# Compass MED D - Late Enrollment Penalty (LEP) Verbal Attestations, Reconsideration Requests and Appeals

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**Description:** This document assists the CCR with MED D Late Enrollment Penalty (LEP) Verbal Attestations, Reconsideration Requests and/or Appeals.

* The CCR should encourage the beneficiary to attest to creditable coverage if they are calling within the 90 days from the date on the top of the Attestation letter.
* If the beneficiary was assessed a LEP, they should attest to any creditable coverage dates if they are calling within the 90 days from the date on the top of the Attestation letter.
* The CCR should only provide the information to appeal if the beneficiary is calling after the 90 days or if the beneficiary does not agree with the LEP assessed.

 **Do NOT under any circumstances refer the beneficiary to Medicare.**

For Blue MedicareRx (NEJE), refer to [MED D - Blue MedicareRx (NEJE) - Late Enrollment Penalty (LEP) Attestation and Appeals](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=deabaf1a-b593-452b-bc84-d92824583959).

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| General Information – What is the Late Enrollment Penalty (LEP)? |

An LEP is assessed to beneficiaries enrolling in a Part D plan when they did not maintain creditable prescription drug coverage over a continuous period of sixty-three (63) days or longer where all of the following conditions were met:

The individual:

* Was eligible to enroll in a Part D plan.
* Was not covered under any creditable prescription drug coverage as showing in MARx.
* Was not enrolled in a Part D plan as showing in MARx.
* Was not incarcerated or living out of the country when they qualified for Part D.
* Is not eligible for Low Income Subsidy.

**Notes:**

* Low Income Subsidy eligible beneficiaries are **not** subject to a penalty.
* When the beneficiary is completing the attestation, the beneficiary is not required to provide additional proof.

For more information, refer to: [MED D - SilverScript Late Enrollment Penalty FAQ](file:///C:\Users\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\40ZZSJWS\CMS-PCP1-019093).

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| Beneficiary Reason for Calling |

* If the beneficiary is calling **within 90 days** and they have creditable coverage, we should accept the verbal attestation.
* If it is **greater than 90 days** and they either had or did not have creditable coverage, they will need to file an appeal.

Proceed to an appropriate section based on the reason the beneficiary (or third party) is calling.

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| **If the caller…** | **Then…** |
| Requests to attest to creditable coverage | Proceed to [Confirm LEP Attestation Letter in OneClick](#_Confirm_LEP_Attestation). |
| Has questions regarding their assessed LEP | Proceed to [Confirm LEP Attestation Letter in OneClick](#_Confirm_LEP_Attestation). |
| Does not agree with the LEP amount assessed | Proceed to [Reconsideration Request or Appeals](#_Determining_Whether_to_1). |
| Requests a Reconsideration Request form | Proceed to [Reconsideration Request or Appeals](#_Determining_Whether_to_1). |

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| Checking if a Beneficiary is Assessed a LEP in Compass |

Perform the following:

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| **Step** | **Action** |
| **1** | From Member Snapshot Landing Page in Compass, click the Medicare D Landing Page.  **Notes:**   * The Medicare D Landing Page holds detail for clients with facets eligibility or SSI PDP, SSI EGWP, and NEJE. * For clients which Caremark **does not** handle/process MED D enrollment, refer to the client CIF for further direction.     Proceed to the next step. |
| **2** | From the **Premium Details** section, review the **Uncovered Months** and **Participant Penalty** fields. (Click the chevron arrow to expand/collapse each section.)   * Inform the beneficiary of the LEP amount being applied to their premium. |

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| Confirm LEP Attestation Letter in OneClick |

The CCR should check OneClick to confirm the beneficiary was issued an LEP Attestation letter by the plan.

Perform the following:

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| **Step** | **Action** |
| **1** | Review the LEP Attestation letter sent to the beneficiary (DLEP).   * From the Medicare D Landing Page, click the **Last 12 months of Communications** hyperlink accessible in the **Medicare D Quick Actions** panel to review the DLEPL letter.     **Result:** |
| **2** | Proceed to [Determining if Request is Timely or Untimely in RxEnroll Care](#_Beneficiary_Contacts_After). |
| **3** | If the CCR cannot locate the letter in OneClick, the beneficiary may have been assessed an LEP from their prior Part D plan. Refer to [If LEP Letter Was Sent by Prior Plan](#_If_LEP_Letter). |

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| Determining if Request is Timely or Untimely in RxEnroll Care |

* If the beneficiary is calling **within 90 days** and they have creditable coverage, we should accept the verbal attestation.
  + The CCR should encourage the beneficiary to attest to creditable coverage if they are calling within the 90 days from the date on the top of the Attestation letter.
* RxEnroll Care will use dates on the LEP Attestation Letter to determine if the request is timely or untimely.

