Centennial Care Reporting Instructions
Call Center – Report #2

Report Objective

To capture call center statistics and ensure that callers can access a call center agent in a timely manner.

General Instructions

The managed care organization (MCO) is required to submit the Call Center report on a monthly basis. This report is due on the 15th day of the month following the end of the reporting month. If the 15th falls on a weekend or a State of New Mexico holiday, the report is due on the following business day. Please adhere to the following reporting periods and due dates.

Month	Reporting Period	Report Due Date
1	January 1 – January 31	February 15th
2	February 1 – February 28/29	March 15th
3	March 1 – March 31	April 15th
4	April 1 – April 30	May 15th
5	May 1 – May 31	June 15th
6	June 1 – June 30	July 15th
7	July 1 – July 31	August 15th
8	August 1 – August 31	September 15th
9	September 1 – September 30	October 15th
10	October 1 – October 31	November 15th
11	November 1 – November 30	December 15th
12	December 1 – December 31	January 15th

An Excel workbook is provided as a separate attachment for submission. Quantitative data and any qualitative data **must** be entered in the Excel workbook. The MCO must ensure that data is entered in all fields. The report will be considered incomplete if any field is left blank. Use "0" in quantitative sections to represent zero calls or units as applicable. "ND" is used only when there is no data available or collected to report. Formulas provided in the workbook shall not be altered by the MCO. An electronic version of the report in Excel must be submitted to the New Mexico Human Services Department (HSD) by the report due date listed above. The report shall be submitted via the State's secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report.

Each time the report is submitted, the MCO shall use the same template that was submitted in previous months. For example, the report due on March 15th will include data for the 1st and 2nd months. The reporting period for the report would be 1/1/19 through 2/28/19. The MCO shall not alter data that was previously submitted, unless stated explicitly in the instructions for each section.

The MCO shall submit the electronic version of the report using the following file labeling format: MCO.HSD2.M#CY##.v#. The "MCO" part of the labeling should be the MCO's acronym for their business name. With each report submission, change the month reference (M# - e.g., M1), the calendar year (CY## - e.g., CY19), and the version number (v# - e.g., v1), as appropriate. The version number should be "1" unless the MCO is required to resubmit a report for a specified quarter. In those instances, the MCO will use "2" and so on for each resubmission.

Centennial Care Reporting Instructions
Call Center – Report #2

The Reporting Period, MCO Name, and Report Run Date must be entered in the fields provided at the very top left corner of the first worksheet in the Report. Using the format illustrated below, enter the start and end dates for the Reporting Period. Enter the MCO's name. Using the format illustrated below, enter the Report Run Date. The Report Run Date refers to the date that the data was retrieved from the MCO's system. All dates and the MCO name entered on the first worksheet will automatically populate the top of all other worksheets in the report.

Reporting Period	MM/DD/YYYY	through	MM/DD/YYYY
MCO Name	MCO's Name		
Report Run Date	MM/DD/YYYY		

Attestation and Penalties

The MCO shall ensure that all data is accurate and appropriately formatted in each of the tabs prior to submitting the Report. Per Sections 4.21 and 7.3 of the Medicaid Managed Care Services Agreement, failure to submit accurate reports and/or failure to submit properly formatted reports may result in monetary penalties of $5,000 per report, per occurrence.

The MCO shall include a signed Centennial Care Report Attestation Form with each Report submitted. Failure to submit a signed attestation form by the Report due date will result in the entire Report being late. Per Sections 4.21 and 7.3 of the Medicaid Managed Care Services Agreement, failure to submit timely reports may result in monetary penalties of $1,000 per report, per calendar day. The $1,000 per calendar day damage amounts will double every ten calendar days.

Related Contract Requirements

1. Section 4.11.2 – Provider Services Call Center
2. Section 4.15.2 – Performance Standards for Member Services Line/Queue
3. Section 4.21 – Reporting Requirements
4. Section 7.3 – Failure to Meet Agreement Requirements

Definitions

Calls Received	A call that is received by the automatic call distributor (ACD) between 8:00 A.M. – 5:00 P.M. MST weekdays (excluding defined holidays). These calls are then either answered by a resource (handled) or abandoned.
Calls Answered	A call that is answered by an employee as opposed to being blocked or abandoned.
Abandoned Call	A call that has been offered into the telephone system, but is terminated by the person placing the call before any conversation happens. Calls that are terminated at any point after the call enters the queue are considered abandoned.

