to conduct TTY calls. TTY and Foreign Language calls are delivered only to interviewers assigned to that specific role.

1.4 Who Is Being Evaluated?

Survey II will be evaluating the customer service representatives (CSRs) of call centers that serve prospective enrollees.

1.5 Anticipated Results of the Survey

We anticipate that every call will connect to a plan’s customer service line and yield useful data. CSRs should not refuse to answer the question or be uncooperative in any way. If you encounter an *unprofessional CSR* who is not willing to answer questions, indicate that the CSR was unprofessional and record exactly what happened on the call in the outcome screens provided in Voxco at the end of the call. More details are provided on how to note this later in this manual.

1.6 Your Responsibilities as an Interviewer

As an interviewer, you are a program evaluator and crucial to successful data collection, production, and schedule goals. The primary challenge to a successful data collection period is the scheduling and completion of the large volume of calls. Your primary responsibility is to work a consistent and reliable schedule, as agreed upon with the Data Collection Team Leads and Production Coordinators. **Missing one shift can contribute to the project not meeting its goals.**

Your other primary responsibility is to collect accurate data on the timing of each call process. During training, you will learn AIR’s Voxco data collection system, practice navigating IVRs, and practice accurate collection of timing data.

INTERVIEWER RESPONSIBILITIES

- Attend and successfully complete the initial training session and certification process.
- Commit your time and effort for the duration of the project and report for work as scheduled.
- Follow prescribed procedures to attempt to complete all necessary work on each call.
- Observe all quality control procedures and meet established performance standards.
- Accurately complete daily time reports and other administrative records as required by Survey Center procedures.

2. Getting Started

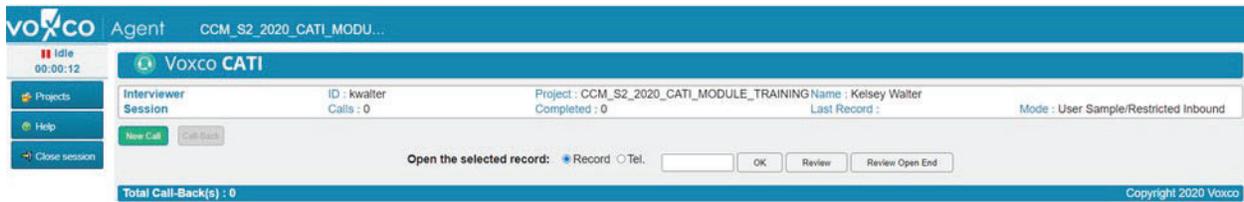
The survey is housed in AIR’s Voxco system and accessed through a remote desktop connection. Cases are delivered to the Voxco system through a call scheduler. Once a case is initiated by the interviewer, the system’s auto dialer automatically dials the plan’s call center. Each case must be called at the time the Voxco system prompts the call. Never exit a case without completing the call and addressing all required fields.

2.1 Initiating a Case

After successfully connecting to the auto dialer, you are taken to the *Virtual Call Center Dashboard*, shown in **Exhibit 1**. From this screen, select *New Call* to access a case.

Note: In the left column, your interviewer status shows as *Idle* until you dial a case.

Exhibit 1. Virtual Call Center Dashboard



2.2 Call Status

There are three call connection statuses: *Idle*, *Connected*, and *Wrap Up*.

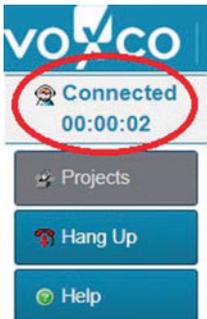
1. **Idle:** In the left column, your status shows as *Idle* until you dial a case (**Exhibit 2**).

Exhibit 2. Idle Status



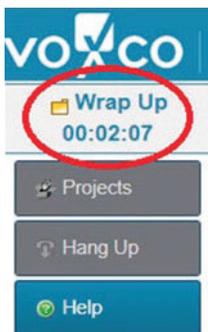
2. **Connected:** In the left column, your status shows as *Connected* if your call is actively connected (Exhibit 3).

Exhibit 3. Connected Status



3. **Wrap Up:** In the left column, your status shows as *Wrap Up* when your call has disconnected for any reason (Exhibit 4).

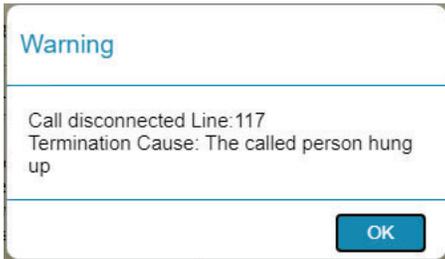
Exhibit 4: Wrap Up Status



In addition, Voxco shows pop-up messages when a call is terminated.

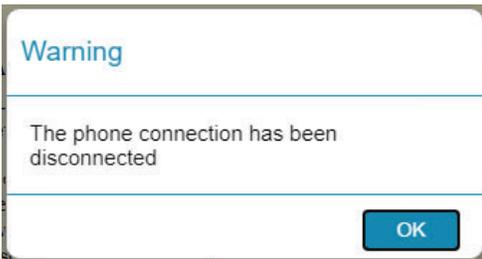
1. The message below (**Exhibit 5**) pops-up when the called person ends the call. This could be due to either an unexpected disconnect or a CSR hanging up the phone. The difference between the two is explained later in this manual.

Exhibit 5. Warning – Termination Cause: The called person hung up



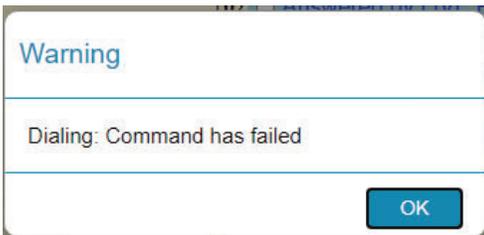
2. The message below (**Exhibit 6**) pops-up when the auto dialer disconnects for any reason, such as hanging up the physical phone instead of using the hang up button in Voxco, cell service going out during the call, etc. If you see this message, **DO NOT** code the current case. Call and speak to a Team Lead or Production Coordinator right away for further instructions.

Exhibit 6. Warning – The Phone connection has been disconnected



3. The message below (**Exhibit 7**) pops-up if the auto dialer is disconnected and you try to dial a case. If you see this message, **DO NOT** proceed with the case. Call and speak to a Team Lead or Production Coordinator right away for further instructions.

Exhibit 7. Warning – Dialing: Command has failed

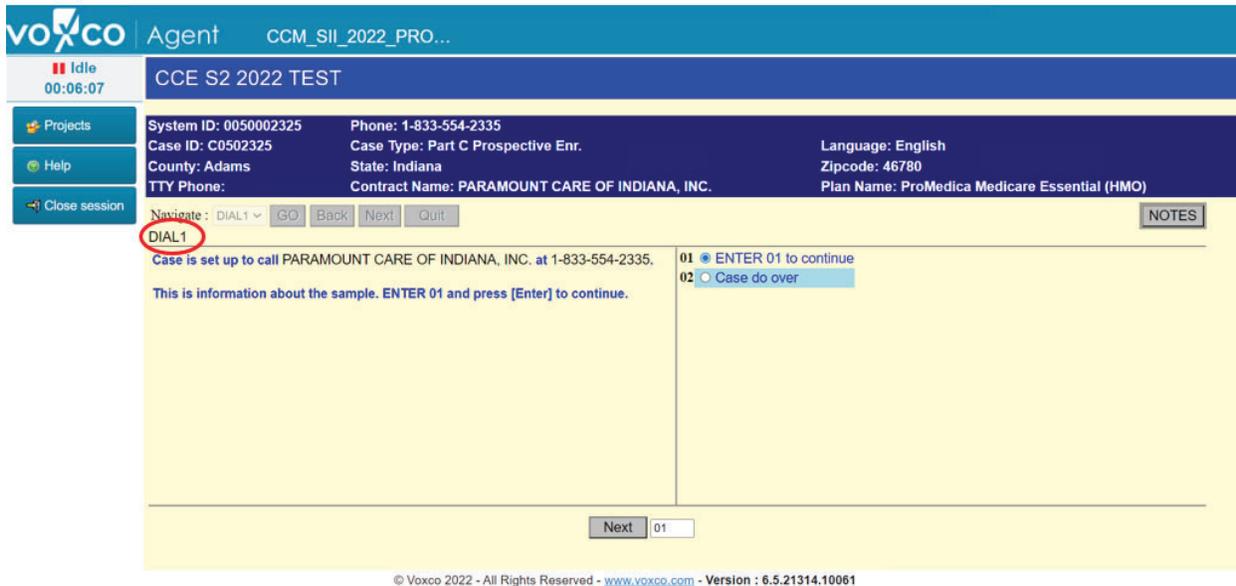


2.3 Voxco Headers and Screen Navigation

Each Voxco screen is labeled with a name in ALL CAPS on the left side beneath the *Navigate* label. For

example, in **Exhibit 8** below, the screen name is **DIAL1**. Identifying the screen name makes it easier to communicate issues and questions with a Team Lead/Production Coordinator. Using **Exhibit 8** below as an example, you would say, "For Case ID D1000224, I ran into the following issue on the **DIAL 1** screen..." We will also refer to these screen names throughout this manual to help you follow along with the correct images.

Exhibit 8. SI Header in Voxco



The Voxco system provides a blue header (see **Exhibit 8**) on every screen that includes important case information. Always review this information before initiating the call as it affects the IVR choices you must make once connected. In Survey II, there are 5 types of cases:

1. Part C: Medicare enrollee health benefits
2. Part D: Medicare enrollee prescription drug benefits
3. MMP Part C: Medicare and Medicaid enrollee health benefits
4. MMP Part D: Medicare and Medicaid enrollee prescription drug benefits
5. Special Needs Plans (Part C and D)

In addition to case type, the header will include other important information for each plan that you may need to reference during the call, including:

- **Case ID:** Required to provide this when reporting an issue with a case.
 - The case ID will begin with a C for Part C calls and D for Part D calls.
- **Plan Name:** Complete plan name, to be used for clarification if the CSR is confused by the plan marketing name.
- **Contract Name:** This is the contract under which the plan resides. This information may be needed for the IVR or CSR.
- **County, state, ZIP code:** To provide to CSR or IVR when asked.

- **Phone:** Telephone number dialed for this case.
- **System ID:** Internal case identification number to reference to Team Lead/Production Coordinator to discuss any issues or problems in addition to the case ID.
- **TTY Phone:** Phone number to call when first dialing a TTY case ONLY.

Click on 01 *ENTER 01 to continue* and then click the *Next* button at the bottom of the screen to continue.

While unlikely at this early stage, click on 02 “Case do-over” if you have knowingly made a mistake that could negatively impact the call center. Choose this option so that the call can be reset and attempted again.

2.4 Initiating a Call

After you review the call information in the header, click on **(01) ENTER 01 to continue**, and then click the *Next* button at the bottom of the screen to prompt the auto dialer to dial the plan and initiate the call.

2.5 Coding the Initial Call Outcome

You will now see the **ANSWERED** screen (**Exhibit 9**). This screen is the same for all English and LEP calls. This screen records to where you connected when you reached the call center, or what happened if you did not connect.

Exhibit 9. ANSWERED Screen

The screenshot shows a yellow background interface. At the top, there is a 'Navigate' section with a dropdown menu set to 'ANSWERED' and four buttons: 'GO', 'Back', 'Next', and 'Quit'. Below this, the word 'ANSWERED' is displayed in bold. The main content area is split into two columns. The left column contains the text 'Case is set up to call MDWISE, INC at 1-443-259-5520.' and the question 'Who answered the phone?'. The right column contains a list of seven radio button options: 01 Answered by IVR, 02 Answered by LIVE Person, 03 Placed Directly into HOLD Queue, 04 Busy signal / "all circuits are busy", 05 Did not connect to a plan/bad phone, 06 Ring, no answer, and 07 Case do over.

You must select from the following options to describe the initial call outcome, Who answered the phone?:

(01) Answered by IVR: The phone was answered by the targeted call center IVR system. The IVR system usually presents you with a list of options from which to select. You must listen carefully to all options to make sure you select the correct one.

(02) Answered by Live Person: The phone was immediately answered by a live CSR. Indicates you reached the targeted call center.

(03) Placed Directly into Hold Queue: The phone was answered by an automated system, but you are immediately told to hold for the next available representative (as opposed to giving options, like in an IVR). Sometimes you may not be told you are on hold, but instead may hear hold music begin to play or a commercial with health information.

(04) Busy signal/“all circuits busy:” You hear a regular or fast busy signal, or “all circuits busy” message. Voxco may also show a pop up message stating “The called party is busy” or something similar.

(05) Did not connect to a plan/bad phone: You did not connect to the call center. Examples include a person answering and saying, “Hello, Ed’s Restaurant,” the phone rings and goes dead before 6 rings, you hear a not-in-service message, etc.

(06) Ring, no answer after 6 rings: The phone rang six times and was not answered.

(07) Case do over: If you knowingly make a mistake, choose this option to reset the case so the call is reattempted.

If your first call results in options 4, 5, or 6, once you end the call, the system and auto dialer will automatically prompt you to reattempt the call. The steps for this process are detailed in Section 3. If the second call results in the same issue, code accordingly and close out the case.

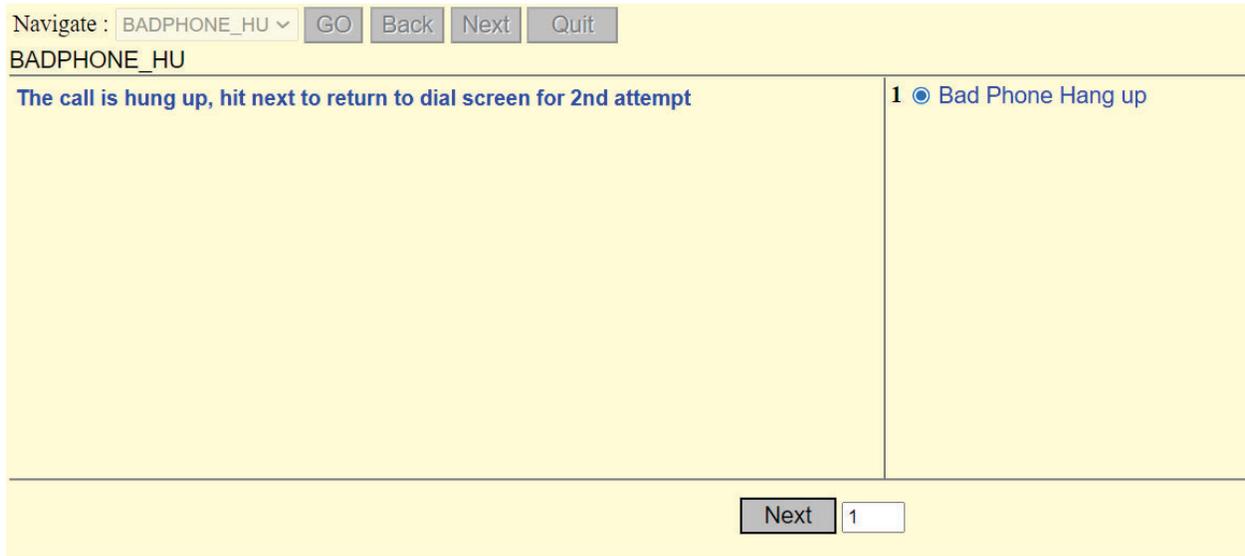
All numbers called for this study should be toll-free numbers (beginning with 800, 888, 877, 866, 855, 844, and 833). If you encounter a number that is not toll-free, please write down the case ID and the telephone number and give it to your Team Lead or Production Coordinator. **Do not make the call.**

3. Call Reattempts

When first dialing on the **ANSWERED** screen, if the call is coded as options 4, 5, or 6 (above), you will be prompted to reattempt the call after making your selection.

When you reattempt the call, a screen will let you know that the call has been ended, shown in Exhibit 12 below.

Exhibit 12. BADPHONE_HU screen



After you click Next, you will return to the **DIAL1** screen and see a bolded, blue note on the left-hand side that says, “This is the second attempt for this record. ENTER 01 and press [Enter] to continue.”

When you reattempt the call, a bolded, blue note appears on the left-hand side of the **DIAL1** screen that says, “This is the second attempt for this record. Check **(01) ENTER 01 to continue** and press [Enter] to continue.”

