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Accountability · Integrity · Reliability

Highlights

Highlights of [GAO-05-130](#), a report to congressional committees

Why GAO Did This Study

In March 1999, the Centers for Medicare & Medicaid Services (CMS) implemented a telephone help line—1-800-MEDICARE—to provide information about program eligibility, enrollment, and benefits. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) directed GAO to examine several issues related to this 24-hour help line and the customer service representatives (CSRs) who staff it. In this report, GAO evaluated (1) the accuracy of the information the help line provides, (2) the training given to CSRs, and (3) CMS's efforts to monitor the accuracy of information provided through the help line.

What GAO Recommends

To improve the accuracy of the information the help line provides, GAO recommends that CMS (1) revise procedures so that calls are not transferred to other contractors that are closed, (2) assess current scripts and pretest new and revised scripts to ensure that they are understandable, (3) provide more testing of CSRs' ability to accurately answer questions and use the results to target training efforts as needed, and (4) monitor the accuracy rate for each frequently asked question and use the results to modify scripts or provide training, if necessary. CMS agreed with the recommendations.

www.gao.gov/cgi-bin/getrpt?GAO-05-130.

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.

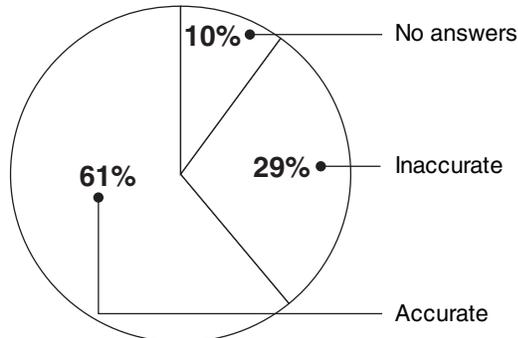
MEDICARE

Accuracy of Responses from the 1-800-MEDICARE Help Line Should Be Improved

What GAO Found

The 1-800-MEDICARE help line provided accurate answers to 61 percent of the 420 calls we made and inaccurate answers to 29 percent. We were not able to obtain any answers for the remaining 10 percent of our calls at the time we placed them. Most of these calls were not answered because they were transferred to other contractors responsible for processing Medicare claims that were not open for business at the time we called or these calls were inadvertently disconnected. To facilitate accurate responses, the 1-800-MEDICARE help line provides CSRs with written answers—called “scripts”—that CSRs use during a call. When CSRs provided inaccurate information, it was largely because they did not seem to access and effectively use a script that answered our questions. CMS and its contractor do not routinely pretest the scripts to ensure that they are understandable to CSRs or potential callers.

Percentage of Calls with Accurate, Inaccurate, and No Answers



Source: GAO.

Note: Based on 420 calls placed in July 2004.

The training for CSRs meets CMS's requirements, but it is not sufficient to ensure that CSRs are able to answer questions accurately on the help line. Before handling calls, CSRs must complete about 2 weeks of classroom training; accurately answer two simulated calls consecutively out of six; and score at least 90 percent on a written exam. In addition, all CSRs receive ongoing training. However, the results from our calls indicate that the testing and simulated call answering did not sufficiently measure whether CSRs were prepared to answer questions accurately.

CMS delegates most accuracy monitoring to one of its contractors and reviews the results. The bulk of the monitoring focuses on how accurately individual CSRs answer questions. However, this monitoring does not systematically track questions answered inaccurately by CSRs as a group, which could help target training and script improvement. Through two smaller studies that measured how accurately specific questions were answered, CMS was able to identify areas to improve scripts and training.