Perform the following steps:

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| **Step** | **Action** | | | | |
| **1** | From theMedicare D Landing Page in Compass, navigate to the **Medicare D Quick Actions** panel and click the **RxEnroll Care** hyperlink.    **Notes:**   * If there are additional tasks listed under **Action Areas**, reference the appropriate work instruction to resolve the task for the beneficiary before ending the call. * If RxEnroll Care is unavailable proceed to [Compass MED D - RxEnroll Care Downtime Procedures - Late Enrollment Penalty (LEP) Attestations and Appeals](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0b25ac2f-b6d1-4004-8942-b7d2f612f19d). | | | | |
| **If…** | | **Then…** | | |
| The beneficiary has a pending LEP | | Select **LEP** under Action Areas.    Proceed to the next step. | | |
| There is no LEP pending | | Select **ENROLLMENT CHANGES** under the Menu on the left side of the screen and click on **LEP Attestation**.      Proceed to the next step. | | |
| **2** | Review the message displayed under **LEP Attestation** to determine if the beneficiary is submitting a timely attestation. Then follow the prompts provided in the RxEnroll Care application. | | | | |
| **If…** | | **Then…** | | |
| Timely (within the 90-day window) | | **And the person attesting is the...** | | **Then...** |
| Beneficiary | | Proceed to the Step 3 Accepting Verbal Attestation in RxEnroll Care . |
| Authorized Representative or Power of Attorney | | Review the **Authorized Rep** field.    If the caller is someone other than the beneficiary or a POA listed under POA/Authorized Rep Details. The system will require the following information be collected from the caller: Name, Address, City, State, Zip, Phone and Relationship.  **Note:** You must check the **Legal Rep Attestation** box and read the Legal Rep Attestation message to the caller to confirm they are authorized to act on behalf of the beneficiary. The caller must attest to proceed with submitting the attestation.  If the legal representative does not have the appropriate information for verbal attestation, advise the caller to fill out the **Declaration of Prior Prescription Drug Coverage** form that was previously mailed to the beneficiary. Mail to:  **SilverScript**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **OR fax to: SilverScript Bizfax at 866-552-6205**  Proceed to Step 3. |
| Ship Counselor | | Refer to [Compass MED D - SHIP Counselor Calls For CVS Caremark Part D Plans](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5507bbf1-230b-45ae-bf6b-923dcd16b4cf).  Proceed to the next step. |
| Not permitted to attest | | If the caller is not permitted to attest on behalf of the beneficiary for any reason, leave comments explaining the scenario and complete the task by clicking the Submit button. |
| Untimely (contact after the 90-day window  **OR**  The beneficiary is calling after the 90 days or if the beneficiary does not agree with the LEP assessed and does not have creditable coverage. | | Proceed to LEP [Reconsideration Requests or Appeals)](#_Determining_Whether_to_1) | | |
| **3** | Accepting [Verbal Attestations in RxEnroll Care](#_Toc201837743):  Determine if the beneficiary had creditable prescription drug coverage for the LEP gap dates in question by reading the prompt under **Coverage Confirmation**. | | | | |
| **If the caller answer is…** | **Then…** | | | |
| Yes, the beneficiary has creditable prescription drug coverage | I can assist you with filling out the form you received by mail or you may submit your attestation verbally over the phone. Would you like me to complete a verbal attestation today?  Check **Yes** if the beneficiary has coverage for the dates shown under Coverage Confirmation.  **Note:** If the beneficiary was residing outside of the country/service area OR if the beneficiary was incarcerated during the dates in their letter, this time span should be entered as creditable prescription drug coverage with coverage type other. Clearly notate Compass and RxEnroll Care to indicate the beneficiary should not be assessed an LEP during a timeframe that they did not qualify for enrollment in a Part D plan. | | | |
| **If...** | | **Then...** | |
| Yes | | Proceed to the **Step 4**. | |
| No | | Enter the following comment in the pop-up box: “Beneficiary will mail in an attestation and declined to verbally attest.”  Advise the caller that the **Declaration of Prior Prescription Drug Coverage** form that was previously sent to the beneficiary should be mailed to:  **SilverScript**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **OR faxed to: SilverScript Bizfax at 866-552-6205**  Click **Submit**. | |
