Many individuals who use customer service telephone lines offered by banks, student loan servicing agencies, health insurance companies, or other businesses find that the representatives to whom they speak frequently do not know enough information to accurately answer their questions or inappropriately transfer or inadvertently disconnect their calls. In December 2004, the federal Government Accountability Office (GAO) issued a report entitled, “Medicare: Accuracy of Responses from the 1-800-MEDICARE Help Line Should Be Improved,”1 which contains similar findings about the Medicare help line. Specifically, the report shows that the Medicare help line may not be as helpful as it sounds.

One of the responsibilities of the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers the Medicare program, is to provide Medicare beneficiaries and other members of the public with clear, accurate, and timely information about the Medicare program.2 Accordingly, CMS implemented in March 1999 a nationwide toll-free telephone help line (1-800-MEDICARE), which is currently staffed by customer service representatives 24 hours a day, 7 days a week.3 In theory, Medicare beneficiaries, their families, and other members of the public can call the help line and ask and receive answers to questions about Medicare program eligibility.

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2 Id. at 1.
3 Id.
enrollments, and benefits. To receive information about coverage and payment for medical services and items, beneficiaries and others also may call toll-free certain organizations known as “Medicare claims administration contractors,” which are under contract with CMS to process and pay Medicare claims.  

Four years after CMS implemented the Medicare help line, Congress enacted the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), which established a prescription drug discount card program for Medicare beneficiaries and required information relating to the new program to be made available through the Medicare help line. During the six month period following the enactment of the MMA, the Medicare help line handled more than nine million calls, which was more than triple the number of calls handled in the previous six months. Many of the callers asked about the prescription drug benefit that will be available beginning in 2006, the prescription drug discount cards available in the interim, and the $600 credit for prescription drugs purchased by low-income beneficiaries with prescription drug discount cards. Because of the increased call volume during the first half of 2004, CMS added more than 800 customer service representatives to respond to help line calls and increased the number of contractors managing the help line from one to two.

In addition to establishing the prescription drug discount card program, the MMA also directed the GAO to examine the accuracy and consistency of answers provided through the Medicare help line as well as the training and education provided to the help

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4 Id. at 1-2 & n.1.
6 GAO REPORT, supra note 1, at 2.
7 Id. at 2.
line’s customer service representatives. In response, the GAO evaluated the accuracy of the information the help line provides, the training given to the customer service representatives, and CMS’ efforts to monitor the accuracy of information provided through the help line. To evaluate the accuracy of information provided by the Medicare help line, the GAO made 420 calls to the help line during July 2004 and posed one of six questions about the Medicare program during each call, the correct answers to which had already been confirmed by CMS. The GAO placed its calls at different times of the day and on different days of the week to match the typical pattern of calls received by the help line in April 2004. If the customer service representative provided some information relating to the topic, but did not provide information that was sufficiently accurate or complete to meet criteria developed by the GAO and confirmed by CMS, the GAO considered the answer to be inaccurate.

To evaluate the training provided to the customer service representatives, the GAO interviewed CMS and contractor officials, reviewed the instructional materials used to train the Medicare help line’s customer service representatives, observed a Medicare help line training session in June 2004, and reviewed the training provided to customer service representatives who work for a similar help line offered by the Internal Revenue Service. Finally, to evaluate CMS’ efforts to monitor the accuracy of information provided through the help line, the GAO interviewed CMS and contractor officials and reviewed related documents and information about call centers in other industries.

8 MMA § 923(d)(2), 117 Stat. 2066, 2395.
9 GAO REPORT, supra note 1, at 2.
10 Id. at 2-3.
11 Id. at 3.
12 Id.
13 Id.
14 Id. and Appendix I at 30-31.
In response to the questions it posed to the Medicare help line’s customer service representatives, the GAO received accurate answers to only sixty-one percent (61%) of the questions and inaccurate answers to twenty-nine percent (29%) of the questions.\textsuperscript{15} The GAO was unable to obtain any answers to questions posed during the remaining ten percent (10%) of calls because such calls were transferred to claims administration contractors that were not open for business at the time the GAO called or because the GAO’s calls were inadvertently disconnected.\textsuperscript{16}

The GAO also found that the customer service representatives did not always understand enough about the Medicare program to access available “scripts.” To facilitate accurate and consistent responses, the Medicare help line provides its customer service representatives with written information and answers, or scripts, which the representatives can access by typing in key words on their computers during a call.\textsuperscript{17} Although CMS designed the scripts to address the help line’s frequently asked questions or to provide links to additional information, the GAO found that the representatives generally did not know enough about the Medicare program to access the correct script, could not clearly explain the material in a script that was accessed, or did not understand the language used in the scripts.\textsuperscript{18} For example, one customer service representative confused “trunk strength” (upper body strength) with the space in the trunk of an automobile and, therefore, incorrectly explained to the GAO that Medicare would only cover a power wheelchair if the beneficiary had adequate space to put the wheelchair in the trunk of his or her car.

\begin{itemize}
\item \textsuperscript{15} \textit{Id.} at 4.
\item \textsuperscript{16} \textit{Id.}
\item \textsuperscript{17} \textit{Id.}
\item \textsuperscript{18} \textit{Id.}
\end{itemize}
To improve the accuracy of the information the Medicare help line provides, the GAO recommended in its report 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 customer service representatives’ 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. Although it generally agreed with the GAO’s recommendations, CMS expressed concern regarding the GAO’s decision to classify incomplete responses as inaccurate.

Educating customer service representatives about the intricacies of the Medicare program undoubtedly is a difficult task. However, the GAO’s recent findings--that almost forty percent (40%) of help line calls are inaccurately answered, inappropriately transferred, or inadvertently disconnected--suggests that the Medicare help line offers more confusion than help.

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19 Id. at 6.
20 Id.