# Compass MED D - RxEnroll Care Downtime Procedures - Late Enrollment Penalty (LEP) Attestations and Appeals

[General Information – What is a Late Enrollment Penalty (LEP)?](#_Toc157081035)

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**Description:** This document assists the CCR with MED D Late Enrollment Penalty (LEP) Attestations Appeals when the RxEnroll Care system is down due to maintenance.

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

An LEP is assessed to those enrolling in a Part D plan who did not maintain creditable prescription drug coverage over a continuous period of sixty-three (63) days or longer where all 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.

The beneficiary will:

* Be sent an **Attestation Letter** including a form (**Declaration of Prior Prescription Drug Coverage**) if the plan does not have a record of creditable coverage.
* Have **30 calendar days** to respond from the time the letter is sent.
* If the form is returned, but it is incomplete, the plan will attempt to obtain the information with a phone call.
  + If all of the information is not complete **by the 30th day**, a letter will be sent to the beneficiary advising that the LEP information has been submitted and an LEP will be assessed.
* The beneficiary is then **given 60 days from the “reply by” date provided on the letter** to dispute any potential LEP (**a total of 90 days from the original Attestation Letter date**).
  + If the attestation information is received after the total 90 days, then it cannot be processed by the plan and they will have to appeal directly with the Independent Review Entity, C2C Innovative Solutions. **The Plan cannot assist the beneficiary in filing this appeal.**

**Notes:**

* Low Income Subsidy eligible beneficiaries are **not** subject to a penalty.
* When the beneficiary is completing the attestation for other coverage the Plan does not require additional proof of coverage.
  + If the beneficiary, on their own initiative, provides proof of prior creditable prescription drug coverage, the plan sponsor will consider that information when determining whether the beneficiary had any gap in creditable coverage.

For more information, refer to:

* [MED D - SilverScript Late Enrollment Penalty FAQ](https://aetnao365-my.sharepoint.com/personal/michael_blondell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/40ZZSJWS/CMS-PCP1-019093)
* [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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| Identifying an LEP in Compass |

Perform the following:

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| **Step** | **Action** | | |
| **1** | Is the caller the beneficiary, POA, Legal Representative, or Ship Counselor? | | |
| **If** **the caller is…** | **Then…** | |
| Beneficiary | Proceed to the next step. | |
| Legal Representative | To review information for (Beneficiary’s Name), I need to verify that you are authorized to act on their behalf under the laws of the State in which the beneficiary resides. If asked to provide evidence of that authority to SilverScript/Blue MedicareRx (NEJE)> or Medicare, would you be able to do so? | |
| **If…** | **Then…** |
| Yes | Proceed to the next step. |
| No | Determine if the Plan has POA information on file.  Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b).  If the caller is not listed under POA/Authorized Rep Details, advise the caller to fill out the **Declaration of Prior Prescription Drug Coverage** form that was previously mailed to the beneficiary should be mailed to:  **SilverScript**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  OR fax to: **SilverScript Bizfax at 866-552-6205**  **OR**  **Blue MedicareRx**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **OR fax to: JE Fax 866-342-7048**  Blue MedicareRx (NEJE): [MED D - Blue MedicareRx (NEJE) - LEP Verbal Attestation Form](https://aetnao365-my.sharepoint.com/personal/michael_blondell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/AppData/Local/Microsoft/Windows/INetCache/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/40ZZSJWS/CMS-PRD1-104830)  **CCR Process Note:** The CCR must put detailed notes in Compass indicating that the non-authorized party is aware of the verbal attestation process. For the process of adding an alert on the Medicare D Landing Page, refer to [Compass MED D - Medicare D Alerts](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7f5d83d4-94b0-4a59-9b40-3e9ce8b08b62).  Proceed to [Closing the Call](#_Closing_the_Call). |
| 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. | |
| **2** | From the Member Snapshot Landing Page in Compass, navigate to the Medicare D Landing Page.  **Notes:**   * The Medicare D Landing Page holds detail only for **SilverScript** 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. | | |
| **3** | From the **Premium Details** section, review the **Uncovered Months** and **Participant Penalty** fields.   * Inform the beneficiary of the LEP amount being applied to their premium.     Proceed to the next step. | | |
| **4** | Identify the reason the beneficiary (or third party) is calling. | | |
| **If the caller…** | **Then…** | |
| Needs to attest to coverage or questions their LEP | Proceed to [Review LEP Letters in OneClick](#_Review_LEP_Letters). | |
| References a letter regarding their LEP | Proceed to [Review LEP Letters in OneClick](#_RxEnroll_Care_Downtime_1). | |
| Refers to a reconsideration request or needs a duplicate form | Proceed to [Reconsideration Requests (LEP Appeals)](#_Reconsideration_Requests_(LEP). | |
| Has no further questions | Proceed to [Closing the Call](#_Closing_the_Call). | |