| No, the beneficiary does not have creditable prescription drug coverage | Check **No** if the beneficiary does not have coverage for the dates shown under Coverage Confirmation.     * <Beneficiary’s name> do you attest that the information that you have provided is true and correct to the best of your knowledge? * Therefore, do I have your authorization to submit your Attestation information for review? * Thank you, <Beneficiary’s name> we at <SilverScript> will forward the information for review. Once we receive the decision, we (the plan) will send you a written notification regarding the decision. You will receive a letter to inform you of the final outcome. | | | |
| **If...** | | **Then...** | |
| Yes | | * Enter the following Comments in the pop-up box: “Beneficiary attests that all information provided is true and correct.” * If needed provided Legal Rep or POA (Full name, address, phone number, and relationship to the beneficiary). * Click **Submit**. | |
| No | | * The attestation cannot be submitted. The request can be stopped by clicking **Cancel**. * Enter the following Comments in the pop-up box: “Beneficiary cannot attest that all information provided is true and correct.” * If needed, provide Legal Rep or POA (Full name, address, phone number, and relationship to the beneficiary). | |
| **4** | Follow the prompts provided on the screen to obtain the information being requested to complete the attestation:  **Ask the beneficiary**:   * + Did you have creditable prescription drug coverage during the timeframe included in your letter?   + What was the start date for your coverage?   + What was the end date for your coverage?   + What was the type of coverage?   + What was the name of your plan or your employer that provided the plan?     For each span of coverage being reported by the caller:   * Record the Creditable Coverage Start date using the calendar icon. * Record the Creditable Coverage End date using the calendar icon. * Choose the type of coverage from the drop-down menu and complete any additional questions for the coverage   + Employer/Union/FEHBP plan   + I have/had extra help from Medicare to pay for prescription drug coverage   + Impacted by Hurricane Katrina (in 2005) & joined a Medicare prescription drug plan prior to 12/31/06     - Name of parish is required in the Prior Plan field.   + Indian Health Services, Tribe or Tribal organization coverage   + Medicaid, SPAP or other state sponsored plan   + Medigap Supplemental policy with credible drug coverage   + Other creditable prescription drug coverage * Record the Prior Plan or Employer name if required based on the type of coverage selection.   **Note:** To add additional spans of coverage, use the [+] icon to the right of the screen.  **Example**       * Click the **Calendar icon** next to the date field. * Select the year that coverage began/ended by clicking on the **Month/Year** at the top of the calendar.     **Note:** Use the arrows to move the range of years.   * Select the **month** that coverage began/ended.      * Select the **day of the month** provided by the beneficiary. * If the beneficiary only knows the month and year, select the **1st day of the month** for the **start** and the **last day of the month** for the **end.**   **Result:** The date will populate in the date field.  If the beneficiary is attesting that their coverage started in a year prior to the gap dates shown on the Coverage Details Screen, it is acceptable to use the start month/year of the Gap Start Date (shown below) as the Coverage Start Date.    When all spans of creditable coverage are entered, click on **Next** to proceed to the Confirm Attestation Screen.  Proceed to the next step. | | | | |
| **5** | CCR will advise the beneficiary that they have entered the information and will now confirm the attestation.    I am now going to finalize your attestation. You will need to provide your agreement with the information that I read.   * (Beneficiary Name) do you attest that the information that you have provided is true and correct to the best of your knowledge? * Therefore, do I have your authorization to submit your Attestation information for review?   If caller agrees with the attestation: Select **Yes**.   * In the **Comments** section, document any additional details provided by the beneficiary or indicate no additional details were provided.   If caller does not agree with the attestation: Select **No**.   * In the **Comments** section, document the reason provided by the beneficiary.       Click **Submit**.  Thank you, (Beneficiary’s Name), we at <SilverScript> will forward the information for review. You will be notified of any changes to your LEP. | | | | |