Centennial Care Reporting Instructions
Call Center – Report #2

Average Speed of Answer	The average wait in queue experienced by all callers to an ACD group. It includes both calls delayed and those answered immediately in the calculation.
Average Wait Time	Average wait time experienced only by those callers who are placed in the queue to await answer by a live person. Data must be provided in minutes (e.g., 1 minute 30 seconds must be expressed as 1.5 minutes).
Average Talk Time	The average amount of time it takes to handle a call from initial contact to completion. This does not include after-contact work time. Data must be provided in minutes (e.g., 1 minute 30 seconds must be expressed as 1.5 minutes).
Outbound Calls	In the context of this report, a return call initiated by a nurse or care coordinator to a member whose call could not be answered during a warm transfer to the nurse advice line.
Warm Transfer	A telecommunications mechanism in which the person answering the call facilitates the transfer to a third party, announces the caller and issue, and remains engaged as necessary to provide assistance.

Section I: Summary

This worksheet captures the MCO's performance regarding call center contract standards for member services, nurse advice line, provider services, and utilization management (UM) line. Except for entering the reporting period, the MCO name, and the report run date on the top portion of the worksheet, data entry is not required on this worksheet because it is auto-populated based on data captured in Sections IV, V, VI, and VII of this report. Please note that the cells are formatted so that compliance and noncompliance with standards is easily identified by green and red cells, respectively.

Section II: Analysis

Before entering data in the workbook, ensure that the "Analysis" tab is selected. This section of the report collects qualitative analysis regarding call centers, including specialty units, special-trained calls center staff, or Major Subcontractors. Please respond to the following questions for each call center, including any outsourced call center (if applicable), taking into consideration the data reported for the reporting period. For each question, identify any changes compared to previous reporting periods and trends over time and provide an explanation of the identified changes. Additionally, describe any action plans or performance improvement activities addressing any negative changes found during the current reporting period or previous reporting periods. Address how successful past efforts have been in terms of influencing trends or addressing negative changes.

1. Provide a list and confirmation that all outsourced call center data, from HSD approved use of specialty units, specially-trained call center staff, or major subcontractors (e.g., pharmacy, dental, transportation, vision, etc.), in accordance with 4.11 and 4.15 of the Medicaid Managed Care Services Agreement, has been integrated into this report under the appropriate MCO call center lines.

2. Explain any staffing changes that have occurred. What languages do bilingual agents speak? Discuss how the current reporting period's data compares to data from previous reporting periods.

3. Aside from "other", which call type had the highest number of calls? Is this the call type that had the highest number of calls last reporting period? Please provide an analysis regarding call types, including significant changes or trends in *call volume*. Discuss how the current reporting period's data compares to data from previous reporting periods.

4. For the warm transfers from Member Services to outside sources (e.g., community resources, provider offices, etc.), identify the top five outside sources. Refer to Row 54 in the Member Services tab.

5. For the warm transfers from Nurse Advice Line to outside sources (e.g., community resources, provider offices, etc.), identify the top five outside sources. Refer to Row 23 in the Nurse Advice Line tab.

6. If member services call center standards for percent of abandoned calls, calls answered within 30 seconds, average wait time, or voicemails returned by next business day were not met, please provide an explanation. Discuss how the current reporting period's data compares to data from previous reporting periods.

7. If nurse advice line call center standards for percent of abandoned calls, calls answered within 30 seconds, or average wait time were not met, please provide an explanation. Discuss how the current reporting period's data compares to data from previous reporting periods.

8. If provider services call center standards for percent of abandoned calls, calls answered within 30 seconds, average wait time, or voicemails returned by next business day were not met, please provide an explanation. Discuss how the current reporting period's data compares to data from previous reporting periods.

9. If UM line call center standards for percent of abandoned calls, calls answered within 30 seconds, or average wait time were not met, please provide an explanation. Discuss how the current reporting period's data compares to data from previous reporting periods.

Section III: Staffing and Member Call Types

Before entering data in the workbook, ensure that the "Staffing and Mbr Call Types" tab is selected. This section of the report captures information regarding staff available to assist callers and the types of calls received.