For first calls resulting in **no connection (silence, no ring, less than 6 rings and line goes silent and/or disconnects, Voxco indicates the call status is still “Idle”) or static on the line (loud static to the point where you cannot determine if you reached an IVR, hold queue, or live person)**, before you make the second call attempt, you must speak to a Team Lead/Production Coordinator to ask that a hand dial attempt be made.

HAND-DIAL ATTEMPT PROCESS

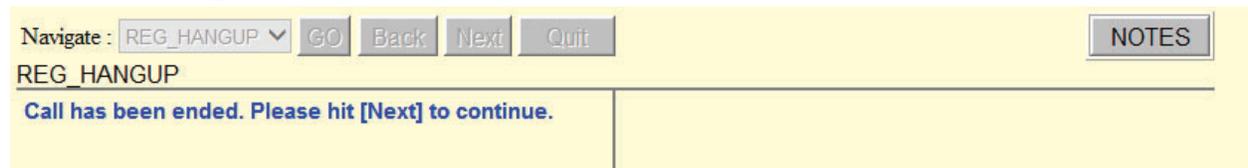
- Before you make the second call attempt, you must speak to a Team Lead/Production Coordinator to ask that a hand dial attempt be made.
- The Team Lead/Production Coordinator will test the number outside of Voxco to see if the number works (hand-dial).
- If the Team Lead/Production Coordinator confirms that the number is working, you will then make your second attempt in the case using the auto dialer.
- If the Team Lead/Production Coordinator confirms that the number *is not* working, you will still make your second attempt using the auto dialer.
- If the number does not work on your second attempt, choose option **(05) Did not connect to a plan/bad phone**.
 - Mark **06 - Hand dialed second attempt** on the **PHONE_ISSUES** screen.

- Mark 11 – I want to note an additional issue and leave a note detailing the steps you took and the result of each attempt.

3.1 Coding Outcomes for Call Reattempts

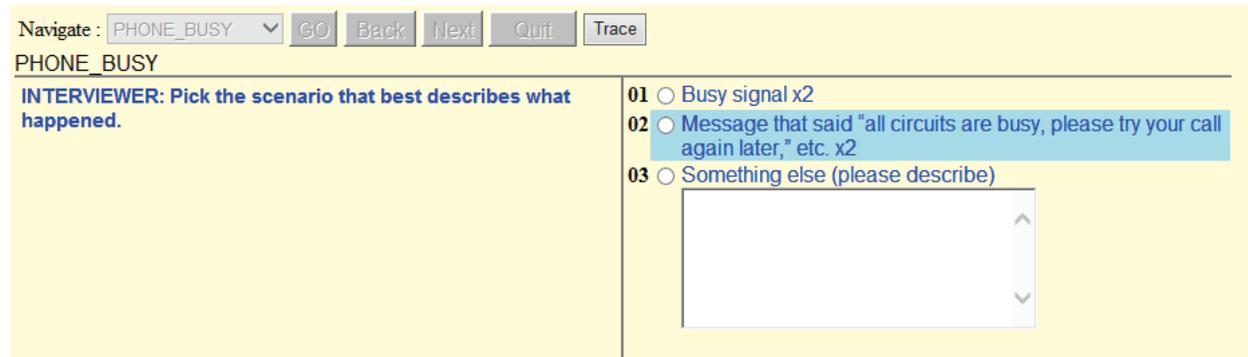
If you are not able to connect with a CSR after reattempting the call, you will be routed to the **REG_HANGUP** screen, shown in **Exhibit 10** below.

Exhibit 10. REG_HANGUP Screen



Busy signal/“all circuits busy:” For calls resulting in a busy signal/“all circuits busy” message, you will pick from the options on the **PHONE_BUSY** screen, shown in **Exhibit 11** below.

Exhibit 11. PHONE_BUSY



As the screen above shows, you will be asked to pick the scenario that best describes what happened, with the following options:

- (01) Busy signal x2:** Heard a busy signal on both attempts of the call.
- (02) Message that said “all circuits are busy, please try your call again later,” etc. x2:** Heard a busy message on both attempts of the call.
- (03) Something else (please describe):** Something other than the options provided happened. Provide a clear and detailed note in the text box.

Did not connect to a plan/bad phone: For calls that reach a bad phone number or when you are otherwise unable to connect to the plan, the screen will prompt you to select options on the **PHONE_DNC** screen, shown in **Exhibit 12** below.

Exhibit 12. PHONE_DNC

The screenshot shows a software interface for the 'PHONE_DNC' screen. At the top, there is a navigation bar with a dropdown menu set to 'PHONE_DNC' and buttons for 'GO', 'Back', 'Next', 'Quit', and 'Trace'. Below the navigation bar, the screen title 'PHONE_DNC' is displayed. The main content area is divided into two sections. On the left, there is a prompt: 'INTERVIEWER: Pick the scenario that best describes what happened.' On the right, there is a list of five radio button options, each with a corresponding number in a blue box: '01 No connection when dialing the plan', '02 Static on the phone line; could not complete call', '03 Recording indicated call cannot be completed at this time', '04 Recording stated this number is no longer in service', and '05 Something else (please describe)'. Below the list is a text input box with a vertical scrollbar.

As the screen above shows, you will be asked to pick the scenario that best describes what happened, with the following options:

(01) No connection when dialing the plan: After initiating one attempt of the call, you were unable to connect to the plan, did not hear a ring, and the call never showed as connected. On the second attempt of the call, you asked a Team Lead/Production Coordinator to complete a hand dial attempt. If the number did not work for the Team Lead/Production Coordinator, then you choose this option again. Mark **Hand dialed second attempt** on the **PHONE_ISSUES** screen.

(02) Static on the phone line; could not complete call: Extreme static on the phone line prevented completion of the call twice in a row. On the second attempt of the call, you must ask a Team Lead/Production Coordinator to hand dial the number to see if it is working. If the number is not working for the Team Lead, you will choose this option again on the second attempt. Mark **Hand dialed second attempt** on the **PHONE_ISSUES** screen. **Note:** This rarely happens and is usually due to extreme weather.

(03) Recording indicated call cannot be completed at this time: Reached a recording twice that said the call cannot be completed at this time, please try your call again later. **Note:** you do not need to call a Team Lead or a Production Coordinator for a hand dial attempt for this issue.

(04) Recording stated this number is no longer in service: Reached a recording twice that said the call cannot be completed as dialed or the number is no longer in service. **Note:** you do not need to call a Team Lead or a Production Coordinator for a hand dial attempt for this issue.

(05) Something else (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box. **Note:** you do not need to call a Team Lead or a Production Coordinator for a hand dial attempt for this issue.

4. Answered by IVR

When you are routed to an IVR system, you must record every action taken in the IVR. Each IVR is different. In order to advance, you will use either verbal commands or enter options using your phone's keypad. Each selection must be documented in the Voxco system's IVR decision tree (see the numbered lines with blank text boxes in **Exhibit 13**). On the **IVR1** screen, you enter one action per line, using the *Commonly Used Abbreviations* provided on the screen when appropriate. Once your IVR selection moves you out of the IVR, indicate where you are sent by scrolling to the bottom of the Voxco screen and choosing from the option with radio (circle) buttons (see red arrow in **Exhibit 13** below). There is a 600-second (i.e., 10-minute) time limit for the IVR tree. Once the time limit is reached, you are directed to the end of the case.

Exhibit 13. IVR1 Screen

The screenshot shows the IVR1 screen with the following elements:

- Navigation:** A dropdown menu set to 'IVR1' and buttons for 'GO', 'Back', 'Next', and 'Quit'. A 'NOTES' button is in the top right.
- Timer:** 'Timer: 15' in the top left.
- Call Information:** 'Case ID: D1000229', 'Contract Name: CATHOLIC SPECIAL NEEDS PLAN, LLC', 'Phone: 1-4432-259-552', 'Call Type: PROSPECTIVE ENROLLEE', 'Plan Type:', and 'System ID: 0999900241'.
- Input Fields:** A vertical list of 12 numbered text boxes for recording actions.
- Commonly Used Abbreviations:** A box containing:
 - CSR - Customer Service Representative
 - IDHI - I don't have it
 - IDK - I don't know
 - SE - Something else
 - Y - Yes
 - N - No
- Radio Buttons:** Four options at the bottom:
 - Sent to HOLD Queue - ("one moment"; instructed to hold, wait, stay or remain on the line / hear music or advertisements)
 - Got LIVE Person
 - Call terminated
 - Case do over
- Next Button:** A 'Next' button at the bottom center.

A red arrow points to the radio button options.

In most cases, when a call is answered, IVR menu options are provided to help direct you to the proper individual. The IVR screen in **Exhibit 13** has three sections:

Section 1: A timer in the top left-hand corner counts to 600 seconds (i.e., 10 minutes), the maximum amount of time you can spend in the IVR screen. When you reach this time limit, the Voxco system automatically times out and ends the case.

Section 2: The twelve boxes on the left-hand side of the screen are provided for you to document the selection you make while in the IVR. When you are prompted to choose an option in the IVR (i.e., “Press 1 for English, press 2 for Spanish”), enter whatever option you choose in these boxes. Enter one action per line, using the provided abbreviations when possible. If you run out of lines, continue noting your options in the last line and separate them by a comma (e.g., N, IDHI, PH).

Any selection you make must be: 1.) pressed or spoken on the telephone; **and** 2.) documented in the Voxco screen. The project team uses the documented IVR selections from this screen to recreate your experience if there are questions from the plan or CMS about the call process.

When the IVR system asks for information, for example, “What is your date of birth?” or “What is your member number?” say “I don’t have it (IDHI)” a maximum of two times, then stay silent. **Note:** Only record choices that you selected in the IVR. You do not need to record that you stayed silent or that there were no options for you to pick.

When the IVR system asks you an open-ended question, such as “How can I help you today?,” you will say “Customer service representative.” Usually, the IVR will say something such as “I know you would like to speak to someone, but to better serve you...” and either ask you to specify what you are calling about or repeat “How can I help you today?” Repeat “Customer service representative.” Please keep in mind that you can say this to an open-ended question only two times. If the IVR repeats the question a third time, just stay silent.

Section 3: At the bottom of the screen, there are four options to document where the IVR system sends you once you complete the decision tree. Select one from the following options, and then press the *Next* button at the bottom of the screen:

- **Sent to HOLD Queue:** Recording says, “Please hold for the next customer service representative,” or “one moment;” instructed by a live person to hold, wait, stay, or remain on the line; hear music or advertisements; or hear silence on the line but have not been disconnected.
- **Got LIVE Person:** Connected to a live CSR.
- **Call terminated:** Call is ended or somehow disconnected.
- **Case do over:** If you knowingly make a mistake that could negatively impact the plan’s call center (such as making an incorrect selection in the IVR), choose this option to reset the case so the call is reattempted.

Mark all selections you dial or speak in the IVR in the numbered text boxes. **Note:** Commonly used abbreviations are provided in the box to the right of the text boxes.

You must scroll down to the bottom of the IVR1 screen to make a selection about where you are transferred after leaving the IVR1 screen—you are not able to move to the next screen without making a selection (see red arrow in **Exhibit 13**).

4.1 Identifying Appropriate IVR Options

There are as many different IVRs as there are call centers, so it is impossible to train interviewers on which exact options to choose for every system. However, the goal of each call is the same, to reach a CSR, so a consistent strategy is useful. The strategy outlined below will help ensure that the best options are chosen in each IVR.

English Calls:

Navigate the IVR as if you are the child of a prospective member who is seeking information about enrolling in Medicare Part C and Part D programs. Listen for and choose options for people interested in enrolling in the plan. ***If you continue to the LIVE screen and you are transferred again, you must continue to wait on that screen until you are connected to a CSR who can answer your questions. All the screens have timers, and any wait is recorded.*** Possible examples of options include: if you are a prospective member, if you are not a member but would like more information about the plan, or if you have Medicare and are interested in our plans or Medicare Advantage plans.

Foreign Language (LEP) Calls:

When making calls in a foreign language, you must act as if you do not understand the instructions when they are given in English. If instructions are given in your language, then you are allowed to make the correct selection. For example, if the IVR tells you **IN SPANISH** to press “2” for Spanish, then you can make the selection. But if the IVR says in English to press “2” for an interpreter, then do not make the selection. **Never make any selections that are given in English when calling in a foreign language.**

Determining if you are placed on hold:

It is important to listen carefully to determine when you are placed on hold. In some cases, you might hear “Please hold for the next available CSR.” But in most cases, after listening to all of the options, you may hear music or advertisements on the phone. These are signs that you are in a hold queue. Once you believe you have been sent to the hold queue, select the *Sent to HOLD Queue* radio button and then click on the *Next* button at the bottom of the screen.

Calls with Spanish IVRs:

Sometimes, you will reach an IVR that speaks in Spanish. This is usually the case for calls to Puerto Rico, but other plans may also have IVRs that start off in Spanish. If you are an English interviewer, make sure to select any options for English. If you are an LEP interviewer who does not speak Spanish, remain silent. If IVR only has options in Spanish and the language is English or another language that is not Spanish, then you will type “Spanish only IVR” in the first IVR box.

5. Sent to Hold Queue

The **HOLD** screen, shown below in **Exhibit 14**, is simply the place you sit while waiting for a CSR to answer your call. As with the **IVR** screen, there is a timer in the top left-hand corner. You will sit on hold for a maximum of 600 seconds (i.e., 10 minutes) and the timer will count up from 1 to 600.

Exhibit 14. HOLD SCREEN

Navigate : HOLD GO Back Next Quit

HOLD

Timer: 18

Please hold until a Customer Service Representative comes to the line.

- LIVE Person
- Sent to IVR
- Call terminated
- Case do over

Once you are no longer on hold, you will pick one of the options in the screen above (**Exhibit 14**), detailed below, that best matches the next step you encounter. Then, you will press the *Next* button at the bottom of the screen.

- **LIVE Person:** The phone was answered by a live CSR. Indicates you reached the targeted call center.
- **Sent to IVR:** The phone was answered by the targeted call center IVR system. The Voxco system will take you back to the IVR screen previously seen. The IVR system will usually present you with a list of options from which to select. You must listen carefully to make the correct selection. If you finish making selections and need to document more notes, start with the first blank box underneath the last documented selection.
 - If you have to switch back and forth between the IVR and the hold queue, the timers will start from where they left off while you were on that screen (i.e., if you were waiting three minutes (180 seconds) in the IVR, then you are sent to the hold queue for one minute (60 seconds), and then you start hearing options and click “Sent to IVR,” the timer will resume from 180 seconds).
 - If you need to go back to the IVR from a hold queue in order to select more options, make sure you indicate that in the text box by typing “– from hold.” For example, if you are in the hold queue and a recording says, “If you would like to receive a callback, press 1. To remain on the line for a representative, press 2,” you will select “Sent to IVR,” press 2 on your phone, and then, in the next available blank space, type “2 – from hold.”
- **Call terminated:** Call is ended or somehow disconnected.

- **Case do over:** If you knowingly make a mistake that could negatively impact the plan’s call center, choose this option to reset the case so the call is reattempted.

Note: If you wait 600 seconds in either the **IVR** or **HOLD** screens, the case will automatically close, the **TIMEOUT** screen will appear and the call is considered complete. You will then be directed to the **PHONE_ISSUES** screen, where you will leave a note detailing the results before exiting the case.

Additional Options while on Hold:

Sometimes, after you make choices in the IVR, and are put in a hold queue (and are on the **HOLD** screen), the plan’s system may offer you additional options. When options are offered, but you are **not** required to make a selection, you simply stay silent and remain on hold. If the system offers you the option to enter information such as your member ID, date of birth, Social Security number, etc. you remain silent. Furthermore, you should never participate in a survey.

1. **Example scenario:** “Press 1 to enter your member ID for faster service, or remain on the line for the next available agent”. **Direction:** You should remain silent.
2. **Example scenario:** “If you would like to participate in a customer satisfaction survey at the end of this call, press 1 or say ‘yes.’”
Direction: You should remain silent.

Sometimes, after making choices in the IVR, you are put in a hold queue (and you are on the **HOLD** screen), and the system requires that you make a choice in order to continue the call. If you have to document a choice, you will move to the **IVR** screen and write down the choice you made followed by “- from hold.”

3. **Example scenario:** “We are experiencing higher than normal call volumes, press 1 to stay on hold, press 2 to leave a call back number and someone will call you back.”
Direction: Press 1 to stay on hold (never leave a call back number); then document your choice on the **IVR** screen “1 - from hold.”
4. **Example scenario:** “To improve our customer service we would like you to participate in a customer satisfaction survey at the end of this call. Press 1 or say ‘yes’ to participate, press 2 or say ‘no’ if you prefer not to participate.”
Direction: Press 2 or say no (never participate in a survey); then document your choice on the **IVR** screen “2 – from hold” or “No – from hold.”

