

20.15 - Beneficiary Customer Service Call Center Requirements

(Rev.6, Issued: 11-07-08, Effective/Implementation: 11-07-08)

CMS has granted a waiver of the Part D beneficiary customer service call center hour requirements for all Direct Contract and “800 series” EGWPs offered by PDP sponsors. See Addendum 2 - Customer Service Call Center Requirements of the Medicare Marketing Guidelines (as revised 7/25/06). These entities will be allowed to operate beneficiary customer service call center hours for their employer/union group health plan only enrollees that differ from the Part D requirements for plans offered to individual beneficiaries. These entities must ensure that a sufficient mechanism is available to respond to beneficiary inquiries and must provide customer service call center services to these Part D eligibles during normal business hours. However, CMS may review the adequacy of these call center hours and potentially require expanded beneficiary customer service call center hours in the event of beneficiary complaints or for other reasons in order to ensure that the entity’s customer service call center hours are sufficient to meet the needs of its enrollee population. Also, CMS has granted a waiver of the Part D call center performance requirements for all Direct Contract and “800 series” EGWPs.