Call Center Staffing

This section of the report captures information regarding the number of full time-equivalent (FTE) employees staffed in each of the call centers (queues). Enter data for each month listed in the worksheet. Please note that the information captured in this section is not used as a performance measure. The information is used to compare staffing to call center metrics in order to determine whether there should be a change in the number of staff.

Centennial Care Reporting Instructions
Call Center – Report #2

Row Header	Row Number	Description
Member Services	8	The number of agents (FTEs) that are available to assist callers in the member services line as of the last day of the reporting period.
Provider Services	9	The number of agents (FTEs) that are available to assist callers in the provider services line as of the last day of the reporting period.
Cross-trained Staff (Member Services and Provider Services)	10	The number of agents (FTEs) cross-trained to assist callers in both the member services and provider services lines as of the last day of the reporting period.
UM Line	11	The number of agents (FTEs) that are available to assist callers in the UM line as of the last day of the reporting period.
Nurse Advice Line	12	The number of registered nurses, physician assistants, nurse practitioners, or medical doctors providing triage/nurse advice services as of the last day of the reporting period.
Bilingual Agents - Member Services	13	The number of bilingual agents (FTEs) that are available to assist callers in the member services line as of the last day of the reporting period.
Bilingual Agents - Provider Services	14	The number of bilingual agents (FTEs) that are available to assist callers in the provider services line as of the last day of the reporting period.

Member Services Call Types

This section captures information regarding the different member call types handled by call center agents in the member services line. The State may change the call categories to address current needs. At this time, the call types listed in the table below must be tallied. For each call type, enter the number of calls received in the member services line during the reporting period. Include all call types even if a member has more than one call type issue.

Row Header	Row Number	Description
Medicaid Cards	19	Request for new ID card; member never received ID card; information is incorrect on the ID card.
Switch Enrollment Request	20	Request to change MCO.
Complaint	21	Any type of complaint regardless of whether it was resolved on the call.
Provider Change	22	Request to change primary care provider.

Centennial Care Reporting Instructions
Call Center – Report #2

Row Header	Row Number	Description
Transportation	23	Request for transportation, questions about transportation service.
Provider Referrals	24	Request for a referral to a provider or request information about the network.
Eligibility	25	Request to verify eligibility.
Other	26	Reasons for calling other than the reasons listed above.
Total for All Call Types	27	The sum of all call types, calculated by adding the number for each call type in Rows 19 through 26. Data entry is not required in this field. The total row for all call types (Row 27) must be greater than or equal to the number of calls answered for all queues (Row 28).
Number of Calls Answered - All Queues	28	The total number of calls answered by a live voice in all queues. Data entry is not required in this field because it is automatically populated based on the data in Row 19 of the Member Services tab. The total row for all call types (Row 27) must be greater than or equal to the number of calls answered for all queues (Row 28).
Number of IVR Calls	29	The number of calls handled through an interactive voice response (IVR) system (or similar automated system) in which the member did not speak to a live agent.

Section IV: Member Services

Before entering data in the workbook, ensure that the "Member Services" tab is selected. This section of the report captures call center data for the member services information line. Metrics shall be reported separately for the member services information line and the nurse triage/nurse advice line/queue. Call center data must be provided separately for the English language queue, Spanish language queue, and Native American language queue. The "other" category is provided in the event the MCO offers a fourth language option.

Row Header	Row Number	Description
Number of Calls Received – English	6	The number of calls received in the English queue.
Number of Calls Answered – English	7	The number of calls answered by a live voice in the English queue.

Centennial Care Reporting Instructions
Call Center – Report #2

Row Header	Row Number	Description
Number of Abandoned Calls – English	8	The number of calls received in the English queue minus number of calls answered (English queue). Data entry is not required in this field.
Number of Calls Received – Spanish	9	The number of calls received in the Spanish queue.
Number of Calls Answered – Spanish	10	The number of calls answered by a live voice in the Spanish queue.
Number of Abandoned Calls – Spanish	11	The number of calls received in the Spanish queue minus number of calls answered (Spanish queue). Data entry is not required in this field.
Number of Calls Received – Native Languages	12	The number of calls received in the Native Languages queue.
Number of Calls Answered – Native Languages	13	The number of calls answered by a live voice in the Native Languages queue.
Number of Abandoned Calls – Native Languages	14	The number of calls received in the Native Languages queue minus number of calls answered (Native Languages queue). Data entry is not required in this field.
Number of Calls Received – Other	15	The number of calls received in a queue other than English, Spanish, or Native languages.
Number of Calls Answered – Other	16	The number of calls answered by a live voice in a queue other than English, Spanish, or Native languages.
Number of Abandoned Calls – Other	17	The number of calls received in a queue other than English, Spanish, or Native languages minus number of calls answered in a queue other than English, Spanish, or Native languages. Data entry is not required in this field.
Number of Calls Received – All Queues	18	The total number of calls received in all queues. Data entry is not required in this field.
Number of Calls Answered – All Queues	19	The total number of calls answered by a live voice in all queues. Data entry is not required in this field.
Number of Abandoned Calls – All Queues	20	The total number of calls received minus total number of calls answered. Data entry is not required in this field.
Percent of Calls Abandoned – All Queues	22	The total number of calls abandoned divided by the total number of calls received. Data entry is not required in this field.

