DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

DATE: December 1, 2025

TO: All Medicare Advantage (MA) organizations and Prescription Drug Plan Sponsors (excluding PACE contracts, cost contracts, MSA contracts, and employer-only plans)

FROM: Vanessa S. Duran, Director
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SUBJECT: 2026 Part C and Part D Call Center Monitoring - Timeliness and Accuracy and Accessibility Studies

The Centers for Medicare & Medicaid Services (CMS) will continue monitoring Part C and Part D call centers in 2026. This memo describes the elements CMS will monitor and explains how to prepare for the monitoring studies, including updating the Health Plan Management System (HPMS) with critical 2026 call center information **no later than December 19, 2025**.

For 2026, CMS has contracted with Hendall Inc., and its subcontractor American Institutes for Research (AIR), to monitor the performance of plan sponsors' call centers with respect to the standards at 42 C.F.R. §§ 422.111(h)(1) and 423.128(d)(1).

Part C and D call centers are required to maintain an average hold time of two minutes or less and an average disconnect rate of five percent or less. The **Timeliness Study** measures Part C and Part D *current enrollee* call center telephone lines and pharmacy technical help desk telephone lines to determine **average hold times** and **disconnect rates**. This study is conducted over four consecutive weeks each quarter. Please note that the Timeliness Study results are not part of the Star Rating measures.

Important definitions for the Timeliness Study:

1. The average hold time is defined as the average time spent on hold by the caller following the interactive voice response (IVR) system, touch-tone response system, or recorded greeting and before reaching a live person.
2. The percentage of calls disconnected is defined as the number of calls unexpectedly dropped by the plan, not due to CMS, divided by the total number of calls made to the telephone number associated with the contract.

The **Accuracy and Accessibility Study** measures Part C and Part D *prospective beneficiary* call center telephone lines to determine (1) the **availability of interpreters** for individuals, (2) teletypewriter (**TTY) functionality,** and (3) the **accuracy of plan information provided by**

customer service representatives (CSRs) in all languages. The availability of interpreters and TTY functionality are used for Star Ratings measures. Languages tested in 2026 are unchanged from 2025 and will include English, Spanish, Cantonese, Mandarin, Vietnamese, French, and Tagalog. English will be tested as a foreign language for organizations with a service area exclusively in Puerto Rico. This study will be conducted from approximately February through June 2026.

Important definitions and exclusions for the Accuracy and Accessibility Study:

1. Interpreter availability is defined as the ability of a caller to communicate with someone and receive answers to questions in the caller's language.

2. TTY functionality is defined as the ability of a hearing and/or speech impaired caller using TTY to communicate with a CSR and receive answers to questions at the plan's call center directly or via a relay operator.

3. Contracts with *only* Special Needs Plans (SNPs) are excluded from the accuracy measure.

4. Contracts or plan benefit packages (PBPs) under marketing and enrollment sanction are excluded from the study.

If an organization believes that CMS may have miscalculated its call center results based on data posted in HPMS, it may bring the relevant information to CMS's attention and ask for a review of the results. **We strongly encourage organizations to ask for this review within two weeks of results being posted in HPMS.** CMS may not be able to make adjustments to the Timeliness Study results if issues aren't brought to our attention within two weeks. This timeframe for resolving any issues facilitates CMS's timely issuance of compliance notices, which is important given the impacts of these notices on our past performance assessments under 42 CFR 42 CFR §§ 422.502(b) and 423.503(b). Although organizations may request CMS review of Interpreter Availability and TTY functionality results during the Star Ratings plan previews, we urge organizations to submit requests for review prior to the Star Ratings plan previews in order to have accurate Star Ratings information displayed during the plan previews. **CMS will not revise results without evidence which shows the call was erroneously marked as unsuccessful. CMS will also not revise results based on challenges to the methodology, which has been applied to all subjects of the study.**

IMPORTANT ACTION: Verify 2026 Call Center Information

Compliance Officers should prepare for this monitoring effort by ensuring the accuracy of 2026 Part C and/or Part D call center telephone numbers in HPMS by **December 19, 2025**. This includes current and prospective enrollee **toll-free** beneficiary call center telephone numbers**, toll-free** pharmacy help desk numbers, and current and prospective enrollee **toll-free** TTY numbers. Telephone numbers are extracted from HPMS on a weekly basis beginning in December of the year prior to the study year and updated in the monitoring contractor's automated dialing software. If any of the telephone numbers change during the year, sponsors must update their telephone numbers in HPMS immediately, pursuant to 42 C.F.R. §§

422.504(f)(2)(vii) and 423.505(f)(2)(vii). **If an organization achieves poor results on the measures due to calls to an inaccurate telephone number, the calls will not be invalidated, and the results will not be negated. It is very important that accurate information is available in HPMS prior to and during the studies.** Use the paths outlined below to verify and/or update the telephone numbers.