6. Answered by a Live Person

Once a live CSR answers the phone, you ask the opening question verbatim, meaning you read it exactly as it is written, presented on the **LIVE** screen (Exhibit 15 & 16).

Exhibit 15. LIVE English Screen

Navigate : LIVE

LIVE

Timer: 19

Are you the right person to answer questions about CareSource MyCare Ohio (Medicare-Medicaid Plan)'s health benefits? **INTERVIEWER NOTE: [If CSR asks, this is Medicare-Medicaid health benefits. The Plan name is available in the header to provide to the CSR, if needed.]**

INTERVIEWER NOTE: If a CSR offers a transfer, politely accept and stay on this screen.

Yes

Anything other than yes (No; All CSRs are busy, but I can have them call you back; CSR hang up, Unexpected disconnect; No interpreter available)

Case do over

Transfer to IVR

Transfer to HOLD queue ("one moment"; instructed to hold, wait, stay or remain on the line / hear music or advertisements)

Other (If you have been transferred, check this box and leave a note.)

Depending on the type of plan you called, there are four possible questions:

1. **Medicare Part C (enrollee health benefits):**
Are you the right person to answer questions about [Plan name]'s health benefits?
INTERVIEWER NOTE [If CSR asks, this is Medicare Part C benefits. The Plan name is available in the header to provide to the CSR if needed.]
2. **Medicare Part D (enrollee prescription drug benefits):**
Are you the right person to answer questions about [Plan name]'s prescription drug benefits?
INTERVIEWER NOTE [If CSR asks, this is Medicare Part D benefits. The Plan name is available in the header to provide to the CSR if needed.]
3. **Medicare-Medicaid Part C (enrollee health benefits for beneficiaries enrolled in both Medicare and Medicaid):**
Are you the right person to answer questions about [Plan name]'s health benefits?
INTERVIEWER NOTE [If CSR asks, this is Medicare-Medicaid health benefits. The Plan name is available in the header to provide to the CSR if needed.]
4. **Medicare-Medicaid Part D (enrollee prescription drug benefits for beneficiaries enrolled in both Medicare and Medicaid):**

Are you the right person to answer questions about [Plan name]'s prescription drug benefits?
INTERVIEWER NOTE [If CSR asks, this is Medicare-Medicaid prescription drug benefits. The Plan name is available in the header to provide to the CSR if needed.]

Once you reach a live CSR and advance to the **LIVE** screen, **you ask the question verbatim, meaning you read the question exactly as it is written to the CSR.** You must wait for a CSR to answer the question above. If the CSR cannot answer your question and puts you on hold or sends you back to an IVR, you wait on the **LIVE** screen until you are connected to a new live CSR, the call terminates, or the call times out. You will have 420 seconds (i.e., 7 minutes) to receive an answer to the question from the CSR.

Two answer types are presented on the **LIVE** screen. Checking the appropriate radio (circle) button allows you to advance to the next screen. The check box (square) options allow you to document when you are put on hold, sent to IVR, or transferred to another department or CSR while you wait to connect to a new live CSR. **Note:** The check box (square) options are for **documentation purposes only. DO NOT** click *Next* after you select these boxes.

FOR FOREIGN LANGUAGE CALLS ONLY: When calling in a foreign language, you should only speak that language. The CSR will answer the call in English. In order to be routed to an interpreter, you will follow the instructions presented in blue at the top of the LIVE screen. For example, Exhibit 16 presents a Spanish call and the instructions read “Interviewer: You can only speak Spanish from this point forward. However, you can use the following English phrases to ask a CSR for an Interpreter in your language: No English, Spanish, I need Spanish, Yes/No” (see languages outlined in red). **You must only use these phrases** and wait for the CSR to connect an interpreter to translate the questions. Once the appropriate language interpreter has joined the call, you will then ask the opening questions in the language it is presented in. All questions must be asked verbatim, meaning you must say the question exactly as it is written on the screen. See text underlined in red in Exhibit 16. Sometimes, a CSR may answer the line who speaks your language. If that happens, then you can speak directly to that CSR and do not need them to get an interpreter on the line.

Scenario 1: The CSR asks you follow-up questions. You should say “No English, (your language)”. If the CSR says “You need (your language)?”, then you can say “Yes, (your language).”

Scenario 2: The CSR makes a request such as “Can I place you on hold?”, “Can I have your telephone number in case we’re disconnected?”, etc. Do not say “yes.” You should simply say, “No English, (your language), I need (your language)”. Do not respond to the CSR in any way that makes it seem like you understood their requests.

Scenario 3: The CSR doesn’t understand what language you’re asking for and asks you to spell the name of the language. Do not spell the language, just repeat, “No English, (your language)”.

FOR ENGLISH CALLS TO PUERTO RICO/CALLS WITH SPANISH IVRs: When you are calling plans in Puerto Rico or some plans in the US, you may reach a CSR who comes on the line and introduces the call in

Spanish. For these calls, it is okay to say, “English please” or “I need English” on an English call, and for languages other than Spanish, you can use the English phrases outlined in red in Exhibit 16. The CSR will then either switch over to speaking English or he or she will transfer the call to another CSR who speaks English. Make sure to document in the “Transfer to HOLD queue” and/or “Other” boxes if a CSR has to put you on hold and/or transfer you to another CSR.

Exhibit 16. LIVE Screen for LEP calls

Navigate : LIVE GO Back Next Quit

LIVE
Timer: 15

Interviewer: You can only speak Spanish from this point. However, you can use the following English phrases to ask a CSR for an interpreter in your language:
No English
Spanish
I need Spanish
Yes/No

¿Usted es la persona indicada para responder preguntas sobre las prestaciones médicas de FHCP Medicare Rx (HMO)'s? **INTERVIEWER NOTE: [If CSR asks, this is Medicare Part C benefits. The Plan name is available in the header to provide to the CSR, if needed.]**

Yes
 Anything other than yes (No; All CSRs are busy, but I can have them call you back; CSR hang up, Unexpected disconnect; No interpreter available)
 Case do over

Transfer to IVR

Transfer to HOLD queue (“one moment”; instructed to hold, wait, stay or remain on the line / hear music or advertisements)

Other (If you have been transferred, check this box and leave a note.)

Next

Radio Button Options

You are not able to leave the **LIVE** screen unless you select one of the following three answers with radio buttons and click *Next*:

- **Yes:** Person gives a clear “yes” or “I think so,” or otherwise gives you an answer that sounds like a “yes.” (Absolutely, sure, I can help you with those questions, etc.) **Note:** If the first CSR transfers you to a second CSR, wait until the second CSR says “yes” before choosing this answer.
- **Anything other than yes (“No,” “All CSRs are busy, but I can have them call you back;” etc.):** Person says “no” or otherwise gives you an answer that is **not** yes, CSR hangs up, or there is an unexpected disconnect.
- **Case do over:** If you knowingly make a mistake that could negatively impact the plan’s call center, choose this option to reset the case so the call is reattempted.

Check Box Options

If a CSR cannot answer your question and transfers you back to an IVR tree, a hold queue, or to another CSR, **do not click any of the three radio buttons** mentioned above. Instead, click the square button that pertains to your situation and wait to connect to a new live CSR:

- **Transfer to IVR:** CSR transfers you to the IVR tree without answering the question. Enter all IVR response options you choose in order to advance to a live CSR in the open text box.
- **Transfer to HOLD queue (“one moment;” instructed to hold, wait, stay, or remain on the line/hear music or advertisements):** Note any instances where you are put on hold while on the LIVE Screen.
- **Other:** Anything that does not fall into any other category. If a CSR needs to transfer you to another CSR, you will note this here. Provide clear notes in the text box. (Example note: “Person who answered said I reached the wrong department and is transferring me to member services.”)

NOTE: In some instances, you may go back to the IVR and HOLD queues multiple times while on the LIVE screen. This is allowable. However, the call to the plan will be timed out if you do not get an answer from a live CSR within 420 or 480 seconds for the first question (depending on English, TTY or Foreign Language calls) of when you first arrived at the screen.

At this point several things might occur:

- 1. The CSR says yes.**
 - a. Once confirmed, click yes and then click Next. If this is a Part C, Part D, Part C MMP, or Part D MMP, you will have three follow up or accuracy questions to ask. If this is an SNP case, then you will have a script to read verbatim. For foreign language and TTY calls, you may also experience an unprofessional interpreter or TTY operator. These issues should also be documented as well. This is important information that we will report to the client.
- 2. The CSR may ask you for a member number or additional information from you.**
 - a. Remind the CSR you are calling to get information for your mother who is interested in the plan. She is not a current member. Tell the CSR that before you can provide the additional information you need to know if they are able to answer the question. If the CSR insists on the additional information, terminate the call. Remember to leave a call note that state the call was terminated by the interviewer and what information the CSR insisted on having.
- 3. The CSR may need to transfer you to another agent.**
 - a. Accept the transfer and record where you were sent in the “Other” text box. Make sure to stay on the LIVE screen until either a new CSR comes to the phone, the call disconnects, or the call times out. If a new CSR comes to the phone, ask the question again verbatim and record their response. *NOTE: We cannot request transfers, but we should accept them if they are offered.*
 - b. An interviewer note is provided in bolded blue text as a reminder that if a CSR offers you a transfer, you should stay on the **LIVE** screen. Do not click “Anything other than yes” yet and

wait on the line. The only exception to the transfer procedure is described later on in this manual.

- c. If the CSR says you reached the wrong department but does not offer to transfer you and instead gives you a phone number to call, write down the number given and choose option 2 (anything other than yes). You will have an opportunity to record the number in the next screens.
 - d. If a CSR asks you for additional information after offering to transfer you, such as a member number or telephone number, say to the CSR, “Is it possible to transfer me without providing that information?” You can also add, “I just have general questions” if needed. If the CSR insists on the additional information and will not transfer you without it, politely end the call by telling the CSR that you will just call back or you will call back with that information. Remember to leave a call note explaining the information that the CSR needed.
- 4. The CSR says they are not able to answer questions.**
- a. If the CSR says clearly says they cannot answer questions about the plan and doesn’t offer to find someone that can, choose the option *Anything other than yes*, and select the reason they gave you on the next screen.
- 5. The call is terminated.**
- b. Indicate why the call was terminated on the next screen.

NOTE FOR FOREIGN LANGUAGE CALLS: Most of the time, when you reach a live CSR and say your language, the CSR will know to find an interpreter. At this point, you will be put on hold while the CSR conferences in an interpreter to assist with the call. Mark *Transferred to HOLD queue* on the screen and note “Put on hold while CSR finds interpreter.”

7. Accuracy Questions

Once the CSR says “yes” they are able to answer questions about Medicare, they will be asked up to 3 questions related to the type of health plan we are asking about. Examples of these accuracy question screens can be found in Exhibit 17 (English) and Exhibit 18 (LEP—Spanish). **NOTE:** *Never preselect an option before the CSR provides the answer.*

Exhibit 17. English Accuracy Question Screen

Navigate: A1 GO Back Next Quit NOTES

A1

Timer: 7
Question: Q21: Does Clover Health NJ Premier Orange (PPO) plan cover brand name Xanax 1 mg tablets?

Xanax is a brand name product. You are specifically asking whether this brand name product is on the formulary. You do not want to know if the generic version of Xanax is on formulary.

Answer: No

Correct

Incorrect

[Dropdown]

CSR does not know

Call Terminated (CSR hang up, unexpected disconnect, CSR would not answer questions without eligibility information, CSR unable to transfer call to more knowledgeable CSR, CSR does not recognize plan, etc...)

Case do over

Exhibit 18. LEP Accuracy Question Screen – Spanish

Navigate: A3 GO Back Next Quit NOTES

A3

Timer: 20
Question: Q32: Mi mamá se va a mudar, así que a mitad de año tendrá que cambiar de plan. Si elige este plan, ¿le comunicarán al plan los pagos que ella realizó por sus medicamentos mientras estaba afiliada al plan anterior?

The CSR may state she should check the Explanation of Benefits (EOB) she receives from the new plan just to make sure, but focus on the CSR's answer here. We are looking for a response that indicates yes, the TrOOP balance (payments she made for her drugs while enrolled in the old plan) will be communicated to the new plan.

Answer: Yes

Correct

Incorrect

[Dropdown]

CSR does not know

Call Terminated (CSR hang up, unexpected disconnect, CSR would not answer questions without eligibility information, CSR unable to transfer call to more knowledgeable CSR, CSR does not recognize plan, etc...)

Case do over

NOTE: Text that is in bold and blue should not be read aloud. This information is provided to (a) help you better understand the purpose of the question and (b) help clarify situations where the CSR does not answer the exact question. For example, in the question above, if the CSR answered, “The generic version of Xanax is covered,” you can follow up with “I want to know if the brand name, not the generic version, is covered.” This information will always be presented in English. If you are making an LEP call, even if the additional information is presented in English, you should say the information in the language in which you are making the call.

Pick from the following options to best represent the answer given by the CSR:

- **Correct:** Only if the entire answer is correct.

- The answer may be different for different plans, so check the actual answer under the question on the screen before deciding whether it is correct or incorrect.
- **Incorrect:** Provide a detailed note of the incorrect answer the CSR provided.
 - It is important to pay close attention to the CSR's answer. Example: A question may ask "Does my mom have to pay for a flu shot?" and the correct answer may be "no". If the CSR says, "The flu shot is covered at 100%", that may be the same as saying "no".
 - If you are confused about whether a CSR answered correctly, you want to clarify by probing once and asking a follow up question such as, "Okay, does that mean she'll have to pay for the flu shot?" or something similar. Then, pay attention to the CSR's response.
 - If a CSR answers part of a question incorrectly, then the whole answer should be marked as incorrect. In your note, describe which part of the question they answered correctly and which part they answered incorrectly.
 - Sometimes, CSRs may provide a vague response that may not necessarily answer the question. You want to probe and ask for clarification. Example: If the answer is yes or no, you can ask, "Is that a yes or a no?/Are you saying yes or are you saying no?"
 - While typing your note about the incorrect answer, it is okay to say to the CSR in English or your language via interpreter, "I just need to write this down for my mother, one moment please". Once you are finished typing your note, click Next to move to the next screen.
- **CSR does not know:** If the CSR tells you they do not have an answer.
- **Call terminated (CSR hang up, unexpected disconnect, CSR would not answer questions without eligibility information, CSR unable to transfer call to more knowledgeable CSR, CSR does not recognize plan, etc.):** You will be prompted to give more detailed notes about why the call was terminated on future screens. **(Call status on the left-hand side of the screen will show "Wrap Up".)**
 - **CSR hang up:** this is when you hear the CSR hang up the phone or the CSR states, "I'm ending this call now" or "I'm going to hang up". Please note any unprofessional behavior.
 - **Unexpected disconnect:** The CSR may be in the middle of speaking and then you hear silence, or they put you on hold and then the line goes silent. Always check in the upper left-hand corner to see if the icon says "Connected" or "Wrap up". If you see "Wrap up", then this means that there was an unexpected disconnect on the CSR's end. Go ahead and code "Call terminated" and then "unexpected disconnect".
 - **CSR would not answer questions without eligibility information:** you may start a survey and the CSR may ask you for information such as a member ID, date of birth, SSN, your mother's age, etc. We want to reiterate that she is not a member and we're just calling for information. However, if the CSR keeps insisting and won't proceed with any more questions until we give them that information, then politely end the call by saying, "I'll just call back" or "I'll call back with that information, thank you".
 - **CSR unable to transfer call to more knowledgeable CSR:** A CSR may start answering the questions, but you might ask a question to which they don't know the answer. The CSR may try to transfer you, but if they can't transfer the call for any reason and they also can't continue to answer the questions, then you can end the call politely and use this code.

- **CSR does not recognize plan:** CSRs may say yes to the introduction question but after asking one or more accuracy questions, they may say the following: “I’m sorry, I’m not familiar with this plan at all” or “These questions are about Medicare, I can only answer questions about Medicaid”, etc. If the CSR does not recognize the plan, then you can politely end the call.
- **Case do-over:** If you have knowingly made a mistake that could negatively impact the call center, choose this option so that the call can be reset and attempted again.

