

# ASSERTION<sup>®</sup>

## Ensuring CMS 5-star Ratings for Health Insurers with CMS notification service



### Why 5-star CMS ratings matter?

When people buy insurance, they compare similar plans from various companies. Comparing the fine print is a daunting task- this is where CMS.gov, a department of the US Govt comes in.

The US Govt subsidizes elderly care via its Medicare and Medicaid programs. The subsidies for Medicare and Medicaid are about \$18Tn over 10 years or about \$1.8Tn yearly. These subsidies are routed to insurers, who in turn use them to subsidize the cost of healthcare.

To ensure insurers meet specific standards, CMS conducts periodic audits. Each plan from every insurer is rated on a 5-star scale in every state where it is offered annually. Achieving a 5-star rating for a plan results in increased enrollment, leading to more business for the insurer. So, insurers strive hard to earn and maintain a 5-star rating.

Out of the 40-point checklist used by CMS to evaluate insurers, several points pertain to customer service.

To assess this, auditors randomly call customer care from various numbers, frequently rotating them. Poor service results in a demerit and is reported to the government. Accumulating several demerits can lead to the insurer losing its 5-star rating. Consequently, insurers enforce these service criteria on their outsourcers.



**Congressional Budget Office**

Nonpartisan Analysis for the U.S. Congress

Over the 2024–2033 period, the 10 years spanned by CBO's current baseline projections, those subsidies total \$25.0 trillion, distributed as follows:

Medicare—\$11.7 trillion (47%),  
Medicaid and the Children's Health Insurance Program—\$6.3 trillion (25%)

*Source-*

<https://www.cbo.gov/publication/59613>

**Losing a 5 star rating from CMS could lead to a loss of millions of dollars in grants and consumer business for health insurers**



The only plan in Texas  
rated 5-out-of-5 stars  
by Medicare for six years  
in a row – including 2022!

*And many more of such ads are seen across  
the internet and on billboards across Texas*

## What is Assertion CMS notification service?

Assertion's CMS notification service screens every incoming call to your contact center, detects if the call is from a CMS auditor, and if so, notifies the agent and supervisor using a message on the Microsoft Teams channel within 10 seconds of the call arriving. The detection is done by looking up the incoming call ANI in our database of CMS auditor phone numbers (which is kept up to date because we screens millions of calls a month across the industry). Since the auditors use a random number to call each time, our database is kept up to date in real-time by using feedback from agents who answer the call.

## Why is it important?

Knowing if a call is from a CMS auditor helps the agents and supervisors to pay extra attention to the call and service it well. Failure to service this call would earn a black mark and could be detrimental to your CMS rating.

## How does it work?

Once Assertion Secure Voice detects a call as CMS call, it sends an email to a configured distribution list with a specific subject and body. In O365, this DL is configured to forward the subject line of the email to a specific Teams channel as a message. Agents and Supervisors are configured to be part of the Teams channel.

### Period of Maximum Calls from Customers

**General enrolment period:**  
Jan 1 to Mar 31  
**Annual Enrolment Period:**  
October 15 to December 7



### Period of CMS Audit Calls

**Peak Activity (Multiple Calls)**  
Jan 1 to May 31  
**Lean Activity (Minimal Call)**  
Rest of the Year

Source - [Aetna Medicare](#)

*When one mistake could cost millions, you need a solution that is simple and reliable. That's why customers love Assertion® SecureVoice™. For further guidance on maximizing the benefits of CMS 5-star ratings in healthcare partnerships, reach out to Assertion team*