Verify your pharmacy technical help desk number, which is a contract-level contact and not a bid-level contact, using the following path: HPMS home page: > Contract Management > Basic Contract Management > [enter contract number] or [enter the contract name] > Contact Data > Pharmacy Technical Help Desk Contact. There are primary and secondary contacts collected in this section. The primary contact is mandatory, and the secondary contact is optional. Please note that for call center monitoring purposes, we call only the primary contact. For any additional questions on updating your contact information, please contact the HPMS Help Desk at hpms@cms.hhs.gov or 1-800-220-2028.

Verify current and prospective enrollee numbers and TTY numbers through the following path: HPMS home page: > Plan Bids > Bid Submission > CY 2026 – Manage Plans > Edit Contact Data.

Follow these steps when editing contact information in the HPMS:

1. On the Select a Contract screen, enter a contract number into the field provided (Option 1) or select a contract number (Option 2). Click Next to advance to the Update and Save Data screen.

2. On the Update and Save Data screen, select a plan, and select a contact tab.

3. Edit the mailing address, telephone numbers, and e-mail address for applicable contracts.

4. After entering data for the first contact type, the user can complete data entry for other contact types under the same plan.

Notes:
- The above process to verify the accuracy of call center telephone numbers is separate from the Call Center Indicator activity that has already begun. You will receive communication from **CallCenterIndicators@hendall.com**. The Call Center Indicators identify for CMS, with input from plan sponsors, the PBP-level prospective enrollee phone numbers that are served by the same physical call center. This information is important, as the Accuracy and Accessibility Study is conducted at the call center level, with legal entities under the same parent organization sharing results of calls placed to a shared call center, with limited exceptions. The Timeliness Study is conducted at the phone number level. Results of calls placed to a shared phone number are shared by all legal entities utilizing that phone number, with limited exceptions. The Accuracy and Accessibility Study indicators do not impact the Timeliness Study. **Please be aware that while phone numbers must be kept current in HPMS, the Accuracy and Accessibility Study indicators cannot be updated after the Call Center Indicator collection activity is completed.**

- Our regulations at 42 C.F.R. §§ 422.111(h)(1) and 423.128(d)(1) require the operation of a toll-free customer call center. ***Even if HPMS does not denote this as a required field in your view, having toll-free numbers available is required.*** Contact the HPMS Help Desk at hpms@cms.hhs.gov or 1-800-220-2028 if you require assistance.

- **All TTY numbers must be either three numeric characters or ten numeric characters and entered into HPMS.**

  Please make certain you have entered into HPMS the **TTY local telephone number** and the **TTY toll-free telephone number.** If your plan does not use a dedicated, in-house TTY service, you may enter 711 in both fields, or you may enter the toll-free ten-digit number for a specific state relay service. The toll-free TTY telephone number must be populated, as this is the telephone number we pull for the Accuracy and Accessibility Study.

  This information can be found in Chapter 1 of the CY2026 Bid User Manual (*HPMS home page > Plan Bids > Bid Submission > CY2026 > View Documentation (under "Documentation" Section) > Bid Submission User Manual for Contract Year 2026)*.

- The phone numbers provided in HPMS must match your public-facing phone numbers. CMS should be calling the same line as any beneficiary when contacting your plan. CMS reserves the right to invalidate results if we determine that the phone number(s) provided in HPMS are not the same as those used by current or prospective enrollees.

VOLUNTEERS FOR CMS INTERVIEWER TRAINING SESSIONS

CMS solicits volunteers for abbreviated training periods prior to the beginning of a study launch. This is done by randomly selecting organizations to ask if they wish to volunteer. If interested in participating in the next interviewer training session, contact CallCenterMonitoring@cms.hhs.gov. These sessions train the CMS interviewers on how to properly place a call and how to navigate plan IVR systems. Your participation in a training period should not be used as a replacement for your own testing to verify that your call center is compliant with regulatory requirements.

Tips for Success/Best Practices

Based on several years of study results, CMS provides the following tips to help improve results.

General:

- Review call center requirements under 42 CFR §§ 422.111 and 423.128.

- Provide basic services and information in the enrollee's primary language or accessible format upon request or when otherwise learning of the enrollee's primary language or need for an accessible format.

- Make available all plan materials and information, including those produced or distributed by contracted providers, in alternate formats (e.g., braille, large print, audio and data CDs, and in requested alternate languages) upon request or when otherwise learning of the enrollee's primary language or need for an accessible format.

