

50.9 - Beneficiary Customer Service Call Center Requirements

(Rev. 111, 05-03-13, Effective: 05-03-13, Implementation: 05-03-13)

CMS has granted a waiver of the beneficiary customer service call center hour requirements for all Direct Contract and “800 series” EGWPs offered by MAOs. 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 requirements for plans offered to individual beneficiaries listed in 42 CFR 422.111h(1). These entities must ensure that a sufficient mechanism is available to respond to beneficiary inquiries and must provide customer service call center services to Medicare beneficiaries 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 enrollees.