



Highlights of [GAO-09-104](#), a report to the Chairman, Subcommittee on Health, Committee on Ways and Means, House of Representatives

Why GAO Did This Study

The Centers for Medicare & Medicaid Services (CMS) is responsible for providing beneficiaries timely and accurate information about Medicare. Receiving nearly 30 million calls in 2007, 1-800-MEDICARE, operated by a contractor, is the most common way members of the public get program information. The help line provides services both to English-speaking and limited English proficiency (LEP) callers. In this report, GAO describes (1) the extent to which access performance standards and targets have been met by the current contractor, (2) the efforts by CMS to provide LEP callers access to help line services and wait times experienced by these callers, and (3) CMS's oversight of callers' access to 1-800-MEDICARE and the information's accuracy. To conduct this work, GAO reviewed documents and analyzed help line data through July 2008. In addition, GAO interviewed agency staff, industry experts, and officials at four federal agencies with high call volume contact centers.

What GAO Recommends

To ensure CMS offices, including those that oversee the operation of 1-800-MEDICARE, are aware of, and take steps consistent with, the Department of Health and Human Services (HHS) LEP Plan when considering the needs of people with LEP, CMS should designate an official or office with responsibility for managing the LEP Plan. In commenting on a draft of this report, CMS generally concurred with our recommendation.

To view the full product, including the scope and methodology, click on [GAO-09-104](#). For more information, contact Kathleen King at (202) 512-7114 or kingk@gao.gov.

MEDICARE

Callers Can Access 1-800-MEDICARE Services, but Responsibility within CMS for Limited English Proficiency Plan Unclear

What GAO Found

The 1-800-MEDICARE contractor met most standards and some targets for the required telephone performance metrics and indicators CMS designed to ensure callers' access—from July 2007 through July 2008. The 1-800-MEDICARE contractor's performance met the standard for each of the three access-related metrics—the average amount of time callers wait to reach customer service representatives (CSR), the percent of unhandled calls, such as abandoned calls, and the percent of calls transferred among CSRs—in 10 of 13 months analyzed. Because of waivers granted by CMS, the contractor was considered by the agency to have met the standards in 12 of 13 months. During that time, the contractor met the target for only one of three access-related indicators—the percent of CSRs answering calls. Other indicators were the average amount of time needed to respond to callers' inquiries and the accuracy of CSR call volume forecasting.

CMS's efforts to provide LEP callers with access have led to shorter average wait times for Spanish-speaking callers, but are not consistent with all elements of the HHS LEP Plan. CMS requires its help line contractor to provide services to Spanish-speaking callers by employing bilingual CSRs and to provide interpretation services for other LEP callers, which the contractor does by using telephone interpreters. In 20 of the 32 months reviewed, Spanish-speaking callers waited less time, on average, to reach a CSR than English-speaking callers. CMS officials with primary responsibility for 1-800-MEDICARE said they were not aware of the LEP Plan when awarding the current contract, and CMS has not identified an office responsible for acting as a point of contact for management of the LEP Plan. Without a responsible office or official, an internal control for federal agencies, CMS staff lack a source of guidance to assist them in taking steps consistent with the LEP Plan when considering the needs of people with LEP. However, CMS has taken steps consistent with some elements of the agency's adopted LEP Plan, such as the element related to oral language assistance, but not others, such as the element identifying the need for complaint mechanisms for language issues.

To oversee 1-800-MEDICARE callers' access to services and accurate information, CMS uses all six commonly used contact center management practices. Based on GAO's review of the literature and interviews with federal agencies and industry experts, these management practices are: (1) clearly defining performance metrics, (2) performing accurate capacity planning, (3) conducting customer satisfaction surveys, (4) ensuring information for CSRs to reference is accurate, (5) evaluating CSRs' interaction with callers, and (6) validating contact center performance reports. These practices are addressed in the current 1-800-MEDICARE contract and reflected in CMS's ongoing contract oversight.