- We monitor thousands of plans whose IVR options are all unique. This means it is not practical or possible to train our interviewers to always make the same selection in an IVR, and we cannot program what options they should select for each plan. We train them to listen for options such as "current members," or "pharmacy," for Timeliness Study calls, or an option for those "interested in learning more about enrolling" as a prospective beneficiary for Accuracy and Accessibility Study calls, for example. When you are setting up your IVR options, please keep this in mind. IVR options should be intuitive for enrollees/prospective enrollees. We suggest that you train your representatives to offer a warm transfer to the correct department if a caller is misdirected. You may experience more successful call outcomes if the representative offers a warm transfer, allowing us to reach a representative who can answer our question. Simply saying, "You need to call another number" or answering "no" to the introductory question, "Are you the right person to answer questions about…." will result in an unsuccessful call outcome. We call the telephone number listed in the HPMS as provided by the plan and make a reasonable selection in the IVR, so we expect to reach a CSR who can answer questions about the plan or at least transfer us to the correct party who can answer those questions.

Ability to Accept Calls:

- Callers to current enrollee and prospective enrollee customer service call centers need to be able to communicate with a live person when they call from 8:00 a.m. to 8:00 p.m. Messages that ask a caller to leave their telephone number, or automatic callbacks, are not appropriate and will not be counted as a successful call.

- CMS's monitoring reveals that our callers experience longer-than-normal hold times at the beginning of the year. Call centers should evaluate their own needs and consider increased staffing during busier times.

- If your organization intends to implement any new technology affecting telephone systems, ensure it will not interfere with the organization's ability to accept calls, including TTY communications.

- CMS makes the following suggestions for self-monitoring your call centers on a regular basis:
  - Test every telephone number supported by the call center.
  - Review and test the telephone numbers in HPMS and ensure they ring to the intended location.
  - Test by making calls from outside the organization's telephone systems. If the plan is located off the mainland, have someone place test calls from the mainland

> to the plan.
> - o Test with more than one caller at the same time.
> - o See TTY section below for specific TTY testing suggestions.

- **Ensure that your organization does not employ IVR logic or other functions that will block calls at certain times based solely upon the area code of the caller.** We call regions spanning from the Atlantic time zone to as far west as Guam. We will call you during the business standard hours of operation (8:00 a.m. to 8:00 p.m. in the time zone(s) the plan serves). If our caller cannot reach a live representative due to programming on your end, or we hear messages stating the office is closed during the required hours of operation, the call will be counted as unsuccessful.

- Carefully review your service areas to ensure the call center is open and provides services at least in accordance with standard business practices. This means that the current and prospective enrollee call centers are open minimally from **8:00 a.m. to 8:00 p.m. for <u>all</u> your plans' local service areas.** Check carefully to verify your coverage for any counties that are split into two time zones or to confirm observance of Daylight Saving Time (DST). For example, some contracts serve counties that are split into two time zones. Also, most of Arizona is exempt from DST. However, the Navajo Nation lands, which extend to the states of Arizona, New Mexico, and Utah, observe DST. Regardless of whether two time zones are served, DST is or is not observed, call centers are required to be open minimally from 8:00 a.m. to 8:00 p.m. in <u>all</u> local service areas for all current and potential enrollees.

- **Ensure IVR systems default to a live CSR/operator if the caller does not push any buttons or make a verbal selection from an options menu.** Every year CMS encounters plans that offer limited IVR options without a clear way to select the option to speak with a current member representative or a prospective beneficiary representative, and the IVR message cycles over and over without a live representative answering the telephone. This results in unsuccessful calls due to time-outs. Test your systems. When planning the IVR choices, ask yourself, "If I am calling to get information so I can decide if I want to enroll in this plan, is there an IVR option for me on this prospective beneficiary telephone number, even if I do not speak English (or the otherwise applicable primary language)?"

- Ensure callers with private or masked numbers are able to connect to your plan's customer service telephone numbers.

- When we call customer service lines, we ask a question intended to determine if we have reached a person who can answer questions about the Medicare plan we are calling. **If the CSR insists on first knowing the caller's name, date of birth, membership ID number, or Social Security Number, or refuses to answer the question by stating "no," the call will be counted as an unsuccessful call unless the party transfers the call to a person who can answer "yes" in a timely manner. The CSR should refrain from requesting additional identifying information until at a minimum the caller is able to confirm that they have reached the correct person.**

Interpreter Availability:

- Utilize an interpretation service to identify the beneficiary's language.

- Use interpreter services personnel who are familiar with healthcare terms and Medicare benefit concepts.

- Interpreters should:
  - Adhere to generally accepted interpreter ethics principles, including confidentiality.
  - Demonstrate proficiency in speaking and understanding at least spoken English and the spoken language in need of interpretation.
  - Interpret effectively, accurately, and impartially, both receptively and expressively, to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology.

