



MEDICARE

Call Centers Need to Improve Responses to Policy-Oriented Questions from Providers

Highlights of [GAO-04-669](#), a report to the Ranking Minority Member, Subcommittee on Health, Committee on Ways and Means, House of Representatives

Why GAO Did This Study

In 2002, GAO reported that the Centers for Medicare & Medicaid Services (CMS) needed to improve its communications with providers who deliver medical care to beneficiaries. GAO reported that 85 percent of the responses it received to 61 calls made to call centers operated by Medicare carriers—contractors that help manage the Medicare program—were incorrect or incomplete. GAO also found that CMS’s primary oversight tools were insufficient to ensure accuracy in communication.

GAO was asked whether call centers now provide correct and complete information to providers. GAO (1) reviewed carriers’ effectiveness in providing correct and complete responses to policy-oriented telephone inquiries and CMS’s efforts to improve communications with providers and (2) evaluated CMS’s efforts to provide oversight of carrier call centers.

What GAO Recommends

To improve the responses to policy-oriented inquiries from providers, GAO recommends that CMS develop (1) a process to route policy inquiries to staff with the appropriate expertise, (2) clear and easily accessible policy-oriented material to assist customer service representatives (CSR), and (3) an effective monitoring program for call centers. CMS generally agreed with the recommendations.

www.gao.gov/cgi-bin/getrpt?GAO-04-669.

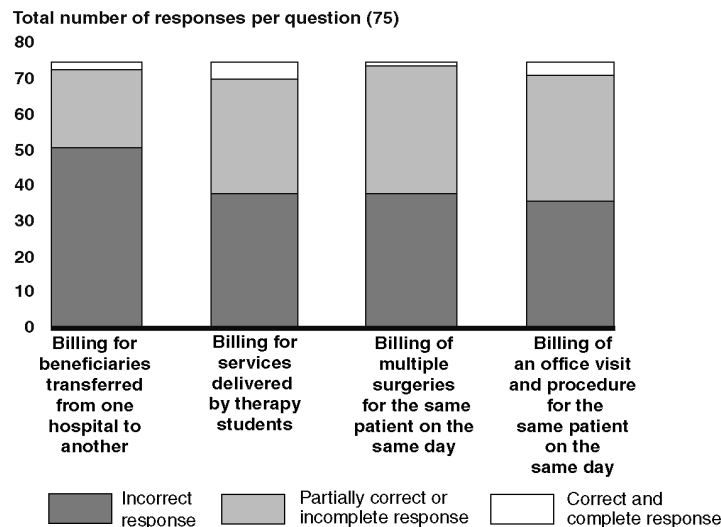
To view the full product, including the scope and methodology, click on the link above. For more information, contact Leslie G. Aronovitz at (312) 220-7600.

What GAO Found

Only 4 percent of the responses GAO received in 300 test calls to 34 call centers were correct and complete. GAO posed four policy-oriented questions 75 times each to carrier call centers. The level of correct and complete responses for each individual billing question ranged from 1 to 5 percent. The majority of remaining responses were incorrect, or partially correct or incomplete. Several factors, including fragmented sources of information, confusing policy information, and difficulties in retaining the CSRs responding to calls appear to account for the lack of correct and complete answers. There are many call centers serving other industries that triage incoming calls by first identifying the nature of the call and then distributing it to the CSR who is best qualified to respond. Although CMS has not adopted this approach, it is currently implementing two other initiatives that may improve CSRs’ access to information. However, neither initiative is specifically designed to support CSRs responding to policy-oriented questions.

In addition, CMS’s efforts to provide oversight of carrier call centers are inadequate. Although CMS requires carriers to monitor the performance of their call centers, the standards used and the technological resources available to evaluate performance do not allow carriers to thoroughly assess whether CSRs’ responses are correct and complete. In addition, CMS’s own monitoring efforts are too infrequent. CMS only performed one contractor performance evaluation related to carrier telephone services in fiscal year 2002 and none were performed in fiscal year 2003. Moreover, when performed, these evaluations did not provide sufficiently detailed information to assess CSRs’ performance.

Provider Call Centers’ Responses to Four Policy-Oriented Questions for Billing Medicare



Source: GAO.