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| Reconsideration Requests or Appeals |

Perform the following:

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| **Step** | **Action** | | | |
| **1** | If the beneficiary (or third party) is calling after the 90 days or if the beneficiary does not agree with the LEP assessed and does not have creditable coverage, a Reconsideration Form will need to be submitted to the Independent Review Entity (IRE) by the beneficiary or third party. The current IRE is C2C Innovative Solutions.  **Do NOT under any circumstances refer the beneficiary to Medicare.**     * We cannot process your request at this time. You should contact the Independent Review Entity, C2C Innovative Solutions, to request a review. * You will have the chance to provide proof that supports your case, like information about Creditable Prescription Drug Coverage. * Please use the following information to contact C2C.   + [https://partdappeals.c2cinc.com//](https://partdappeals.c2cinc.com/) - Click on **Part D Enrollees & Representatives** and then **Forms**.   Proceed to **Step 2**. | | | |
| **2** | You should have received a reconsideration request form with your previous LEP notice. Do you have this form? | | | |
| **If…** | **Then…** | | |
| Yes, they have the form | Close the call. | | |
| No, they need a replacement form | Click on the **Cancel** button and follow the prompts to return to the Medicare D Landing Page and exit out of the RxEnroll Care tool.    Proceed to [Step 3](#ReconStep3). | | |
| **3** | Requesting a form to be sent to a beneficiary.  Perform the following:  From the Medicare D Landing Page, click the **Member Resources**tab from the center panel. | | | |
| **4** | Review the **Member Resource Order History**section to verify that the **Resource** item has not already been requested.    **Notes:**   * “No Records Found” message displays when there is no order history. * To sort records by **Request Date** or **Resource**, click the column header. | | | |
| **5** | Navigate to the **New Member Resource Order** section located below the **Member Resource History** section and select **LEP IRE Reconsideration** from the **Resource** drop-down menu.    **Notes:**   * Resources available from the **Resource** drop-down menu are determined by client. * The **Add Resource** button is disabled until an item is selected from the **Resource** drop-down menu. * For assistance, refer to [Compass MED D - Member Resource Orders](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a2c4b14-9101-4e14-8221-652e4e6b5b8a).         Then click the **Add Resource**button.        **Result:**The selected Resource will move to the order table below. | | | |
| **6** | Verify the beneficiary’s address listed under the **Mailing Address**heading, next to the **Resource**drop-down menu.     The Mailing Address listed is the Med D mailing address on file in Facets. Updating the address on the Member Snapshot Landing Page will NOT update the Med D mailing address in Facets.     * If the beneficiary requests the item(s) be shipped to a location other than what is listed, determine who the client is. | | | |
| **If…** | | **Then…** | |
| SilverScript (x9110) or NEJE | | From the **Medicare D Quick Actions** panel on the Medicare D Landing Page, click the **RxEnroll Care** hyperlink.      **Result:**RxEnroll Care opens in a separate browser window.  Refer to the “Address Changes Using RxEnroll Care” section of [Compass Med D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183) as needed to update the Med D mailing address in RxEnroll Care.  Once address has been updated in RxEnroll Care, return to the **New Member Resource Order**section and click the**Refresh**icon to update the mailing address for the order.        Proceed to the next step. | |
| SSIC or NEJE EGWP | | Refer to the CIF to determine who handles permanent address changes that have a direct impact on Med D Enrollment and Eligibility. | |
| **If…** | **Then…** |
| Client | Follow direction provided in CIF. |
| SSI | From the **Medicare D Quick Actions** panel on the Medicare D Landing Page, click the **RxEnroll Care** hyperlink.        **Result:**RxEnroll Care opens in a separate browser window.    Refer to the “Address Changes Using RxEnroll Care” section of [Compass MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183) as needed to update the Med D mailing address in RxEnroll Care.    Once address has been updated in RxEnroll Care, return to the **New Member Resource Order** section and click the**Refresh**icon to update the mailing address for the order.        Proceed to the next step. |
| **7** | Once all requested Resources have been added and correct address confirmed, click **Submit**.      **Result:**  A green banner displays at the top with the following message: “## Medicare D resource(s) submitted successfully.” ## will be replaced with the number of resources you submitted in the order.      **Notes:**   * If submission was partially successful, the following message will display: “## Medicare D resource(s) submitted. Some of the selected items cannot be saved.” * If submission was not successful, the following message will display: “The selected Medicare D resource(s) could not be saved.” * Turn Around Time is 15 business days.   I have successfully submitted a request to be sent to you. You should receive it within 15 business days.  You will need to submit the completed form to the IRE. You will be notified of the decision by the IRE. | | | |

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| If LEP Letter Was Sent by Prior Plan |

Advise the caller to contact the IRE (C2C) and provide the information.



* We did not issue the LEP Attestation letter. It may have been issued by your prior plan.
* You should contact the Independent Review Entity, C2C Innovative Solutions, to request a review.
* Please use the following information to contact C2C.
  + [https://partdappeals.c2cinc.com//](https://partdappeals.c2cinc.com/) - Click on **Part D Enrollees & Representatives** and then **Forms**.

Once you submit the information to the IRE, a decision could take up to 90 days. You will be notified of the decision.

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| Related Documents |

* Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](file:///C:\Users\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\40ZZSJWS\TSRC-PROD-007931)
* [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)and [Compass Med D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\40ZZSJWS\CMS-2-017428)

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