- Train CSRs to connect foreign-language callers with an interpreter.

- Ensure CSRs stay on the telephone when a foreign-language interpreter joins the call. If the CMS interviewer does not hear any form of greeting from the plan's live CSR, they may believe they are in a silent hold queue and continue to wait for a greeting from the CSR.

- The CMS interviewer will not ask the standard introductory question until they are able to communicate with an interpreter for the language being tested.

- In order to replicate a beneficiary's actual experience, CMS interviewers who are testing a language other than the primary language will not make a selection in the IVR system if the instruction is only in the primary language. **Therefore, ensure IVR systems default to a live CSR/operator if the caller does not push any buttons or make a verbal selection from an options menu.** If the IVR instruction is available in the language being tested, the test callers will make an appropriate IVR selection. For example, if the language being tested is French, *and instruction is available in French in the IVR* to select an option for French, the test caller will make that selection. (Please note that the primary language in Puerto Rico is Spanish and English elsewhere. When testing calls in Puerto Rico, English is considered a foreign language.)

- To prevent callers from being misdirected due to repeated numbers across different menu levels, implement a hierarchical numbering system that ensures each number combination is unique throughout the entire IVR tree. For example, offering the option to select "2" for Spanish and moments later offering the option to select "2" for billing questions may direct the Spanish caller to billing rather than interpreter services.

TTY Functionality:

- Ensure that TTY services are available in languages other than English.

- CMS makes the following suggestions for testing in-house TTY devices:
  - Regularly test your service to ensure that it is working properly.
  - Have outside callers call in and test the system. (If in Puerto Rico, Guam, or another island off the mainland, have someone on the mainland call into your TTY system to test.)
  - Have two callers from outside the system call at the same time to make sure there is no disruption on either call, calls don't get disconnected, or garbling does not occur.
  - When testing, check for garbled language on both sides of the call.
  - Whenever you make a telephone system change, retest all TTY systems.
  - If you have an outgoing message on your in-house TTY system that states to callers that if they called this number by accident, they should call the main number instead at xxx-xxx-xxxx, confirm that a TTY-recognized call will roll over to a TTY operator. This should be tested by calling from a telephone line *and* a TTY line.
  - Verify with your telecom provider that TTY calling is supported, in case there are any settings on the carrier side that need to be adjusted.
  - If using TTY Voice over Internet Protocol (VOIP), analyze network bandwidth utilization to confirm no packet loss. If there is packet loss, internet speed will need to be increased.

- When using an in-house TTY device:
  - Have a staffing plan that includes coverage for the TTY device during the hours your call center is required to operate with live CSRs.
  - Ensure CSRs always use "GA" for "Go Ahead" after they have communicated their opening remark or other response via TTY device, so the other party knows it can now safely transmit its next thought. Failure to use "GA" may confuse beneficiaries who are familiar with TTY systems and could result in a plan hanging up on a TTY caller who has not responded, because the caller is waiting for the "GA" as clearance to respond.

- When using a relay service:
  - Ensure that beneficiaries using relay services can reach a CSR who has been trained on how to best communicate through a relay operator.
  - Ensure that CSRs communicating to beneficiaries through relay operators are able to respond promptly to questions.
  - If you use a state relay operator, be certain that all callers can successfully connect to that number, regardless of the caller's area code. It is the plan's responsibility to ensure that calls from any area code can be received via their state relay operator.

- Regardless of the TTY service you implement, such as Real Time Text (RTT), ensure that it is backwards compatible with TTY.

Information Accuracy:

- Ensure that CSRs are trained on requirements of 42 C.F.R. §§ 422.111(h)(1) and 423.128(d)(1). Review the 2026 edition of *Medicare & You* to ensure your CSRs are trained on new Part C and Part D benefit information for 2026. Consider sharing the most recent *Medicare & You* with your translator service provider.

- CSRs should have specific PBP level benefit and formulary data easily available.

- Because the time is limited to 7 minutes for each of the general accuracy questions, a best practice for CSRs is to speak at a high level first and offer more detail if asked.

Call Center Monitoring Reference Materials

Technical Notes (including Frequently Asked Questions) and Data Dictionaries for each study are stored in HPMS via the Download drop down when you access your plan results from the Performance Metrics page. Results can be found through the following path: HPMS home page > Quality and Performance > Performance Metrics > Reports > Call Center Monitoring.

If you have any questions about the 2026 call center monitoring effort, please contact the Call Center Monitoring mailbox at CallCenterMonitoring@cms.hhs.gov. Do not use secure email when communicating with this resource. **CMS will not open a secure email message.** CMS monitors thousands of plans and cannot register for secure email with each entity. We never share personally identifiable information on this project.