Centennial Care Reporting Instructions
Call Center – Report #2

Row Header	Row Number	Description
Contract Standard: Abandonment Rate	23	The contract standard for percent of calls abandoned. The abandonment rate cannot exceed 5%. Data entry is not required in this field.
Number of Calls Answered within 30 Seconds – English	25	The number of calls in the English queue that were answered within 30 seconds by a live voice.
Number of Calls Answered within 30 Seconds – Spanish	26	The number of calls in the Spanish queue that were answered within 30 seconds by a live voice.
Number of Calls Answered within 30 Seconds – Native Languages	27	The number of calls in the Native Languages queue that were answered within 30 seconds by a live voice.
Number of Calls Answered within 30 Seconds – Other	28	The number of calls in a queue other than English or Spanish that were answered within 30 seconds by a live voice.
Number of Calls Answered within 30 Seconds – All Queues	29	The total number of calls that were answered within 30 seconds by a live voice. Data entry is not required in this field.
Percent of Calls Answered within 30 Seconds – All Queues	30	The total number of calls that were answered within 30 seconds by a live voice divided by the total number of calls answered. Data entry is not required in this field.
Contract Standard – Percent of Calls Answered within 30 Seconds	31	The contract standard for percent of calls answered by a live voice within 30 seconds. At least 85% of calls must be answered within 30 seconds. Data entry is not required in this field.
Average Wait Time (in min) – English	33	The sum of the amount of time that all answered calls in the English queue waited before they were connected to a live agent divided by the total number of calls answered (English queue). Data must be provided in minutes (e.g., 1 minute 30 seconds must be expressed as 1.5 minutes).
Average Wait Time (in min) – Spanish	34	The sum of the amount of time that all answered calls in the Spanish queue waited before they were connected to a live agent divided by the total number of calls answered (Spanish queue). Data must be provided in minutes (e.g., 1 minute 30 seconds must be expressed as 1.5 minutes).
Average Wait Time (in min) – Native Languages	35	The sum of the amount of time that all answered calls in the Native Languages queue waited before they were connected to a live agent divided by the total number of calls answered (Native Languages queue). Data must be provided in minutes (e.g., 1

Row Header	Row Number	Description
		minute 30 seconds must be expressed as 1.5 minutes).
Average Wait Time (in min) – Other	36	The sum of the amount of time that all answered calls in the Other queue waited before they were connected to a live agent divided by the total number of calls answered in the Other queue. Data must be provided in minutes (e.g., 1 minute 30 seconds must be expressed as 1.5 minutes).
Average Wait Time (in min) – All Queues	37	The sum of the amount of time that all answered calls waited before they were connected to a live agent divided by the total number of calls answered.
Contract Standard: Average Wait Time (in min)	38	The contract standard for average wait time. The average wait time is calculated from the time a call is received until the time a live voice answers the call. Average wait time for assistance must not exceed 2 minutes. Data entry is not required in this field.
Average Talk Time (in min) - English	40	The sum of the duration of all answered calls in the English queue divided by the total number of calls answered (English queue).
Average Talk Time (in min) - Spanish	41	The sum of the duration of all answered calls in the Spanish queue divided by the total number of calls answered (Spanish queue).
Average Talk Time (in min) – Native Languages	42	The sum of the duration of all answered calls in the Native Languages queue divided by the total number of calls answered (Native Languages queue).
Average Talk Time (in min) - Other	43	The sum of the duration of all answered calls in the Other queue divided by the total number of calls answered (Other queue).
Average Talk Time (in min) – All Queues	44	The sum of the duration of all answered calls divided by the total number of calls answered.
Number of Voicemails Received	46	The number of messages received from members and other callers.
Number of Voicemails Returned	47	Of the number of voicemails received (Row 46), the number of messages for which a return (outbound) call was made.
Number of Voicemails Returned by Next Business Day	48	Of the number of voicemails returned (Row 47), the number of messages for which a return (outbound) call was made by the next business day.