***NOTE:** If you have any questions about these codes, please speak to a Team Lead or Production Coordinator. It is important to code these outcomes in a timely manner because the timers are still running in the cases. Once you have determined the correct outcome, code the case in a timely and efficient manner. Too long of a delay may result in an incorrect time stamp or may cause the case to time out, leading to an incorrect outcome. A case do-over may be required.*

8. Ending a Successful Call

If the CSR can answer the accuracy questions, after the third question, you will move to the **THANK** screen (**Exhibit 19**). For all non-SNP calls, you will pleasantly end the call in English or your language. For SNP calls, you will just ask the opening question and on the **THANK** screen, you will have the script that reads, “Thank you, this has been a test call on behalf of the Centers for Medicare and Medicaid Services.” This is one of two scenarios where you will tell the CSR that this has been a test call. The other scenario is when the call times out, which is detailed in Section 10.

Exhibit 19. THANK Screen

Navigate : <input type="text" value="THANK"/> <input type="button" value="GO"/> <input type="button" value="Back"/> <input type="button" value="Next"/> <input type="button" value="Quit"/>		<input type="button" value="NOTES"/>
THANK		
Interviewer: Call hangs up when you click "Next," do not click "Next" until the call has ended.	01 <input type="radio"/> No unprofessional behavior	
Pleasantly end the call in English.	02 <input checked="" type="radio"/> Unprofessional behavior	
	03 <input type="radio"/> Case do over	

If you need to end the call with the CSR because of unprofessional behavior, you may use the *Hang Up* button on the left-hand side of the screen to hang up the call. A pop-up box will appear asking you to confirm that you want to hang up. Click OK to hang up the call.

If the CSR asks you “Were you satisfied with my services today?” you should not respond to their question as this is providing feedback on their work (similar to a survey). Instead, simply end the call by saying “thank you, have a nice day” and use the hang up button to end the call, if needed.

You then mark one of the following:

- 1. No unprofessional behavior:** CSR was courteous and professional throughout the call.

- 2. Unprofessional behavior:** CSR was unprofessional. If you choose this option, describe the interaction on the following screen.
- a. Examples of unprofessional behavior may include, but are not limited to:
 - i. Asking at any point if this is a test call or saying to you or someone else that this is a test call.
 - ii. A rude attitude. This could include a rude tone of voice, sounding upset or angry, whispering things to themselves, sighing loudly when you ask your questions, etc.
 - iii. Refusal to help you in any way. This could include the CSR telling you to stop calling or that they can't or don't want to answer your questions in a rude way.
 - iv. Mocking you, making fun of you and/or cursing at you.
 - b. Please use your best judgment when it comes to unprofessional behavior. We want to be fair in this assessment. If the CSR is saying that they can't help you because their system is down, this is different from them saying, "I'm not taking a test call today" and hanging up. Pay attention to what the CSR says and how they say it.
 - c. When documenting unprofessional behavior, please remember that these notes are seen by several parties. If the CSR cursed, do not type out curse words in the notes. Simply state that the CSR cursed at you or used a curse word.
 - d. Report instances of extreme unprofessional behavior right away by calling the Survey Center and speaking to a Team Lead or Production Coordinator.
 - i. You **do not** need to report unprofessional behavior if the CSR was polite but unprofessional (e.g. saying that this was a test call). These instances can just be documented in the call outcomes.
 - ii. You **do** need to report instances of rude behavior, yelling at you, refusals to help you, insults/disrespectful comments/cursing, etc. This is considered extreme unprofessional behavior.

Case do over: If you knowingly make a mistake that could negatively impact the plan's call center, choose this option to reset the case so the call is reattempted.

9. Terminated Calls from IVR or Hold

When a call is terminated from the **IVR** or **HOLD** Screen, the system first asks "Who terminated the call?" Select either *I terminated the call*, or *The call center terminated the call*, whichever is appropriate. See **Exhibit 20** below.

Exhibit 20. DISP1

Navigate : <input type="text" value="DISP1"/> <input type="button" value="GO"/> <input type="button" value="Back"/> <input type="button" value="Next"/> <input type="button" value="Quit"/> <input type="button" value="Trace"/>	
DISP1	
Who terminated the call?	<p>01 <input type="radio"/> I terminated the call</p> <p>02 <input type="radio"/> The call center terminated the call</p>

Who terminated the call?

(01) I terminated the call: Select this option when you must terminate the call. This option is used for voicemail, when the IVR tells you the call center is closed, or you cannot be transferred to a live person (e.g. “We are experiencing technical difficulties, please try your call again later;” “Due to inclement weather, we are unable to answer your call at this time, please try again later”). The important thing to remember for *I terminated the call* is that the IVR or hold queue tells you the reason why you cannot be transferred to a live person.

(02) The call center terminated the call: Select this option for any circumstance that does not fall into the descriptions above. This option is used for when the call suddenly disconnects, the IVR insists on information that we cannot give (e.g. SSN, date of birth, telephone number, etc.) and then says “goodbye” or just disconnects, the IVR repeats options and then says “No option has been selected, goodbye” and the call disconnects.

If the IVR keeps repeating options or you are on hold and music and/or advertisements are playing, do not end the call. **Always stay on the line until either the call disconnects or times out.**

Next, you are taken to the **DISP2** screen below (**Exhibit 21**), to select the option that best describes the initial outcome of the call.

Exhibit 21. DISP2

Navigate : <input type="text" value="DISP2"/> <input type="button" value="GO"/> <input type="button" value="Back"/> <input type="button" value="Next"/> <input type="button" value="Quit"/> <input type="button" value="Trace"/>	
DISP2	
What was the outcome of this call?	<p>01 <input type="radio"/> Center Closed</p> <p>02 <input type="radio"/> Voicemail</p> <p>08 <input checked="" type="radio"/> Insists on member name, SSN, etc.</p> <p>10 <input type="radio"/> Unexpected Disconnect</p> <p>11 <input type="radio"/> Other</p> <p>12 <input type="radio"/> Case do over</p>

What was the outcome of this call?

Code one of the following outcomes:

(01) Center Closed: A recording tells you that the center is closed.

(02) Voicemail: You are connected to the center’s voicemail (VM) system. Also select this option if you are sent to a VM recording that states, “mailbox full” or “not set up,” or suddenly disconnects while you are listening to the VM message. **Do not leave a message.** Simply hang up the phone when it prompts you to leave a message. Do this by clicking the *Hang Up* button on the left side of your computer screen; do not hang up your physical phone.

(08) Insists on member name, SSN, etc.: Use this option if, after you decline to provide requested information, the system tells you it will hang up (or has hung up) because you did not provide the information.

(10) Unexpected disconnect: The line suddenly drops and the call is no longer connected. **Note:** Interviewer status in the left column will say *Wrap Up* if the call is disconnected.

(11) Other: Use this option for any outcome that does not fall into any other category (see section 9 below).

(12) Case do over: If you knowingly make a mistake that could negatively impact the plan’s call center, choose this option to reset the case so the call is reattempted.

9.1 Coding Center Closed From IVR or HOLD

If you encounter a call center that is closed, you will navigate through the **ANSWERED** screen to find the option for *center closed*. Pick either *answered by IVR* or *placed directly into hold queue*— whichever is appropriate. You will then answer an outcome question, as seen in **Exhibit 22** below.

Exhibit 22. IVR_CLOSED or HOLD_CLOSED

The screenshot shows a web-based IVR interface. At the top, there is a 'Navigate' dropdown menu set to 'IVR_CLOSED', followed by 'GO', 'Back', 'Next', 'Quit', and 'Trace' buttons. Below this, the screen title is 'IVR_CLOSED'. The main content area is split into two columns. The left column contains the question: 'INTERVIEWER: Did the message provide the center's hours of operation?'. The right column contains two radio button options: '01 Yes (please note hours)' and '02 No'. The '02 No' option is currently selected and highlighted with a blue bar. Below the '02 No' option is a large, empty text input field with a vertical scrollbar on the right side.

Did the message provide the center’s hours of operation?

(01) Yes (please note hours): Choose this option when a message about hours of operation is given. Make sure to note the time zone if it is provided. Example note: “Center message noted hours are 8 a.m. to 8 p.m. Eastern.” **Note:** Plan call centers are required to be open from 8 am to 8 pm in all regions they serve.

(02) No: Choose this option when hours are not given.

9.2 Coding Voicemail From IVR or HOLD

There are a variety of reasons that you may be routed to a plan’s voicemail. On the **IVR/HOLD_VM** screen (**Exhibit 23**), note any information the voicemail provides but **DO NOT** leave a message.

Exhibit 23. IVR_VM or HOLD_VM

Navigate :

IVR_VM

INTERVIEWER: Pick the scenario that best describes what happened.

- 01 Voicemail said center was closed
- 02 Voicemail said there were no CSRs available
- 03 Voicemail did not explain why no one answered
- 04 Voicemail said something else (please describe)

Pick the scenario that best describes what happened.

(01) Voicemail said center was closed: You are then taken to the **IVR_CLOSED/HOLD_CLOSED** screen in **Exhibit 23** and asked if hours of operation were provided. The better option to pick here would be Center Closed, but this option is provided in case you advanced screens too quickly.

(02) Voicemail said there were no CSRs available: Voicemail noted that no CSRs were available at this time or all agents were busy, etc.

(03) Voicemail did not explain why no one answered: You were routed to voicemail but were not given a reason.

(04) Voicemail said something else (please describe): Voicemail provided other information that you note in the provided text box.

9.3 Coding Insists on More Information from IVR or HOLD

IVR and hold systems sometimes insist on more information to proceed through their system. If you have to decline to provide information, and the system tells you it will hang up (or has hung up) because you did not provide this information, you will select *Insists on member name, SSN, etc.* in the **DISP2** screen (**Exhibit 21**). In the following screen (**Exhibit 25**), you are asked to specifically provide what additional information was requested.

Exhibit 25. IVR_MOREINFO or HOLD_MOREINFO

IVR_MOREINFO

INTERVIEWER: What information did the IVR require? Check all that apply.

- 01 Member number
- 02 Member name
- 03 Member Social Security Number
- 04 Case Reference/Record Number
- 06 Something else (please describe)

What information did the IVR require? Check all that apply.

- (01) Member number:** IVR insisted on member’s plan number/ID number.
- (02) Member name:** IVR insisted on member’s name. **(Reminder:** Do not provide a name because the system will use that name to look up a member’s account.)
- (03) Member Social Security Number:** IVR insisted on member’s Social Security number.
- (04) Case Reference/Record Number:** IVR insisted on a case reference or record number.
- (06) Something else (please describe):** Something other than the options provided happened. Provide a clear and detailed note in the text box. (For example, telephone number, date of birth, age, etc.)

Note: For all calls, when the IVR asks you for any of this information in your language, state “I don’t have it” in your language and type IDHI in the text box. If you have to say “I don’t have it” twice in a row for the same piece of information, document by typing “IDHI x2”. You can use the same text box. If the IVR asks you a third time for the same information, stay silent.

9.4 Coding Unexpected Disconnect from IVR or HOLD

Sometimes a call will suddenly disconnect. **Note:** Interviewer status in the left column will say *Wrap Up* if the call is disconnected. Outcome questions are shown below for an unexpected disconnect from the **IVR** screen (**Exhibit 26**) or from a **HOLD** screen (**Exhibit 27**).

Exhibit 26. IVR_DISCON

The screenshot shows a software interface for recording an IVR disconnect. At the top, there is a 'Navigate' section with a dropdown menu set to 'IVR_DISCON' and buttons for 'GO', 'Back', 'Next', and 'Quit'. A 'NOTES' button is located in the top right corner. Below the navigation, the text 'IVR DISCON' is displayed. The main area contains an instruction: 'INTERVIEWER: Pick the scenario that best describes what happened.' To the right of this instruction is a list of six radio button options, each with a corresponding text description. Option 02 is highlighted in blue. Below the list is a large text input box with a scroll bar, intended for providing details for option 06.

01	<input type="radio"/> IVR did not respond to my selection and disconnected
02	<input checked="" type="radio"/> Recording said call center is experiencing technical difficulties at this time and disconnected
03	<input type="radio"/> Immediately after making my IVR selection the call was disconnected
04	<input checked="" type="radio"/> Call disconnected before I could make a selection in the IVR
05	<input type="radio"/> IVR did not offer options in my language. I could not make any selections and remained silent, then the plan disconnected.
06	<input type="radio"/> Something else happened (please describe)

Pick the scenario that best describes what happened.

- (01) IVR did not respond to my selection and disconnected:** After speaking or pressing a selection in the IVR, the IVR did not respond or understand your selection and the call was disconnected.

(02) Recording said call center is experiencing technical difficulties at this time and disconnected: A recording explained the call center was having technical difficulties and then the call was disconnected.

(03) Immediately after making my IVR selection the call was disconnected: After speaking or pressing a selection in the IVR, the call was disconnected.

(04) Call disconnected before I could make a selection in the IVR: While in the IVR, before you were able to make any selections, the call was disconnected.

(05) IVR did not offer options in my language. I could not make any selections and remained silent, then the plan disconnected: This selection is to be used when you reach an IVR that doesn't offer options in the language you are calling in. Most likely, this option will be used for foreign language calls or English calls to Puerto Rico.

(06) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

Note: Pay attention to all recorded messages and/or options that you select while in the IVR, even for interviewers on foreign language calls. If a call suddenly disconnects, do not use "case do over" unless you think you made a mistake that could negatively impact the plan's call center. For example, if you selected an option, the IVR started asking for your provider ID number over and over, and then suddenly disconnected. This may be because you picked the wrong option by mistake and in this case, it may be necessary to do a case do over. If you stayed silent while in the IVR because there were no options you could select, and then the call disconnected, the call center disconnected the call. This would not be a mistake on your part. If you are unsure, please speak to a Team Lead or Production Coordinator for assistance.

Exhibit 27. HOLD_DISCON

Navigate : HOLD_DISCON ▾ GO Back Next Quit

HOLD_DISCON

INTERVIEWER: Pick the scenario that best describes what happened.

- 01 Hold was silent, then call disconnected
- 02 Hold was playing music/commercials, then call disconnected
- 03 Hold was playing music/commercials, but then went silent. Then the call disconnected
- 04 Recording said call center is experiencing technical difficulties at this time and disconnected
- 05 Something else (please describe)

Pick the scenario that best describes what happened.

(01) Hold was silent, then call disconnected: While in a hold that was only silent, the call disconnected. If you are in a silent hold queue, check on the upper left-hand corner. If the icon says *Connected*, stay on the line. If the icon says *Wrap Up*, then the call was disconnected.

(02) Hold was playing music/commercials, then call disconnected: While in a hold that was playing music or commercials, the call disconnected.

(03) Hold was playing music/commercials, but then went silent. Then the call disconnected: You were placed on hold and initially heard music/commercials, but then the hold went silent and eventually disconnected.

(04) Recording said call center is experiencing technical difficulties at this time and disconnected: A recording explained that the call center was having technical difficulties and then the call was disconnected.

(05) Something else (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

Note: Pay attention to the hold queue music and messages. If the hold queue goes silent, or is silent the entire time, check the upper left-hand icon to see if it says *Connected* or *Wrap Up*. Do not do a case do over if the call suddenly disconnects unless you made a mistake.

9.5 Coding Other from IVR or HOLD

Sometimes something else may happen on the call that does not fit into one of the other categories.

Note: Interviewer status in the left column will say *Wrap Up* if the call is disconnected. Outcome questions are shown below for *Other* from the **IVR** screen (**Exhibit 28**). **Note:** The HOLD screen options are almost identical.

Exhibit 28. IVR_OTHER or HOLD_OTHER

The screenshot shows a web interface for coding call scenarios. At the top, there is a navigation bar with a dropdown menu set to 'IVR_OTHER', and buttons for 'GO', 'Back', 'Next', and 'Quit'. A 'NOTES' button is also present. Below the navigation, the text 'IVR_OTHER' is displayed. The main content area is split into two columns. The left column contains the instruction: 'INTERVIEWER: Pick the scenario that best describes what happened.' The right column contains a list of eight scenarios, each with a radio button and a description. Scenario 02, 'Center was closed', and scenario 04, 'IVR insisted on member number, case number, SSN, etc.', are highlighted in blue. Below scenario 08, 'Something else happened (please describe)', there is a text input box with a scroll bar.

Pick the scenario that best describes what happened.

- (01) While in IVR (or on HOLD) making appropriate selections, call timed out:** The call reached the time limit and you were taken to the timeout screen. This option is provided as a failsafe: however, you should have let the call automatically time out and take you to the **TIMEOUT** screen.
- (02) Center was closed:** This option is provided as a backup; however, you should have chosen *Center Closed* at the **DISP2** screen.

