



CENTER FOR MEDICARE

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May 26, 2022

**Corrective Action Plan Request**

Contract ID: H1862

Parent Organization Name: Centene Corporation

Legal Entity Name: WELLCARE HEALTH PLANS OF VERMONT, INC.

Eryn Kantor  
Medicare Compliance Officer  
7700 Forsyth Boulevard Clayton  
Clayton, MO 63105

VIA EMAIL: Eryn.Kantor@centene.com

RE: Failure to Provide Compliant Call Center Services

Dear Eryn Kantor:

The Centers for Medicare & Medicaid Services (CMS) is issuing a request for WELLCARE HEALTH PLANS OF VERMONT, INC., which operates H1862, to develop and implement a corrective action plan (CAP) to address the organization's failure to operate a toll-free customer call center that provides customer telephone service compliant with regulatory requirements.

Pursuant to 42 C.F.R. §§ 422.111(h)(1) and 423.128(d)(1), Medicare Advantage Organizations (MAOs) and Part D sponsors must operate a toll-free customer service call center that provides information on a timely basis and in accordance with standard business practices. MAOs and Part D sponsors must limit callers' average hold time to 2 minutes, answer 80 percent of calls within 30 seconds, and limit the call disconnect rate to 5 percent. Additionally, pursuant to 42 § C.F.R. 422.504(o)(2) and 423.505(p)(2), MAOs and PDP sponsors must have a plan to restore essential functions, including call center operations, within 72 hours after any of the essential functions fail or otherwise stop functioning as usual.

On January 4, 2022, CMS contacted your organization regarding potentially non-compliant call center performance. CMS identified this potential non-compliance as a result of beneficiary complaints to CMS regarding call center hold times and disconnections. Your organization confirmed that your call centers were unable to meet regulatory requirements due to higher than expected enrollment and a shortage of customer service representatives due a typhoon. Shortly thereafter, all Centene Corporation subsidiaries were removed from the remainder CMS' quarterly call center monitoring study because callers were unable to reach customer service representatives due to disconnected calls and excessively long hold times.

CMS requested daily reports about call center performance to monitor compliance with regulatory requirements. According to your organization's reports, call center performance was consistently non-

compliant throughout the first half of January and affected all contracts under the Centene Corporation parent organization. Updated information from your organization explained that in addition to the typhoon and higher than expected enrollment, in some cases technology issues affected your call centers' ability to meet CMS requirements.

CMS requests that your organization take corrective action to come into compliance. CMS requests that your organization focus on (1) how your organization will ensure beneficiaries are able to reach a representative at your call center in a timely manner and (2) the development of a business continuity plan, as described in 42 C.F.R. §§ 422.504(o)(1) and 423.505(p)(1), to ensure that call center functionality is restored within 72 hours of failure to function as usual. CMS will consider the CAP closed once CMS determines, through its monitoring, that the affected contracts are compliant with regulatory requirements.

Please be aware that this letter will be included in the record of your organization's past Medicare contract performance, which CMS will consider as part of our review of any application for new or expanded Medicare contracts your organization may submit. CMS deems this instance of non-compliance a Part C and D issue. CMS notes that we are issuing this compliance notice based exclusively on information that we obtained from sources other than your organization's self-disclosure.

If you have any questions about this notice, please contact Kerry Casey at 410-786-7160 or [Kerry.casey1@cms.hhs.gov](mailto:Kerry.casey1@cms.hhs.gov) and copy your account manager.

Sincerely,



Amy Larrick Chavez-Valdez, Director

Medicare Drug Benefit and C&D Data Group

CC via email:

TONI DUPLAIN, CMS  
Linda Anders, CMS  
Michael Neuman, CMS  
Stephen Stoyer, CMS  
Kerry Casey, CMS