Centennial Care Reporting Instructions
Call Center – Report #2

Row Header	Row Number	Description
Percent of Voicemails Returned by Next Business Day	49	The percent of messages for which a return (outbound) call was made by the next business day. Data entry is not required in this field.
Contract Standard: Percent of Voicemails Returned by Next Business Day	50	The contract standard for percent of voicemails returned by the next business day. 100% of voicemails must be returned by the next business day. Data entry is not required in this field.
Number of Warm Transfers from Member Services to Care Coordination	52	The number of calls that were transferred through a warm transfer from the member service line to the care coordination unit.
Number of Warm Transfers from Member Services to Nurse Advice Line	53	The number of calls that were transferred through a warm transfer from the member service line to the nurse advice line.
Number of Warm Transfers from Member Services to Outside Sources	54	The number of calls transferred through a warm transfer from the member services line to an outside source.
Number of Transfers that were Not Warm for which a Call had to be Returned within 30 Minutes	55	The number of calls requiring a warm transfer from member services to care coordination for which a care coordinator was not available at the time of transfer and a return call was needed.

Section V: Nurse Advice Line

Before entering data in the workbook, ensure that the "Nurse Advice Line" tab is selected. This section of the report captures call center data for the nurse advice line. Metrics shall be reported separately for the member services information line and the nurse triage/nurse advice line/queue. The Nurse Advice Line must be available 24/7.

Row Header	Row Number	Description
Number of Calls Received	6	The number of calls received in all queues.
Number of Calls Answered	7	The number of calls answered by a live voice in all queues.
Number of Abandoned Calls	8	Total number of calls received in the minus number of calls answered. Data entry is not required in this field.
Percent of Calls Abandoned	10	The number of calls abandoned divided by the number of calls received. Data entry is not required in this field.
Contract Standard: Abandonment Rate	11	The contract standard for percent of calls abandoned. The abandonment rate cannot exceed 5%. Data entry is not required in this field.

Centennial Care Reporting Instructions
Call Center – Report #2

Row Header	Row Number	Description
Number of Calls Answered within 30 Seconds	13	The number of calls that were answered within 30 seconds by a live voice.
Percent of Calls Answered within 30 Seconds	14	The number of calls that were answered within 30 seconds by a live voice divided by the total number of calls answered. Data entry is not required in this field.
Contract Standard: Percent of Calls Answered within 30 Seconds	15	The contract standard for percent of calls answered by a live voice within 30 seconds. At least 85% of calls must be answered within 30 seconds. Data entry is not required in this field.
Average Wait Time (in min)	17	The sum of the amount of time that all answered calls waited before they were connected to a live agent divided by the total number of calls answered.
Contract Standard: Average Wait Time (in min)	18	The contract standard for average wait time. The average wait time is calculated from the time a call is received until the time a live voice answers the call. Average wait time for assistance must not exceed 2 minutes. Data entry is not required in this field.
Average Talk Time (in min)	20	The sum of the length of all answered calls divided by the total number of calls answered.
Number of Warm Transfers from Nurse Advice Line to Care Coordination	21	The number of calls that were transferred through a warm transfer from the nurse advice line to the care coordination unit.
Number of Transfers that were Not Warm for which a Call had to be Returned within 30 Minutes	22	The number of calls requiring a warm transfer from the nurse advice line to care coordination for which a care coordinator was not available at the time of transfer and a return call was needed.
Number of Warm Transfers from Nurse Advice Line to Outside Sources	23	The number of calls transferred through a warm transfer from a care coordinator or the nurse advice line to an outside source.
Number of Outbound Calls Initiated by a Nurse or Care Coordinator	24	The number of outbound calls initiated by a nurse or care coordinator to a member whose call could not be answered during a warm transfer to the nurse advice line or care coordination unit. The number of outbound calls (Row 24) must be greater than or equal to the number of transfers that were not warm for which a call had to be returned within 30 minutes (Row 22).