(03) I was sent to voicemail: This option is provided as a failsafe; however, you should have chosen *Voicemail* at the **DISP2** screen.

(04) IVR insisted on member number, case number, SSN, etc.: This option is provided as a failsafe; however, you should have chosen *Insists on member name, SSN, etc.* at the **DISP2** screen.

(05) Recording said call center is experiencing technical difficulties at this time: A recording explained the call center was having technical difficulties and then the call was disconnected.

(06) IVR did not offer options in my language. I could not make any selections and remained silent, then the plan disconnected: This selection is to be used when you reach an IVR that doesn't offer options in the language you are calling in. Most likely, this option will be used for foreign language calls or English calls to Puerto Rico.

(07) Call disconnected: The call disconnected and none of the other options fit. This option is provided as a failsafe; however, you should have chosen *Unexpected Disconnect* at the **DISP2** screen.

(08) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

10. Terminated Calls from LIVE Screen

If the CSR answers the introductory question with “anything other than yes,” as detailed in Section 5, you will select the option *Anything other than yes (No; All CSRs are busy, but I can have them call you back; CSR hang up, Unexpected disconnect)*, the call will terminate, and you will be sent to the **DISP2** screen (**Exhibit 29**). You may say, “Thank you I will try back later.” In this scenario, we do not want to identify that this was a test call. You will then select from many options to best represent the reason you chose the option *Anything other than yes*.

Exhibit 29. DISP2 Screen

The screenshot shows a web interface for the DISP2 screen. At the top, there is a navigation bar with a dropdown menu set to 'DISP2', and buttons for 'GO', 'Back', 'Next', and 'Quit'. A 'NOTES' button is located in the top right corner. Below the navigation bar, the question 'What was the outcome of this call?' is displayed. A list of 13 radio button options is provided, with option 02, 'Voicemail', selected. The options are:

- 01 Center Closed
- 02 Voicemail
- 03 Call center will call back
- 04 CSR gives another number to call
- 05 CSR tells to call back
- 06 CSR unable to answer question about Medicare
- 07 CSR hung up
- 08 Insists on member name, SSN, plan/member number, etc.
- 09 CSR refused
- 10 Unexpected Disconnect
- 11 Other
- 12 Case Do Over
- 13 No Interpreter Available

What was the outcome of this call?

(01) Center Closed: A recording or representative tells you that the center is closed. (If a representative identifies themselves as the overflow or answering service line and offers to take your information for a call back, ask if the center is closed or why there is no one available to help you. This will determine the correct outcome to use.)

(02) Voicemail: You are connected to the center's VM system. Also select this option if you are sent to a VM recording that states, "mailbox full" or "not set up," or suddenly disconnects while you are listening to the VM message. **Do not leave a message.** Simply hang up the phone when it prompts you to leave a message.

(03) Call center will call back: CSR wants to take your number for a callback/offers to call you back at a different time. If this happens, tell them, "no thank you," and that you will "call back at another time."

(04) CSR gives another number to call: CSR gives you a different number to call back in order to have your questions about benefits answered. Please record the number you are given, as you will be able to record it in the next screen. If a CSR offers to give you a number and does not offer to transfer you, then you may pleasantly end the call. If the CSR gives you another number **and then offers to transfer you**, accept the transfer and stay on the line. **Reminder:** We can only accept transfers if they are offered to us, we cannot ask the CSR to transfer us. **If the new number you are given is the Medicare number (1-800-MEDICARE or 1-800-633-4227), do not accept the transfer and choose option (06) as your code instead of (04).**

(05) CSR tells to call back: CSR tells you to call back the same number. They may say that all agents are busy, the system is down, CSRs are in a meeting, etc.

(06) CSR unable to answer question about Medicare: The person who answered the call cannot answer questions or tells you to call the Medicare number directly (1-800-MEDICARE or 1-800-633-4227). They may say "I am sorry, I only handle Medicare Part A/B;" or "No, you have to call Medicare directly;" or the CSR may insist that you tell them your specific question before they will answer whether or not they can answer questions, even after you tell them, "They are only general questions" and repeat the question.

- If the CSR just says "No," and does not offer to transfer you or say anything else, you may say "Thank you for your time," end the call, and code **(06) CSR unable to answer question about Medicare.**
- It is important to pay attention to the CSR's answer here. If you repeat that you only have general questions, and the CSR says, "Well, I might be able to answer these questions," or "I'll do my best," or "Well, yes, I am able, but I need to know the specific question," we can accept these answers as a "Yes," click *Next* and read the thank you script. In these instances, the CSR is stating that they are willing to try and answer the questions. If the CSR says, "Again, I need to know the specific question before I can answer it," "No, I can't answer unless I know the specific questions," or restates, "What are your specific questions?," then end the call by saying "Thank you, I'll call back at another time".
- If the CSR offers to transfer you to 1-800-MEDICARE (1-800-633-4227), you will decline the transfer. **This is the only scenario where you will decline the transfer.**

You may say “No thank you, I will call the number myself” or something similar and then end the call with the CSR.

- If the CSR transfers you to 1-800-MEDICARE (1-800-633-4227) without your knowledge or consent, once you realize that you have been transferred there, end the call by clicking on the Hangup button and coding Anything other than yes, followed by **(06) CSR unable to answer question about Medicare**.

(07) CSR hung up: CSR hangs up the phone, and it is clear the line did not simply disconnect. You may hear an audible click or another sound that indicates the CSR hung up. Or, the CSR clearly states “I’m hanging up,” or says something unprofessional such as, “I can’t deal with these test calls,” and then hangs up or the call disconnects.

- If the CSR says that they cannot hear you and they are going to disconnect the call or hang up due to no response, this may be an issue with the phone/auto dialer or your phone may be on mute. Make sure to check your equipment before continuing the case. If this same issue persists on your next call, contact a Team Lead or Production Coordinator to help you troubleshoot.

(08) Insists on member name, SSN, etc.: CSR insists on having this information before proceeding even after you prompted “Before I provide this information, can you tell me if you can answer my questions about Medicare?” You can also say “I just have general questions.” If the CSR keeps insisting, you may end the call by saying “I will just call back,” or “I will call back with that information,” and select the code **(08) Insists on member name, SSN, etc.** This is for any information that we cannot provide, including a member ID or plan number, SSN, date of birth, age, telephone number, Medicaid or Medicare ID, etc.

- If a CSR asks for your name, please give your real first name.
- If a CSR asks for your last name, you may say, “I would prefer to not give that out, I just have general questions.” We should not be required to provide this information to ask questions about the plan.
- If a CSR asks for your mother’s first or last name, you are allowed to provide the fake first name of “Mary”. You should not give out a real or fake last name for your mother.
- Every case has a ZIP code, county, state, and the name of a plan. This information may be provided if the CSR asks. Please see a Team Lead or Production Coordinator if there are any issues with the ZIP code or county and state (i.e., the CSR tells you that the ZIP code is not valid, the state is Tennessee, but the CSR says that this plan only covers North Carolina, etc.) and make sure to provide the case ID number.

(09) CSR refused: CSR refuses to proceed with the call. A refusal is when the CSR could help us but is not willing. A CSR simply saying “No,” or saying that we have reached the wrong department but does not offer to transfer us is not considered a refusal. Example of a refusal: “I could, but I’m not going to answer your questions,” “I’m not going to answer your questions because I know that this call is fake/a test call.” This situation is rare but could happen. If the CSR refuses, this is automatically considered unprofessional behavior. Please choose

Unprofessional behavior in the **THANK** screen and leave a detailed note describing what happened and what the CSR said.

(10) Unexpected disconnect: The line suddenly drops while the CSR is speaking or attempting to transfer the call. This also applies when the CSR puts you on hold for any reason and then the line suddenly disconnects. **Note:** *Call Status* in the left column will say *Wrap Up* if the call is disconnected.

- We have to give the CSR the benefit of the doubt. If they put us on hold or the call drops while the CSR is speaking, then we should code **(10) Unexpected disconnect**. We should only code **(07) CSR hung up** for specific reasons.
- **Do not** do a case do over if there is an unexpected disconnect unless you make a mistake that could negatively impact the plan’s call center. Remember, always pay attention to what is happening on the call.

(11) Other: For anything that happens that does not fall into any of the given options. You will be taken to **LIVE_OTHER** screen to provide more details about what occurred.

(12) Case do over: If you knowingly make a mistake that could negatively impact the plan’s call center, choose this option to reset the case so the call is reattempted.

(13) No Interpreter Available: Only available for foreign language calls. Use in cases where you are told that an interpreter isn’t available for you.

After marking an option in the **DISP2** screen, answering the questions about unprofessional behavior on the **THANK** screen, and moving through the CDO HANGUP screen, you will be asked a series of questions about the outcome of the call, depending on the option you chose in the DISP2 screen.

10.1 Coding Center Closed from LIVE Screen

If you are informed by a live person that the call center is closed, you will choose from the options offered in **Exhibit 30** to provide further detail about what happened.

Exhibit 30. LIVE_CLOSED Screen

The screenshot shows a software interface for the 'LIVE_CLOSED' screen. At the top, there is a navigation bar with a dropdown menu set to 'LIVE_CLOSED' and buttons for 'GO', 'Back', 'Next', and 'Quit'. Below the navigation bar, the screen title 'LIVE_CLOSED' is displayed. The main content area contains the question 'INTERVIEWER: How were you informed the center was closed?' followed by three radio button options:

- 01 Person who answered said the center was closed
- 02 After speaking with a live person who could not answer my question, I was transferred to a recording that said the center was closed
- 03 Something else (please specify)

 A text input field with a scroll bar is positioned below option 03.

How were you informed the center was closed?

(01) Person who answered said the center was closed: Sometimes a live person will answer even after regular business hours in order to help route after-hours calls.

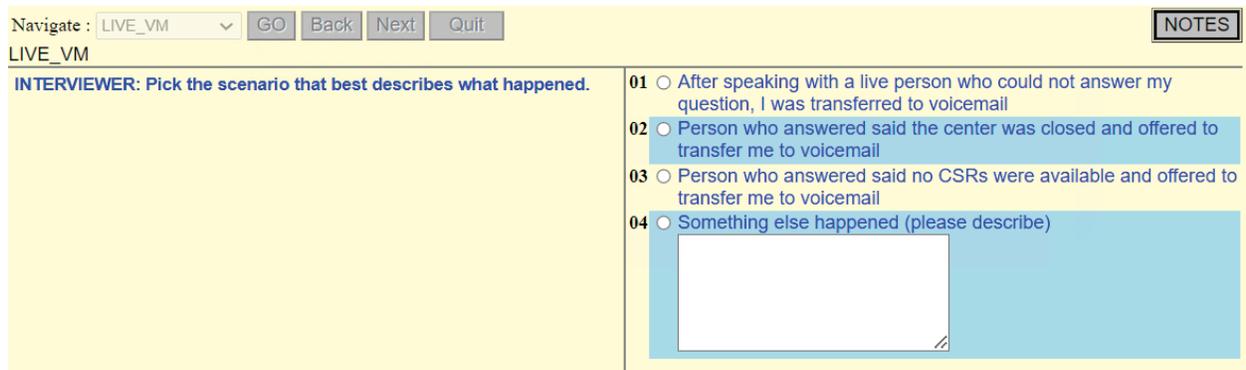
(02) After speaking with a live person who could not answer my question, I was transferred to a recording that said the center was closed: Recording stated the center was closed after you were transferred.

(03) Something else (please specify): Something other than the options provided happened. Provide a clear and detailed note in the text box.

10.2 Coding Voicemail from LIVE Screen

After speaking to a live person, you may be transferred to a voicemail system, either because the center you are trying to reach is closed, all CSRs are busy, or for reasons that are not made clear by the person with whom you spoke. You will code those reasons in the **LIVE_VM** Screen shown below (**Exhibit 31**).

Exhibit 31. LIVE_VM Screen



Pick the scenario that best describes what happened.

(01) After speaking with a live person who could not answer my question, I was transferred to voicemail: CSR said they could not answer questions and offered to transfer you. Instead of reaching another CSR, you reached voicemail.

(02) Person who answered said the center was closed and offered to transfer me to voicemail: This scenario should be coded as *Center Closed* at **DISP2** screen; see section 7.1 for more information. However, this option is available if you moved the screens ahead too quickly.

(03) Person who answered said no CSRs were available and offered to transfer me to voicemail: Sometimes a live person will answer and inform you that there are no CSRs available, usually because of high call volume.

(04) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

10.3 Coding Call Center Will Call Back from LIVE Screen

There are a variety of reasons that a call center will offer to call you back. If the CSR or agent on the phone does not give you a reason, such as high call volume, probe by asking the CSR, "Is the center closed at this time?" The CSR will give you an explanation that will help you choose the best option.

Reminder: Never provide a phone number for the call center to call you back; instead, tell them you will call back. The outcome options below (**Exhibit 32**) offer potential scenarios to pick from. Some scenarios note that a different option should have been chosen in a previous screen.

Exhibit 32. LIVE_CCB Screen

Navigate : LIVE_CCB GO Back Next Quit

LIVE_CCB

INTERVIEWER: Pick the scenario that best describes what happened.

- 01 Person said center was closed and offered for someone to call me back
- 02 Person said all CSRs were busy right now and offered for someone to call me back
- 03 I was transferred to a recording, which offered for someone to call me back
- 04 CSR could not answer my question and offered for someone to call me back
- 05 Something else happened (please describe)

Pick the scenario that best describes what happened.

(01) Person said center was closed and offered for someone to call me back: This scenario should be coded as *Center Closed* at **DISP2** screen. However, this option is available if you moved the screens ahead too quickly.

(02) Person said all CSRs were busy right now and offered for someone to call me back: Sometimes a live person will answer and inform you that there are no CSRs available, usually because of high call volume.

(03) I was transferred to a recording, which offered for someone to call me back: When this happens **DO NOT** leave a number for the call center to call you back, simply end the call.

(04) CSR could not answer my question and offered for someone to call me back: While the person could not answer the question, they did offer for a person to call you back, so noting that the call center offered to call back is the correct option.

(05) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

10.4 Coding CSR Gives Another Number to Call from LIVE Screen

There are a variety of reasons that a call center might give you another number to call. **Reminder:** You should never call the number, but you should provide this number and any other information given in the text box provided in the final call note screen. If the person offers to transfer you to the other number, you must say “yes” to the transfer; however, you should never request to be transferred. The outcome options below (**Exhibit 33**) offer potential scenarios to pick from.

Exhibit 33. LIVE_CCNEWNO Screen

Navigate: LIVE_CCNEWNO ▾ GO Back Next Quit

LIVE_CCNEWNO

INTERVIEWER: Pick the scenario that best describes what happened.

- 01 CSR unable to answer my question but did not offer to transfer me.
- 02 Person said center was closed and offered another number to call
- 03 Person said all CSRs were busy right now and offered another number to call
- 04 I was transferred to a recording, which offered another number to call
- 05 CSR could not answer my question and offered another number to call
- 06 Something else happened (please describe)

[Text input box for option 06]

Pick the scenario that best describes what happened.

(01) CSR unable to answer my question but did not offer to transfer me: Note if CSR provides a reason they cannot answer your question. This option is provided as a failsafe; however, it is better to choose options 03 through 06 so that you can provide more detailed information.

(02) Person said center was closed and offered another number to call: Note the number and any other information provided in the screen that follows. This should have been coded as *Center Closed* at **DISP2**. However, this option is available if you moved the screens ahead too quickly.

(03) Person said all CSRs were busy right now and offered another number to call: Note the number and any other information provided in the screen that follows.

(04) I was transferred to a recording, which offered another number to call: If the message gives more detail about why you should call another number, choose **(06) Something else happened** instead of choosing this option and note what the message said.

(05) CSR could not answer my question and offered another number to call: While the person could not answer the question, they did offer for a person to call you back so noting that the call center offered to call back is the correct option.

(06) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

10.5 Coding CSR Tells to Call Back from LIVE Screen

There are a variety of reasons that a call center might tell you to call you back. **Reminder:** Never call back, simply end the case and code the outcome accordingly. The outcome options below (**Exhibit 34**) offer potential scenarios to pick from. Some scenarios note that a different option should have been chosen in a previous screen.

Exhibit 34. LIVE_ICB Screen

Navigate : LIVE_ICB GO Back Next Quit NOTES

LIVE_ICB

INTERVIEWER: Pick the scenario that best describes what happened.

- 01 Person said center was closed so I should call back
- 02 Person said all CSRs were busy right now so I should call back
- 03 I was transferred to a recording, which said to call back at another time
- 04 CSR could not answer my question and could not find someone that could, so I should call back
- 05 Something else happened (please describe)

Pick the scenario that best describes what happened.

