Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 14-21

Applicable to:
- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children’s Medical Services Network Plan

Re: Toll-Free Help Line Performance Standards

Managed care plans are required to develop performance standards and monitor enrollee help line performance by recording calls and employing other monitoring activities. With regard to toll-free provider help line performance standards, the managed care plan’s call center systems must have the capability to track call management metrics identified in Section IV, Enrollee Services and Grievance Procedures. (Attachment II, Section VI.D.4.(f).) Managed care plans are also required to report their performance on these standards as specified in the reporting requirements section of the contract. (Attachment II, Section IV. B. 2. h.; Attachment II, Section XIV).

The managed care plan must comply with all requirements of the Managed Care Plan Report Guide referenced in Section XIV, Reporting Requirements, and other applicable requirements of this contract. The managed care plan may be required to provide to the Agency or its agents information or data relative to this Contract. In such instances, and at the direction of the Agency, the managed care plan shall fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. (Attachment II, Section II.D.2.4). The purpose of this policy transmittal is to require managed care plans (serving Long-term Care and/or Managed Medical Assistance enrollees) to begin submitting a monthly ad hoc report of their performance on the following enrollee help line standards (Attachment II, Section IV.B.2.h.) and provider help line standards (Attachment II Section VI.D.4.(f).):

1. The average speed of answer (ASA) shall not exceed thirty (30) seconds.

2. The call blockage rate for direct calls to the Managed Care Plan shall not exceed one half of one percent (0.5%).

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1 Standards for the CMSN plan contract are codified in Attachment I, Section VI.D.4.f.
2 Standards for the CMSN plan contract are codified in Attachment I, Section IV.B.2.h.
3 Standards for the CMSN plan contract are codified in Attachment I, Section XIV.
4 Standards for the CMSN plan contract are codified in Attachment I, Section II.D.2.
5 Standards for the CMSN plan contract are codified in Attachment I, Section VI.D.4.f.
3. The average call abandonment rate for direct calls to the Managed Care Plan shall not exceed three percent (3%).

Managed care plans are not required to report on their performance related to the following standard: a system, which places calls in queue, may be used but the wait time in the queue shall not exceed sixty (60) seconds.

The report is due monthly, within fifteen (15) calendar days after the end of the reporting month; the first report is due on November 15, 2014, for the October 2014 reporting month.

Managed care plans must submit these reports monthly to the Agency’s SMMC secure file transfer protocol (SFTP) site in an electronic format proposed by the plan. The Agency has not prescribed a required template for the report at this time; however, the Agency may provide a template in the future. See Chapter 2 of the SMMC Managed Care Report Guide for file naming convention instructions, using “helpline” in place of the four-digit report code identifier from the Report Code Identifier Table. When the SMMC Report Guide has been revised to include the Enrollee Help Line Statistics Report, the ad hoc report will no longer be required.

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

Beth Kidder
Assistant Deputy Secretary for Medicaid Operations

BK/dp