Centennial Care Reporting Instructions
Call Center – Report #2

Section VI: Provider Services

Before entering data in the workbook, ensure that the "Provider Services" tab is selected. This section of the report captures call center data for the provider services line.

Row Header	Row Number	Description
Number of Calls Received	6	The total number of calls received in all queues.
Number of Calls Answered	7	The total number of calls answered by a live voice in all queues.
Number of Abandoned Calls	8	Total number of calls received in the minus number of calls answered. Data entry is not required in this field.
Percent of Calls Abandoned	10	The number of calls abandoned divided by the number of calls received. Data entry is not required in this field.
Contract Standard: Abandonment Rate	11	The contract standard for percent of calls abandoned. The abandonment rate cannot exceed 5%. Data entry is not required in this field.
Number of Calls Answered within 30 Seconds	13	The total number of calls that were answered within 30 seconds by a live voice.
Percent of Calls Answered within 30 Seconds	14	The total number of calls that were answered within 30 seconds by a live voice divided by the total number of calls answered. Data entry is not required in this field.
Contract Standard: Percent of Calls Answered within 30 Seconds	15	The contract standard for percent of calls answered by a live voice within 30 seconds. At least 85% of calls must be answered within 30 seconds. Data entry is not required in this field.
Average Wait Time (in min)	17	The sum of the amount of time that all answered calls waited before they were connected to a live agent divided by the total number of calls answered.
Contract Standard: Average Wait Time (in min)	18	The contract standard for average wait time. The average wait time is calculated from the time a call is received until the time a live voice answers the call. Average wait time for assistance must not exceed 2 minutes. Data entry is not required in this field.
Average Talk Time (in min)	20	The sum of the length of all answered calls divided by the total number of calls answered.
Number of Voicemails Received	22	The number of messages received from providers.

Centennial Care Reporting Instructions
Call Center – Report #2

Row Header	Row Number	Description
Number of Voicemails Returned	23	Of the number of voicemails received (Row 22), the number of messages for which a return (outbound) call was made.
Number of Voicemails Returned by Next Business Day	24	Of the number of voicemails returned (Row 23), the number of messages for which a return (outbound) call was made by the next business day.
Percent of Voicemails Returned by Next Business Day	25	The percent of messages for which a return (outbound) call was made by the next business day. Data entry is not required in this field.
Contract Standard: Percent of Voicemails Returned by Next Business Day	26	The contract standard for percent of voicemails returned by the next business day. 100% of voicemails must be returned by the next business day. Data entry is not required in this field.

Section VII: Utilization Management (UM) Line

Before entering data in the workbook, ensure that the "UM Line" tab is selected. This section of the report captures call center data for the utilization management line.

Row Header	Row Number	Description
Number of Calls Received	6	The total number of calls received in all queues.
Number of Calls Answered	7	The total number of calls answered by a live voice in all queues.
Number of Abandoned Calls	8	The total number of calls that were received and that were disconnected before the call was answered by a live voice. Data entry is not required in this field.
Percent of Calls Abandoned	10	The number of calls abandoned divided by the number of calls received. Data entry is not required in this field.
Contract Standard: Abandonment Rate	11	The contract standard for percent of calls abandoned. The abandonment rate cannot exceed 5%. Data entry is not required in this field.
Number of Calls Answered within 30 Seconds	13	The total number of calls that were answered within 30 seconds by a live voice.
Percent of Calls Answered within 30 Seconds	14	The total number of calls that were answered within 30 seconds by a live voice divided by the total number of calls answered. Data entry is not required in this field.

Centennial Care Reporting Instructions
Call Center – Report #2

Row Header	Row Number	Description
Contract Standard: Percent of Calls Answered within 30 Seconds	15	The contract standard for percent of calls answered by a live voice within 30 seconds. At least 85% of calls must be answered within 30 seconds. Data entry is not required in this field.
Average Wait Time (in min)	17	The sum of the amount of time that all answered calls waited before they were connected to a live agent divided by the total number of calls answered.
Contract Standard: Average Wait Time (in min)	18	The contract standard for average wait time. The average wait time is calculated from the time a call is received until the time a live voice answers the call. Average wait time for assistance must not exceed 2 minutes. Data entry is not required in this field.
Average Talk Time (in min)	20	The sum of the length of all answered calls divided by the total number of calls answered.