(01) Person said center was closed so I should call back: This scenario should be coded as *Center Closed* at **DISP2**. However, this option is available if you moved the screens ahead too quickly.

(02) Person said all CSRs were busy right now so I should call back: Sometimes a live person will answer and inform you that there are no CSRs available, usually because of high call volume.

(03) I was transferred to a recording, which said to call back at another time: If the message gives more detail about why to call back, choose **(05) Something else happened** and note what the message said.

(04) CSR could not answer my question and could not find someone that could, so I should call back: While the person could not answer the question, they did offer for a person to call you back, so noting that the call center offered to call back is the correct option.

(05) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

10.6 Coding CSR Unable to Answer Question... from LIVE Screen

You should only code *CSR Unable to answer Questions about Medicare* when the CSR gives an answer of “No,” “I’m not sure,” or is otherwise unable to provide an answer to your question. **Exhibit 35** offers these options, and notes when a different option should have been chosen in a previous screen.

Exhibit 35. LIVE_NO Screen

Navigate : LIVE_NO GO Back Next Quit

LIVE_NO

INTERVIEWER: Pick the scenario that best describes what happened.

- 01 CSR said they cannot answer questions, but offered to transfer me to someone that could
- 03 CSR insisted on member name, SSN, etc.
- 04 CSR could not answer my question and did not offer to transfer me
- 05 Something else happened (please describe)

Pick the scenario that best describes what happened.

(01) CSR said they cannot answer questions but offered to transfer me to someone that could: You must accept the transfer and then ask the question provided to the next person with whom you speak until you get an answer. Technically, you should then code the final answer you get on the LIVE screen, but this option is here in case you moved the screens ahead too quickly.

Note: This question will be followed by two more questions:

- **Did you accept the transfer?:** You should always accept the transfer, but if you did not, you should indicate “No” here.
- **Did the person you were transferred to answer the question?:** Record the answer the person gives.

(03) CSR insisted on member name, SSN, etc.: This scenario should be coded as *CSR insisted on member name, SSN, etc.* at DISP2 screen. However, this option is available if you moved the screens ahead too quickly.

(04) CSR could not answer my question and did not offer to transfer me: If the CSR says they cannot answer your question and offers to transfer you, you must accept the transfer. However, if they do not offer to transfer you and do not offer an answer of “yes” to your question, use this outcome option.

(05) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

10.7 Coding CSR Hung Up from LIVE Screen

If the call is disconnected and it is clear that this was done intentionally, meaning that you either hear the CSR say they are hanging up or you hear something such as an audible click, you should code **CSR hung up** from the LIVE Screen. Exhibit 36 offers these options and notes when a different option should have been chosen in a previous screen.

Exhibit 36. LIVE_CHU Screen

Navigate : LIVE_CHU GO Back Next Quit NOTES

LIVE_CHU

INTERVIEWER: Pick the scenario that best describes what happened.

01 I heard someone pick up the phone and before I could ask my question the CSR hung up

02 I asked my question and the CSR hung up

03 CSR indicated they could not hear me and eventually said they were going to hang up

04 Something else happened (please describe)

Pick the scenario that best describes what happened.

(01) I heard someone pick up the phone and before I could ask my question the CSR hung up: You heard a CSR pick up and heard background noise, rustling, or an introduction, but then the CSR hung up.

(02) I asked my question and the CSR hung up: You asked your introduction question and then clearly heard the CSR hang up the line.

(03) CSR indicated they could not hear me and eventually said they were going to hang up: CSR indicated they could not hear you, but you were speaking.

Note: This may indicate an issue with your headset. Please take the following steps to troubleshoot the issue:

TROUBLESHOOTING WHEN CSR CANNOT HEAR YOU:

- Check that neither your phone nor your headset is on mute.
- Check that your headset is fully plugged in.
- If this does not resolve the issue, continue to say “hello, can you hear me” until the CSR can hear you or they end the call.
- Never end the call first unless the issue is on your end and you need to do a case do over.
- If neither of these resolves the issues, we will assume the problem is on the plan’s calling center’s end.
- If this occurs for two or more calls in a row, end the call but do not close the case. Notify a Team Lead or Production Coordinator to troubleshoot the issue. DO NOT continue to make calls until you contact a Team Lead or Production Coordinator

(04) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

10.8 Coding CSR Insists on More Information from LIVE Screen

When you reach a CSR, they may ask you for additional information. You should repeat your question or say: “Before I provide you that information, can you tell me... [then repeat the question].” If the CSR still insists that you provide additional information before they will answer your question, you mark what they insisted on in the **LIVE_MOREINF** screen (**Exhibit 37**).

Exhibit 37. LIVE_MOREINF Screen

LIVE_MOREINF

INTERVIEWER: What information did the CSR require? Check all that apply.

01	<input type="checkbox"/> Member number
02	<input checked="" type="checkbox"/> Member name
03	<input type="checkbox"/> Member Social Security Number
04	<input checked="" type="checkbox"/> Case Reference/Record Number
06	<input type="checkbox"/> Something else (please describe)

What information did the CSR require? Check all that apply.

- (01) Member number:** CSR insisted on member’s plan number.
- (02) Member name:** CSR insisted on member’s name. **Reminder:** You will not provide a name when asked for a member name because the CSR will use that name to look up a member’s account. To try to bypass this question, you may give a first name only and then repeat your question.
- (03) Member Social Security Number:** CSR insists on member’s Social Security number.
- (04) Case Reference/Record Number:** CSR insists on a case reference or record number.
- (06) Something else (please describe):** Something other than the options provided happened. Provide a clear and detailed note in the text box.

10.9 Coding CSR Refused from LIVE Screen

If the CSR refuses to answer the question, code the reason on the **LIVE_REFUSE** screen (**Exhibit 38**). Please note: the difference between a CSR who is unable to answer the question and a CSR refusing is that the CSR could help us, but they are not going to for any reason. If a CSR simply says no, this should be coded as “CSR unable to answer question about Medicare”. Examples of a CSR refusal: “I know this is a test call and I’m not answering your questions”, “I could, but I’m not going to”, etc. This is rare but it could happen. If a CSR refuses, this is automatically considered unprofessional behavior and should be documented.

Exhibit 38. LIVE REFUSE Screen

The screenshot shows a web interface for the 'LIVE_REFUSE' screen. At the top, there is a 'Navigate' section with a dropdown menu set to 'LIVE_REFUSE' and buttons for 'GO', 'Back', 'Next', and 'Quit'. A 'NOTES' button is in the top right corner. Below the navigation, the screen title is 'LIVE_REFUSE'. The main instruction reads: 'INTERVIEWER: Pick the scenario that best describes what happened.' To the right of this instruction is a list of six radio button options:

- 01 CSR refused to answer my question and did not give a reason why
- 02 CSR said they cannot answer questions, but offered to transfer me to someone that could
- 04 CSR insisted on member name, SSN, etc.
- 05 CSR could not answer my question and did not offer to transfer me.
- 06 Something else happened (please describe)

Below option 06 is a text input box for providing a description.

Pick the scenario that best describes what happened.

- (01) CSR refused to answer my question and did not give a reason why:** Use this option if the CSR simply refused to answer the question without giving a reason.
- (02) CSR said they cannot answer questions, but offered to transfer me to someone that could:** You should code the final answer you got from a CSR on the **LIVE** screen, but this option is here in case you moved the screens ahead too quickly.
Note: This question will be followed by two more questions:
 - **Did you accept the transfer?:** You must accept the transfer.

- **Did the person you were transferred to answer the question?:** Record the answer the person gives.

(04) CSR insisted on member name, SSN, etc.: This should be coded as *CSR insisted on member name, SSN, etc.* in the **DISP2** screen, but this option is here in case you moved the screens ahead too quickly.

(05) CSR could not answer my question and did not offer to transfer me: If the CSR says they cannot answer your question and offers to transfer you, you must accept the transfer. However, if they do not offer to transfer you and do not offer an answer of “yes” to your question, use this outcome option. This option is provided as a failsafe; however, it would be better to select options 01 or 06 to provide more information.

(06) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

10.10 Coding Unexpected Disconnect from LIVE

Sometimes a call will suddenly drop and the call will no longer be connected. **Note:** Call status in the left column will say *Wrap Up* if the call is disconnected and a pop-up message will appear, saying “The called person hung up.” If you cannot determine that the CSR ended the call on purpose, code Unexpected Disconnect. Outcome questions are shown below (**Exhibit 39**) for an unexpected disconnect from a live CSR.

Exhibit 39. LIVE_DISCON

Pick the scenario that best describes what happened.

(01) CSR answered, then the line disconnected: You heard the CSR answer but then the line disconnected.

(02) Line picked up but no one answered, then line disconnected: You heard the line pick up and then it disconnected.

(03) When asking my question, the line suddenly disconnected: You started asking the question but the line was disconnected.

(04) Something else (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

5. **For foreign language calls:** Sometimes, the CSR may put you on hold to get an interpreter and disconnect from the call. If an interpreter comes on the line, you can say “No English” and say

your language or start speaking your language. The interpreter will start speaking to you in your language. They will usually say to you in your language, "Please hold, I need to see if there's an agent on the line." The interpreter will ask in English up to three times, "This is the interpreter speaking, is there an agent on the line?" or something similar. If there is no response, then the interpreter will start speaking to you in your language. We must code what the interpreter tells us. If they state that there is no one on the line or that there may have been an accidental disconnect, then code "Anything other than yes" and "Unexpected disconnect". If the interpreter tells you that the CSR hung up, then you will code "CSR hung up" and leave a detailed note explaining what happened. Make sure to specify in your note what the interpreter told you in your language.

- Ex.: "CSR put me on hold to get an interpreter. When the line picked up, the interpreter was on the line but the CSR was no longer there. The interpreter said three times in English, "Is there an agent on the line?" There was no response. The interpreter told me in Spanish that the CSR had disconnected by accident and I should call back."
6. **For TTY calls:** If the CSR disconnects from the call, the TTY operator may say "Person hung up". If the TTY operator says this, you should probe and ask, "Operator, did the call disconnect or did the representative hang up?" The TTY operator will then type that either the line disconnected or the person hung up. You should take the answer that the TTY operator gives you and code "Anything other than yes" and either "Unexpected Disconnect" or "CSR hung up".
- If the TTY operator simply states, "Line disconnected" or "Call disconnected", then no clarification is needed. You can code "Anything other than yes" and "Unexpected disconnect".

10.11 Coding Other From LIVE

Sometimes a call outcome will not fit into any of the situations listed in the **DISP2** screen. Outcome questions are shown below (**Exhibit 40**) for an outcome that does not fit any of the preceding categories.

Exhibit 40. LIVE_OTHER

Navigate : LIVE_OTHER NOTES

LIVE_OTHER

INTERVIEWER: Pick the scenario that best describes what happened.

	01 <input type="radio"/> Call timed out before I could get an answer to my question
	02 <input checked="" type="radio"/> Center was closed
	03 <input type="radio"/> I was sent to voicemail
	04 <input checked="" type="radio"/> IVR insisted on member number, case number, SSN, etc.
	05 <input type="radio"/> Recording said call center is experiencing technical difficulties at this time
	06 <input checked="" type="radio"/> Call disconnected
	07 <input type="radio"/> Line picked up and I could hear people talking in the background. I said hello several times but no one ever answered me
	08 <input checked="" type="radio"/> Something else happened (please describe)
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Pick the scenario that best describes what happened.

(01) Call timed out before I could get an answer to my question: The call timed out and you were taken to the timeout screen. This option is provided as a failsafe; however, you should have let the call time out automatically and let the system take you to the **TIMEOUT** screen.

(02) Center was closed: CSR informed you that the call center was closed. This should be coded as *Center Closed* in the **DISP2** screen, but this option is available if you moved the screens ahead too quickly.

(03) I was sent to voicemail: CSR sent you to voicemail. This should be coded as *Voicemail* in the **DISP2** screen, but this option is available if you moved the screens ahead too quickly.

(04) CSR insisted on member number, case number, SSN, etc.: This call should be coded as *CSR insisted on member name, SSN, etc.* in the **DISP2** screen, but this option is available if you moved the screens ahead too quickly.

(05) Person said call center is experiencing technical difficulties at this time: A recording or the CSR explained they could not complete the call because of technical difficulties.

(06) Call disconnected: Call disconnected, and it is unclear why. This call should be coded as *Unexpected Disconnect* in the **DISP2** screen, but this option is available if you advanced screens ahead too quickly.

(07) Line picked up and I could hear people talking in the background. I said hello several times, but no one ever answered me: You were able to hear people in the background but no one answered the call. This option is provided as a failsafe; however, if you hear people talking in the background, you should wait on the line until a CSR addresses you directly, the call times out, or something else occurs, such as a voicemail, unexpected disconnect, etc.

(08) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

11. No Interpreter from LIVE Screen

For all LEP calls, there is an option to code *No interpreter Available* when the CSR has to end the call because they cannot find an interpreter. Outcome options are presented in Exhibit 40 below to describe what happened.

Exhibit 40. LIVE NOLEP Screen

Navigate: LIVE_NOLEP NOTES

LIVE_NOLEP

INTERVIEWER: Pick the scenario that best describes what happened.

<p>01 <input type="radio"/> CSR said there was not an interpreter available in my language</p> <p>02 <input type="radio"/> While waiting for CSR to connect me to an interpreter, the call timed out</p> <p>03 <input type="radio"/> CSR brought me an interpreter who spoke a different language and was unable to provide the correct interpreter in time</p> <p>04 <input type="radio"/> Something else happened (please describe)</p>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
---	---

Pick the scenario that best describes what happened.

(01) CSR said there was not an interpreter available in my language: The CSR was unable to find an interpreter that spoke my language.

(02) While waiting for CSR to connect to an interpreter, the call timed out: While the CSR was attempting to find an interpreter in my language, the call timed out. This option is provided as a failsafe; however, you should have let the call time out automatically and let the system take you to the **TIMEOUT** screen.

(03) CSR brought me an interpreter who spoke a different language and was unable to provide the correct interpreter in time: The CSR brought someone who spoke a different language than mine and was unable to provide an interpreter that spoke my language. This option is provided as a failsafe; however, you should have let the call time out automatically and let the system take you to the **TIMEOUT** screen.

(04) Something else happened (please describe): Something other than the options provided happened. Provide a clear and detailed note in the text box.

- Other situations:
 - The CSR or live person tells you any information in English. If the CSR tries to communicate with you in English (e.g. “The center is closed, you have to call back”, “I don’t speak that language, you have to call back”, “You have called the Medicaid department, no one here speaks (your language), you have to call this number I’m going to give you”.) If the CSR says “No Spanish/French/Tagalog, etc.” then you want to probe and repeat, “No Spanish? No French?” If the CSR repeats “No Spanish/No French”, etc. then you can end the call in your language and click “Anything other than yes” and “No interpreter available”.
 - Another situation that may happen is the CSR transfers you to the language line operator but then disconnects from the call. If you reach an operator and the CSR is no longer on the line, stay on the line and ask for your language. Again, we want to stay on the line for any live person. If the operator says anything to you in English (e.g. “No Spanish, you have to call the plan back” or “I don’t speak that language, this is the operator for the language line, you need to call the plan back”), probe once and say, “No (your language)?” If the operator says, “No Vietnamese/Mandarin/Cantonese” etc. again, then you can end the call in your language.
 - In your call note, make sure to specify what the CSR or live person said and add that they spoke to you in English without an interpreter.

12. Special Needs Plans (SNP) Instructions

Some calls will reference Special Needs Plans – a type of Medicare Advantage Plan (like an HMO or PPO) with membership limited to people with special diseases (diabetes, coronary heart disease, renal failure) or characteristics. You will know you have called an SNP because it will show up in the plan’s name. See example circled in red below (Exhibit 41).

When calling these plans, once you reach a live CSR you will only need to ask the question “Are you the right person to answer questions about [Plan Name’s] health benefits/prescription drug benefits?” and then record the CSR’s response. Note the instructions in blue, which we’ve highlighted in the red box on the screen below: “This is a Special Needs Plan (SNP) case and only receives this question. If the CSR answers Yes, you will go to the THANK screen and not ask any other questions.”

