



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

DATE: September 25, 2014

ALL PLAN LETTER 14-012

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: CALL CENTER REPORT TEMPLATE

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the template to use for submitting Call Center Reports that are required per the Medi-Cal managed care health plan contract and found in Exhibit A, Attachment 13, Member Services, Call Center Reports. This APL also provides the template's associated instructions.

POLICY:

All MCPs must follow the instructions outlined below and submit Call Center Reports per the attached template. The first report using this new template must be submitted to the Department of Health Care Services (DHCS) for data collected during the fourth quarter of 2014. DHCS will review every submission against this APL's requirements and return submissions to the MCPs if the requirements are not met.

REQUIREMENTS:

Thirty (30) days after the end of every quarter, MCPs must submit a completed Call Center Report utilizing the attached template to pmmp.monitoring@dhcs.ca.gov with a CC to your contract manager. Submissions must be sent with the subject line "Health Plan Name X Quarter 20YY Call Center Report" where X is the quarter and YY is the year. The file name must be labeled using the same convention.

The completed Call Center Report template shall include data for the quarter that ended prior to the 30 day period. MCPs should report member calls only, and not calls from providers, if possible. This report must include all calls received by the call center, regardless of whether they are complaints or become formal grievances.

The first report using this new template must be submitted to DHCS for data collected during the fourth quarter of 2014.

Details on how to fill out each cell in the template are as follows:

- Plan Name: Enter the health plan name.
- Year: Enter the year as a four digit number. Example: 2014.
- Quarter: Enter the appropriate quarter: 1 for January-March; 2 for April-June; 3 for July-September; or 4 for October-December.
- Number of Calls Received (A): This cell is pre-filled with the calculation. Do not enter anything in this cell. Definition: Calls that enter the queue/system. Calculated: The number of calls abandoned (B) plus the number of calls answered (C).
- Number of Calls Abandoned (B): Enter the number of calls abandoned during the quarter. Definition: Callers who disconnect while waiting in the call queue.
- Number of Calls Answered (C): Enter the number of calls answered during the quarter. Definition: Calls answered by an agent/representative.
- Average Wait Time: Enter the average amount of time a caller waited on hold. Enter this in minutes and seconds. Example: 2:14 would be two minutes and 14 seconds.
- Average Talk Time: Enter the average amount of time a call took to complete. Enter this in minutes and seconds. Example: 2:14 would be two minutes and 14 seconds.
- Abandonment Rate = B/A: This cell is pre-filled with the calculation. Do not enter anything in this cell. Definition: The percentage of callers who disconnected while waiting in the call queue. Calculated: The number of calls abandoned (B) divided by total calls received (A).
- Service Level: Enter the percentage of calls answered within 30 seconds, round to a whole number, no decimals. Example: Round 85.56% up to 86%; round 85.42% down to 85%. Definition: Percentage of calls answered within 30 seconds (the goal for how quickly representatives should answer calls).
- Member Only Calls (Y/N): If the data includes only calls from members, enter Y. If the data includes calls from others, such as providers, enter N.

- Medi-Cal Only Calls (Y/N): If the data includes only calls for Medi-Cal, enter Y. If the data includes other lines of business, enter N.

A contract amendment will be forthcoming to revise Exhibit A, Attachment 13, Member Services, Call Center Reports and that references this APL for the requirements and format of Call Center Reports. The requirements in this APL replace what is currently required in the contract.

If you have questions or concerns regarding this APL, please email pmmp.monitoring@dhcs.ca.gov or your Medi-Cal Managed Care contract manager.

Sincerely,

Original Signed by Mari Cantwell

Mari Cantwell
Chief Deputy Director
Health Care Programs

ATTACHMENT