Exhibit 41. SNP Case

System ID: 0099990005	Phone: 1-443-259-5520	
Case ID: C0002601	Case Type: Part C Prospective Enr.	Language: English
County: Miami-Dade	State: Florida	Zipcode: 33299
TTY Phone:	Contract Name: HPMP OF FLORIDA, INC.	Plan Name: Florida Complete Care- In The Community (HMO I-SNP)

Navigate : LIVE [GO] [Back] [Next] [Quit]

LIVE

Timer: 8

This is a Special Needs Plan (SNP) case and only receives this question. If the CSR answers Yes, you will go to the THANK screen and not ask any other questions.

Are you the right person to answer questions about Florida Complete Care- In The Community (HMO I-SNP)'s health benefits? **INTERVIEWER NOTE: [If CSR asks, this is Medicare Part C benefits. The Plan name is available in the header to provide to the CSR, if needed.]**

INTERVIEWER NOTE: If a CSR offers a transfer, politely accept and stay on this screen.

Yes

Anything other than yes (No: All CSRs are busy, but I can have them call you back; CSR hang up. Unexpected disconnect; No interpreter available)

Once you’ve recorded the CSR’s answer you will be taken to the THANK screen, shown below (Exhibit 42). For SNP calls only, you will then read the script highlighted in the red box below verbatim, “Thank you for your time. This has been a test call on behalf of the Centers for Medicare and Medicaid services,” and then you will end the call. **For foreign language calls:** please read this script in English. Do not translate the script into your language.

Exhibit 42. SNP Case

System ID: 0099990005	Phone: 1-443-259-5520	
Case ID: C0002601	Case Type: Part C Prospective Enr.	Language: English
County: Miami-Dade	State: Florida	Zipcode: 33299
TTY Phone:	Contract Name: HPMP OF FLORIDA, INC.	Plan Name: Florida Complete Care- In The Community (HMO I-SNP)

Navigate : THANK [GO] [Back] [Next] [Quit] [NOTES]

THANK

Interviewer: Call hangs up when you click "Next," do not click "Next" until the call has ended.

Thank you for your time, this has been a test call on behalf of the Centers for Medicare and Medicaid services.

01 No unprofessional behavior

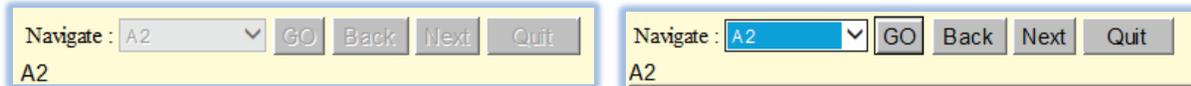
02 Unprofessional behavior

03 Case do over

13. Correcting a CSR's Response

Occasionally, a CSR will change their answer to one of the accuracy questions after you've already moved on to another screen. **NOTE:** This could be changing the answer to the correct answer or incorrect answer. In order to update the answer, you will need to take the following steps:

1. Press the ESC button
 - The Navigate pane at the top of the page will change from grey to bold (as shown below), which means it is open



2. Use the pull down menu (highlighted in blue) to navigate back to the question page where the CSR would like to change their answer (for example, A1).
3. Press the GO button.
 - This will take you backwards to the answer you plan to correct.
4. To correct the answer, press the ESC button to open the question page (and close the Navigate pane).
5. Change the answer.
6. Press the ESC button to open the Navigation pane.
7. Use the pull down menu to select the question page you left off at (for example, A2).
8. Press the GO button.
9. Press the ESC button one last time so the Navigate pane closes.
10. Then continue forward as usual.

NOTE: This function can only be used to correct a CSR's answer in screens A1, A2, and A3. It cannot be used to go backwards at any other time as doing so will affect the page timers and will cause the case to be unusable for the purposes of this study. If you go backwards by accident, then this is a mistake on your part and you should do a case do-over. Please keep track of the questions that you're on during the survey.

- **DO NOT** go backwards if you have to be transferred while on an accuracy question. You do not have to start a survey over just because a CSR has to transfer you mid-survey. Example: a CSR says yes, he or she is the right person to answer questions. After you ask the first accuracy question, the CSR says they cannot answer and have to transfer you to the correct department. Stay on the first accuracy question screen and when the new CSR comes on the line, state your question again and read it verbatim.
- **DO NOT** go backwards from the LIVE screen to the hold queue or the IVR screens, ever. Once you are on the LIVE screen, stay there. If you do go backwards from the LIVE screen to the hold queue or IVR screen, do a case do over.

14. Ending a Call

For all calls during which you speak with a live CSR, you will be taken to the THANK Screen (Exhibit 43) and asked to code whether there was any unprofessional behavior. NOTE: Be aware that at this point, the call will still be connected to the plan unless the CSR hangs up. The instructions will prompt you to “Pleasantly end the call in (the language you called in).” **You should stay on the line until the CSR ends the call.** If you need to end the call with the CSR because of unprofessional behavior, you can use the Hang up button on the left-hand side of the screen to hang up the call. A pop-up box will appear asking you to confirm that you want to hang up. Click OK to hang up the call.

If the CSR asks you “Were you satisfied with my services today?” you should not respond to their question as this is providing feedback on their work (similar to a survey). Instead, simply end the call by saying “thank you, have a nice day” and use the hang-up button to end the call, if needed.

For foreign language calls: you can end the call once the interpreter has interpreted the CSR’s ending of the call to you. **Do not hang up the call until the interpreter has finished interpreting the CSR’s ending of the call.**

For TTY calls: you will end the call with both the CSR and the TTY operator.

Exhibit 43. THANK Screen

System ID: 0000008011	Phone: 1-855-580-1689	
Case ID: D5100288	Case Type: MMP -Part D Prospective Enr.	Language: English
County: Kane	State: Illinois	Zipcode: 60183
TTY Phone:	Contract Name: MERIDIAN HEALTH PLAN OF ILLINOIS, INC.	Plan Name: MeridianComplete (Medicare-Medicaid Plan)

Navigate: THANK

THANK

Interviewer: Call hangs up when you click "Next," do not click "Next" until the call has ended.

Pleasantly end the call in English.

01 <input type="radio"/> No unprofessional behavior
02 <input checked="" type="radio"/> Unprofessional behavior
03 <input type="radio"/> Case do over

You then mark one of the following:

3. **No unprofessional behavior:** CSR was courteous and professional throughout the call.
4. **Unprofessional behavior:** CSR was unprofessional, for example, they asked if this was a test call or were rude in some way. If you choose this option, you will be asked to describe the interaction on the following screen.
 - a. Examples of unprofessional behavior may include, but are not limited to:
 - i. Asking at any point if this is a test call or saying to you, the interpreter (if on a foreign language call), or someone else that this is a test call.
 - ii. A rude attitude towards you. This could include a rude tone of voice, sounding upset or angry, whispering things to themselves, sighing loudly when you ask your questions, etc.

- iii. Refusal to help you in any way. This could include the CSR telling you to stop calling or that they don't speak your language in a rude way.
 - iv. Mocking you or making fun of you.
 - v. Being rude to interpreters or TTY operators. It doesn't have to be towards you! If the CSR is rude to anyone else assisting the call, such as an interpreter or TTY operator, then you should report that as well.
- b. People who assist the call, such as interpreters or TTY operators, may exhibit rude behavior as well. This may include, but is not limited to:
- i. Asking you if this is a test call or saying to the CSR that this is a test call.
 - ii. Refusing to help you in any way.
 - iii. For interpreters: speaking to the CSR in English and not translating what they are saying to you in your language. Or, making complaints about you, your fluency in your language, etc.
 - iv. For TTY operators: interrupting you while you are trying to type, not fulfilling your requests (you ask them to hold for a live person and they start typing the recording), etc.
- c. Please use your best judgment when it comes to unprofessional behavior. We want to be fair. If the CSR is saying that they can't help you because their system is down or they can't get through to the language line, this is different from them saying, "I'm not taking a test call today" and hanging up. Pay attention to what the CSR says and how they say it.
- d. Report instances of unprofessional behavior right away by calling the survey center and speaking to a Team Lead or manager.
- i. You do not need to report unprofessional behavior if the CSR/interpreter/TTY operator was polite but unprofessional (e.g. saying that this was a test call). These instances can just be documented in the call outcomes.
 - ii. *Do report* instances of rude behavior, yelling at you, refusals to help you, insults/disrespectful comments/cursing, etc. Remember, this can be from a CSR, interpreter, or TTY operator.
5. **Case do-over:** If you have knowingly made a mistake that could negatively impact the call center, choose this option so that the call can be reset and attempted again.

If this was a LEP call, you'll be asked if there were any problems with interpretation (Exhibit 44). If there were, please mark yes and describe them in the textbox provided.

1. Problems with interpretation may include, but are not limited to:
- a. The interpreter misinterpreted a word, several words, or an entire question and this caused confusion or caused the CSR to give an incorrect answer.
 - b. The interpreter was not comprehensible in either English or your language.
 - c. The Interpreter disconnected from the call, with or without warning.
 - d. The interpreter misinterpreted the CSR's response. For example, the CSR said "Yes" but the interpreter said "No".
 - e. The interpreter leaves out important parts of the question or the CSR's response.
 - f. The interpreter is unprofessional in any way. You should also make a note of this under Unprofessional Behavior.

2. When reporting problems with interpretation, we want to be fair. Interpreters may not get every word exactly right but overall, if the question in English is close enough to the question in your language, then this is a successful interpretation. To make sure they are interpreting correctly, interpreters may ask you to repeat a part or all of your question, ask for clarification about a word or expression you are using, and/or look up words. This is not unprofessional behavior because interpreters are trying to ensure their interpretation is as accurate as possible. Interpreters may also make mistakes, but if they are able to correct themselves while you are on the call, then this will not count against them. However, if an interpreter makes a mistake and doesn't correct it, then this should be reported.
3. Please make sure you are reporting any issues with interpretation. This is important data for the client to share with plans. Do not skip over this step.

Exhibit 44. INTERPRET Screen

Navigate : INTERPRET GO Back Next Quit NOTES

INTERPRET

Were there any problems with interpretation?

01 Yes

02 No

03 Case do over

Next, you'll be asked if you had to go back to correct any responses provided by the CSR. If you did, you can mark yes in the screen below (Exhibit 45).

Exhibit 45. CORRECTION Screen

Navigate : CORRECTION GO Back Next Quit NOTES

CORRECTION

Did the CSR have you go back to correct their response to an accuracy question?

01 Yes

02 No

Finally, you'll reach the REG HANGUP Screen (Exhibit 46). Once you've reached this screen, if you are still connected to the plan the call will be ended.

Exhibit 46. REG HANGUP Screen

Navigate : REG_HANGUP GO Back Next Quit

REG_HANGUP

Call has been ended. Please hit [N ext] to continue.

15. Final Outcome Question for All Calls

After coding the initial outcome of your call, you will be asked 1-4 follow-up questions to better describe what happened during the call. You will be taken to the PHONE_ISSUES screen (Exhibit) to provide any final feedback on the call. You only need to check boxes if you did not

already report the relevant information on previous screens. If you have nothing additional to report, select “I did not experience any issues”.

Exhibit 47. PHONE_ISSUES Screen

PHONE_ISSUES	
<p>INTERVIEWER: Did you experience any of the following issues during this call? Check all that apply.</p>	<p>01 <input type="checkbox"/> Static on the line</p> <p>02 <input type="checkbox"/> Silence during hold queue</p> <p>03 <input type="checkbox"/> IVR did not respond to my selection</p> <p>06 <input type="checkbox"/> First attempt resulted in silence/dead air; hand dialed 2nd attempt</p> <p>07 <input type="checkbox"/> Call timed out before I could get an answer to my question.</p> <p>08 <input checked="" type="checkbox"/> There were problems with my interpreter</p> <p>11 <input type="checkbox"/> I want to note an additional issue (please describe)</p> <div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p>12 <input type="checkbox"/> I did not experience any issues</p>

Did you experience any other issues that you have not described in previous screens? Check all that apply.

- **Static on the line (01):** You heard a noticeable and disruptive amount of static on the call.
- **Silence during hold queue (02):** While on hold, there was a long period of time (15 seconds or longer) where no music, advertisements, or talking could be heard and there was only silence on the line but you were still connected to the call.
- **IVR did not respond to my selection (03):** While in the IVR, you spoke or keyed in a selection 2x or more and the IVR responded as if you had not made a selection.
- **Hand dialed second attempt (06):** After initiating one attempt of the call, you were unable to connect to the plan and instead heard no ring, and the call never showed as connected. On the second attempt of the call, you must ask a Team Lead or manager to hand-dial the number to see if it is working.
- **Call timed out before I could get an answer to my question (07):** The call timed out and you were taken to the TIMEOUT screen (see exhibit 34).
- **There were problems with my interpreter (08):** Used for foreign language calls when you encountered any issues with the interpreter or connecting with an interpreter.
- **I want to note an additional issue (please describe) (11):** Here you will note any other issues you encountered or use this space to provide more details about one of the options marked above. This option can also be used to describe a scenario in which you prematurely selected “Anything other than yes” at the LIVE screen, but then the CSR clarifies that she or he may be able to answer your question. In this instance, you can record this update in this field and the case will be reviewed to determine if it should be considered successful.

I did not experience any issues (12): Mark this if you do not have any issues to share not already noted elsewhere.

Once you’ve coded any final issues, you will be taken to the EXITCASE Screen shown below (Exhibit). Once you press “Next” at the bottom of screen you will exit the case and be taken out of the case.

Appendix F. Suvey II ipTTY InterviewerTraining Manual

FILED UNDER SEAL

Exhibit B

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850



CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for H2593

Dear Ms. Turano,

Elevance Health's contract H2593 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for H2593 to 3 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because H2593 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the

organization's qualification for a higher QBP. In making the request your organization must provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 16:43:20 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

Note: The QBP administrative review process is a two-step process which includes: 1) a request for reconsideration, and 2) a request for an informal hearing after CMS has rendered its reconsideration decision. Both steps are conducted at the contract level. The burden is on the MA organization to prove that the reconsideration decision was incorrect.

Instructions: Use only the "Request for Informal Hearing" form provided with the reconsideration decision. One form must be submitted for each contract for which reconsideration is requested. Complete the identifiable information including all contact information. Please enable Macros in this form. Mark an "X" next to the measure(s) that is the basis for the Request for Informal Hearing. Do not mark any measures for which you did not request a reconsideration. Please attach full documentation that supports your request for an informal hearing on the record. Save the information, include your contract number in the filename, and e-mail the completed form along with any additional documentary evidence to be considered to QBPAPPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on **February 29, 2024**. No late requests will be accepted.

Overall Rating		Data Source		Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
QBP/Overall Rating	Star Ratings	Miscalculation	Incorrect Data	Miscalculation	Not Appealable	
Part C Measures		Data Source		Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	Miscalculation	Not Appealable	
Contract Number (5 character CMS assigned code):						
Contact First Name (your first name):						
Contact Last Name (your last name):						
Contact Title (your job title):						
Contact Phone Number (your phone number, include extension if necessary):						
Contact email address (your email address):						
C01-Breast Cancer Screening	HEDIS			Not Appealable		
C02-Colorectal Cancer Screening	HEDIS			Not Appealable		
C03-Annual Flu Vaccine	CAHPS			Not Appealable		
C04-Monitoring Physical Activity	HEDIS / HOS			Not Appealable		
C05-Special Needs Plan (SNP) Care Management	Part C Plan Reporting			Not Appealable		
C06-Care for Older Adults – Medication Review	HEDIS			Not Appealable		
C07-Care for Older Adults – Pain Assessment	HEDIS			Not Appealable		
C08-Osteoporosis Management in Women who had a Fracture	HEDIS			Not Appealable		
C09-Diabetes Care – Eye Exam	HEDIS			Not Appealable		
C10-Diabetes Care – Blood Sugar Controlled	HEDIS			Not Appealable		
C11-Controlling Blood Pressure	HEDIS			Not Appealable		
C12-Reducing the Risk of Falling	HEDIS / HOS			Not Appealable		
C13-Improving Bladder Control	HEDIS / HOS			Not Appealable		
C14-Medication Reconciliation Post-Discharge	HEDIS			Not Appealable		
C15-Plan All-Cause Readmissions	HEDIS			Not Appealable		
C16-Statins Therapy for Patients with Cardiovascular Disease	HEDIS			Not Appealable		
C17-Transitions of Care	HEDIS			Not Appealable		
C18-Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	HEDIS			Not Appealable		
C19-Getting Needed Care	CAHPS			Not Appealable		
C20-Getting Appointments and Care Quickly	CAHPS			Not Appealable		
C21-Customer Service	CAHPS			Not Appealable		
C22-Rating of Health Care Quality	CAHPS			Not Appealable		
C23-Rating of Health Plan	CAHPS			Not Appealable		
C24-Care Coordination	CAHPS			Not Appealable		
C25-Complaints about the Health Plan	CTM			Not Appealable		
C26-Members Choosing to Leave the Plan	MBDSS			Not Appealable		
C27-Health Plan Quality Improvement	Star Ratings			Not Appealable		
C28-Plan Makes Timely Decisions about Appeals	IRE			Not Appealable		
C29-Reviewing Appeals Decisions	IRE			Not Appealable		
C30-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			Not Appealable		

Part D Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that incorrect data were used)
		Miscalculation	Incorrect Data	
D01-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
D02-Complaints about the Drug Plan	CTM	Not Applicable	Not Applicable	Not appealable, use Part C measure C25 above.
D03-Members Choosing to Leave the Plan	MBDSS	Not Applicable	Not Applicable	Not appealable, use Part C measure C26 above.
D04-Drug Plan Quality Improvement	Star Ratings			
D05-Rating of Drug Plan	CAHPS			
D06-Getting Needed Prescription Drugs	CAHPS			
D07-MPF Price Accuracy	PDE, MPF Pricing			
D08-Medication Adherence for Diabetes Medications	PDE			
D09-Medication Adherence for Hypertension (RAS antagonists)	PDE			
D10-Medication Adherence for Cholesterol (Statins)	PDE			
D11-MTM Program Completion Rate for CMR	Part D Plan Reporting			
D12-Statin Use in Persons with Diabetes (SUPD)	PDE data			
Additional Comments (Please provide any additional information relevant to your request)				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1129 and form number CMS-10346 (Expires: 8/31/2024). The time required to complete this information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

From: [CMS QBPAPPEALS](#)
To: [Medicare CO](#)
Cc: [Turano, Michelle](#); [Knodel, Sarah](#); [SHamilton@reedsmith.com](#); [LParkin@reedsmith.com](#); [LReynolds@reedsmith.com](#); [Galle, Robert C.](#); [Dewane, Jennifer](#); [Pick, Keith](#)
Subject: RE: H4036 - Reconsideration Submission
Date: Thursday, February 22, 2024 4:54:00 PM
Attachments: [Attachment-Informal Hearing Form 2025 2.xlsm](#)
[image001.png](#)
[QBP Decision Letter Elevance Health- H4036.pdf](#)

Attached please see information related to your Request for Reconsideration.

From: Medicare CO MedicareCO@anthem.com
Sent: Friday, November 17, 2023 2:32 PM
To: CMS QBPAPPEALS QBPAPPEALS@cms.hhs.gov
Cc: Medicare CO <MedicareCO@anthem.com>; Turano, Michelle <michelle.turano@elevancehealth.com>; Knodel, Sarah <sarah.knodel@elevancehealth.com>; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C. <robert.galle@elevancehealth.com>; Dewane, Jennifer <Jennifer.Dewane@elevancehealth.com>; Pick, Keith <keith.pick2@elevancehealth.com>
Subject: H4036 - Reconsideration Submission

Good Afternoon,

Pursuant to 42 C.F.R. § 422.260, Elevance Health seeks reconsideration of the Star ratings and quality bonus payment determinations of the above-referenced contract. In support of this request, attached hereto is the Reconsideration Form and supporting evidence. We kindly ask that you confirm receipt of this submission via response email.

Thank you.



Michelle Turano

Vice President, Compliance - Government Business Division
Medicare & Medicaid Compliance Officer
5411 Sky Center Dr., Tampa, Florida 33607
Phone: 813-295-1367
Michelle.turano@elevancehealth.com

You can confidentially report a compliance issue by calling the Helpline at 877-725-2702.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850



CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for H4036

Dear Ms. Turano,

Elevance Health's contract H4036 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for H4036 to 4 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because H4036 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the organization's qualification for a higher QBP. In making the request your organization must

provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 13:39:10 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Part D Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that incorrect data were used)
		Miscalculation	Incorrect Data	
D01-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
D02-Complaints about the Drug Plan	CTM	Not Applicable	Not Applicable	Not appealable, use Part C measure C25 above.
D03-Members Choosing to Leave the Plan	MBDSS	Not Applicable	Not Applicable	Not appealable, use Part C measure C26 above.
D04-Drug Plan Quality Improvement	Star Ratings		Not Appealable	
D05-Rating of Drug Plan	CAHPS		Not Appealable	
D06-Getting Needed Prescription Drugs	CAHPS		Not Appealable	
D07-MPF Price Accuracy	PDE, MPF Pricing		Not Appealable	
D08-Medication Adherence for Diabetes Medications	PDE		Not Appealable	
D09-Medication Adherence for Hypertension (RAS antagonists)	PDE		Not Appealable	
D10-Medication Adherence for Cholesterol (Statins)	PDE		Not Appealable	
D11-MTM Program Completion Rate for CMR	Part D Plan Reporting		Not Appealable	
D12-Statins Use in Persons with Diabetes (SUPD)	PDE data		Not Appealable	
Additional Comments (Please provide any additional information relevant to your request)				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1129 and form number CMS-10346 (Expires: 8/31/2024). The time required to complete this information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C-1-25-05, Baltimore, Maryland 21244-1850.

From: [CMS QBAPPEALS](#)
To: [Medicare CO](#)
Cc: [Turano, Michelle](#); [Knodel, Sarah](#); [SHamilton@reedsmith.com](#); [LParkin@reedsmith.com](#); [LReynolds@reedsmith.com](#); [Galle, Robert C.](#); [Dewane, Jennifer](#); [Pick, Keith](#)
Subject: RE: H5431 - Request for Reconsideration
Date: Thursday, February 22, 2024 4:53:00 PM
Attachments: [Attachment-Informal Hearing Form 2025 2.xlsm](#)
[image001.png](#)
[QBP Decision Letter Elevance Health- H5431.pdf](#)

Attached please see information related to your Request for Reconsideration.

From: Medicare CO <MedicareCO@anthem.com>
Sent: Friday, November 17, 2023 2:38 PM
To: CMS QBAPPEALS <QBAPPEALS@cms.hhs.gov>
Cc: Medicare CO <MedicareCO@anthem.com>; Turano, Michelle <michelle.turano@elevancehealth.com>; Knodel, Sarah <sarah.knodel@elevancehealth.com>; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C. <robert.galle@elevancehealth.com>; Dewane, Jennifer <Jennifer.Dewane@elevancehealth.com>; Pick, Keith <keith.pick2@elevancehealth.com>
Subject: H5431 - Request for Reconsideration

Good Afternoon,

Pursuant to 42 C.F.R. § 422.260, Elevance Health seeks reconsideration of the Star ratings and quality bonus payment determinations of the above-referenced contract. In support of this request, attached hereto is the Reconsideration Form and supporting evidence. We kindly ask that you confirm receipt of this submission via response email.

Thank you.



Michelle Turano

Vice President, Compliance - Government Business Division
Medicare & Medicaid Compliance Officer
5411 Sky Center Dr., Tampa, Florida 33607
Phone: 813-295-1367
Michelle.turano@elevancehealth.com

You can confidentially report a compliance issue by calling the Helpline at 877-725-2702.

This message, including files attached to it, may contain confidential information that is intended only for the use of those named above. If you are not an intended recipient, any dissemination or copying of the information contained in this message, or the taking of any action in reliance upon the information is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete the message from your system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850



CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for H5431

Dear Ms. Turano,

Elevance Health's contract H5431 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for H5431 to 5 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because H5431 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the organization's qualification for a higher QBP. In making the request your organization must

provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S

Digitally signed by Jeffrey Grant -
S
Date: 2024.02.22 13:59:34 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

Note: The QBP administrative review process is a two-step process which includes: 1) a request for reconsideration, and 2) a request for an informal hearing after CMS has rendered its reconsideration decision. Both steps are conducted at the contract level. The burden is on the MA organization to prove that the reconsideration decision was incorrect.

Instructions: Use only the "Request for Informal Hearing" form provided with the reconsideration decision. One form must be submitted for each contract for which reconsideration is requested. Complete the identifiable information including all contact information. Please enable Macros in this form. Mark an "X" next to the measure(s) that is the basis for the Request for Informal Hearing. Do not mark any measures for which you did not request a reconsideration. Please attach full documentation that supports your request for an informal hearing on the record. Save the information, include your contract number in the filename, and e-mail the completed form along with any additional documentary evidence to be considered to QBPAPPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on **February 29, 2024**. No late requests will be accepted.

Overall Rating		Data Source		Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
QBP/Overall Rating	Star Ratings	Miscalculation	Incorrect Data	Miscalculation	Not Appealable	
Part C Measures		Data Source		Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	Miscalculation	Not Appealable	
Contract Number (5 character CMS assigned code):						
Contact First Name (your first name):						
Contact Last Name (your last name):						
Contact Title (your job title):						
Contact Phone Number (your phone number, include extension if necessary):						
Contact email address (your email address):						
C01-Breast Cancer Screening	HEDIS			Not Appealable		
C02-Colorectal Cancer Screening	HEDIS			Not Appealable		
C03-Annual Flu Vaccine	CAHPS			Not Appealable		
C04-Monitoring Physical Activity	HEDIS / HOS			Not Appealable		
C05-Special Needs Plan (SNP) Care Management	Part C Plan Reporting			Not Appealable		
C06-Care for Older Adults – Medication Review	HEDIS			Not Appealable		
C07-Care for Older Adults – Pain Assessment	HEDIS			Not Appealable		
C08-Osteoporosis Management in Women who had a Fracture	HEDIS			Not Appealable		
C09-Diabetes Care – Eye Exam	HEDIS			Not Appealable		
C10-Diabetes Care – Blood Sugar Controlled	HEDIS			Not Appealable		
C11-Controlling Blood Pressure	HEDIS			Not Appealable		
C12-Reducing the Risk of Falling	HEDIS / HOS			Not Appealable		
C13-Improving Bladder Control	HEDIS / HOS			Not Appealable		
C14-Medication Reconciliation Post-Discharge	HEDIS			Not Appealable		
C15-Plan All-Cause Readmissions	HEDIS			Not Appealable		
C16-Statins Therapy for Patients with Cardiovascular Disease	HEDIS			Not Appealable		
C17-Transitions of Care	HEDIS			Not Appealable		
C18-Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	HEDIS			Not Appealable		
C19-Getting Needed Care	CAHPS			Not Appealable		
C20-Getting Appointments and Care Quickly	CAHPS			Not Appealable		
C21-Customer Service	CAHPS			Not Appealable		
C22-Rating of Health Care Quality	CAHPS			Not Appealable		
C23-Rating of Health Plan	CAHPS			Not Appealable		
C24-Care Coordination	CAHPS			Not Appealable		
C25-Complaints about the Health Plan	CTM			Not Appealable		
C26-Members Choosing to Leave the Plan	MBDSS			Not Appealable		
C27-Health Plan Quality Improvement	Star Ratings			Not Appealable		
C28-Plan Makes Timely Decisions about Appeals	IRE			Not Appealable		
C29-Reviewing Appeals Decisions	IRE					
C30-Call Center – Foreign Language Interpreter and TTY Availability	Call Center					

Part D Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that incorrect data were used)
		Miscalculation	Incorrect Data	
D01-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
D02-Complaints about the Drug Plan	CTM	Not Applicable	Not Applicable	Not appealable, use Part C measure C25 above.
D03-Members Choosing to Leave the Plan	MBDSS	Not Applicable	Not Applicable	Not appealable, use Part C measure C26 above.
D04-Drug Plan Quality Improvement	Star Ratings		Not Appealable	
D05-Rating of Drug Plan	CAHPS		Not Appealable	
D06-Getting Needed Prescription Drugs	CAHPS		Not Appealable	
D07-MPF Price Accuracy	PDE, MPF Pricing		Not Appealable	
D08-Medication Adherence for Diabetes Medications	PDE		Not Appealable	
D09-Medication Adherence for Hypertension (RAS antagonists)	PDE		Not Appealable	
D10-Medication Adherence for Cholesterol (Statins)	PDE		Not Appealable	
D11-MTM Program Completion Rate for CMR	Part D Plan Reporting		Not Appealable	
D12-Statins Use in Persons with Diabetes (SUPD)	PDE data		Not Appealable	
Additional Comments (Please provide any additional information relevant to your request)				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1129 and form number CMS-10346 (Expires: 8/31/2024). The time required to complete this information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

From: [CMS QBPAPPEALS](#)
To: [Medicare CO](#)
Cc: [Turano, Michelle](#); [Knodel, Sarah](#); [SHamilton@reedsmith.com](#); [LParkin@reedsmith.com](#); [LReynolds@reedsmith.com](#); [Galle, Robert C.](#); [Dewane, Jennifer](#); [Pick, Keith](#)
Subject: RE: R4487 - Reconsideration Submission
Date: Thursday, February 22, 2024 4:52:00 PM
Attachments: [Attachment-Informal Hearing Form 2025 2.xlsm](#)
[image001.png](#)
[QBP Decision Letter Elevance Health- R4487.pdf](#)

Attached please see information related to your Request for Reconsideration.

From: Medicare CO <MedicareCO@anthem.com>
Sent: Friday, November 17, 2023 2:27 PM
To: CMS QBPAPPEALS <QBPAPPEALS@cms.hhs.gov>
Cc: Medicare CO <MedicareCO@anthem.com>; Turano, Michelle <michelle.turano@elevancehealth.com>; Knodel, Sarah <sarah.knodel@elevancehealth.com>; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C. <robert.galle@elevancehealth.com>; Dewane, Jennifer <Jennifer.Dewane@elevancehealth.com>; Pick, Keith <keith.pick2@elevancehealth.com>
Subject: R4487 - Reconsideration Submission

Good Afternoon,

Pursuant to 42 C.F.R. § 422.260, Elevance Health seeks reconsideration of the Star ratings and quality bonus payment determinations of the above-referenced contract. In support of this request, attached hereto is the Reconsideration Form and supporting evidence. We kindly ask that you confirm receipt of this submission via response email.

Thank you.



Michelle Turano

Vice President, Compliance - Government Business Division
Medicare & Medicaid Compliance Officer
5411 Sky Center Dr., Tampa, Florida 33607
Phone: 813-295-1367
Michelle.turano@elevancehealth.com

You can confidentially report a compliance issue by calling the Helpline at 877-725-2702.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850



CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for R4487

Dear Ms. Turano,

Elevance Health's contract R4487 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence, and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for R4487 to 4 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because R4487 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the organization's qualification for a higher QBP. In making the request your organization must

provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 13:56:34 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Part D Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that incorrect data were used)
		Miscalculation	Incorrect Data	
D01-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
D02-Complaints about the Drug Plan	CTM	Not Applicable	Not Applicable	Not appealable, use Part C measure C25 above.
D03-Members Choosing to Leave the Plan	MBDSS	Not Applicable	Not Applicable	Not appealable, use Part C measure C26 above.
D04-Drug Plan Quality Improvement	Star Ratings		Not Appealable	
D05-Rating of Drug Plan	CAHPS		Not Appealable	
D06-Getting Needed Prescription Drugs	CAHPS		Not Appealable	
D07-MPF Price Accuracy	PDE, MPF Pricing		Not Appealable	
D08-Medication Adherence for Diabetes Medications	PDE		Not Appealable	
D09-Medication Adherence for Hypertension (RAS antagonists)	PDE		Not Appealable	
D10-Medication Adherence for Cholesterol (Statins)	PDE		Not Appealable	
D11-MTM Program Completion Rate for CMR	Part D Plan Reporting		Not Appealable	
D12-Statins Use in Persons with Diabetes (SUPD)	PDE data		Not Appealable	
Additional Comments (Please provide any additional information relevant to your request)				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1129 and form number CMS-10346 (Expires: 8/31/2024). The time required to complete this information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

FILED UNDER SEAL

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
TYLER DIVISION**

UNITEDHEALTHCARE BENEFITS OF
TEXAS, INC., et al.,

Plaintiffs,

v.

CENTERS FOR MEDICARE & MEDICAID
SERVICES, et al.,

Defendants.

Civil Action No. 6:24-cv-00357-JDK

**[PROPOSED] ORDER GRANTING PLAINTIFF'S MOTION TO SUPPLEMENT THE
ADMINISTRATIVE RECORD**

Before the Court is Plaintiffs' Motion to Supplement the Administrative Record. Having fully considered the motion and any opposition thereto, the Court is of the opinion that the motion should be **GRANTED**. It is therefore

ORDERED that Plaintiffs may supplement the Administrative Record with the additional materials as described in their motion.