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| Review LEP Letters in OneClick |

Perform the following:

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| **Step** | **Action** | | | | |
| **1** | Review the LEP letter sent to the beneficiary (DLEP).   * From the Medicare D Landing Page, navigate to the **Quick Actions** panel, click the **Last 12 Months of Communications** hyperlink to view the DLEPL letter.     **Result:**    Verify if the beneficiary is contacting the plan **within 90 days** from when the **Attestation letter** was sent.   * This is calculated by adding 60 days to the reply by date.   **Example:** | | | | |
| **If** **the caller is…** | **Then…** | | | |
| Beneficiary | Proceed to the next step. | | | |
| Legal representative | To process an attestation for (Beneficiary’s Name), I need to verify that you are authorized to act on their behalf under the laws of the State in which the beneficiary resides. If asked to provide evidence of that authority to <SilverScript/Blue MedicareRx (NEJE)> or Medicare, would you be able to do so? | | | |
| **If…** | **Then…** | | |
| Yes | Proceed to the next step. | | |
| No | Determine if the Plan has POA information on file.  Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b).  If the caller is not listed under POA/Authorized Rep Details, advise the caller to fill out the **Declaration of Prior Prescription Drug Coverage** form that was previously mailed to the beneficiary should be mailed to:  **SilverScript**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  OR fax to: **SilverScript Bizfax at 866-552-6205**  **OR**  **Blue MedicareRx**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **OR fax to: JE Fax 866-342-7048**  Blue MedicareRx (NEJE): [MED D - Blue MedicareRx (NEJE) - LEP Verbal Attestation Form](https://aetnao365-my.sharepoint.com/personal/michael_blondell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/AppData/Local/Microsoft/Windows/INetCache/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/40ZZSJWS/CMS-PRD1-104830)  **CCR Process Note:** The CCR must put detailed notes in Compass indicating that the non-authorized party is aware of the verbal attestation process. For the process of adding an alert on the Medicare DLanding Page, refer to [Compass MED D - Medicare D Alerts](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7f5d83d4-94b0-4a59-9b40-3e9ce8b08b62).  Proceed to [Closing the Call](#_Closing_the_Call). | | |
| 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. | | | |
| **2** | Refer to the **Declaration of Prior Prescription Drug Coverage** form (Blue MedicareRx (NEJE): [MED D - Blue MedicareRx (NEJE) - LEP Verbal Attestation Form](https://aetnao365-my.sharepoint.com/personal/michael_blondell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/40ZZSJWS/CMS-PRD1-104830)) and review the information in the form with the caller.  Proceed to the next step. | | | | |
| **3** | Perform the following: | | | | |
| **If** **the caller is…** | | | **Then…** | |
| Contacting us within the 90-day window | | | Proceed to the next step. | |
| Contacting us after the 90-day window  **OR**  Beneficiary is disputing the number of uncovered months and 90 days have passed since the Attestation Letter was sent  **OR**  Existing LEP assessed by a prior plan | | | Proceed to [Reconsideration Requests (LEP Appeals)](#_Reconsideration_Requests_(LEP). | |
| **4** | Determine the correct dates needed by referencing the **Attestation letter**. (From the **Medicare D Quick Actions** panel, click the **Last 12 months of Communications** hyperlink to review the letter if not previously open from Step 1.)  **Example:** | | | | |
| **5** | Would you like help completing the form that you received with your letter, or would you prefer I submit a verbal attestation for you today? | | | | |
| **If** **the caller wants…** | **Then…** | | | |
| To submit a verbal attestation | Perform the following: | | | |
| **Step** | **Action** | | |
| **1** | Create a **Support Task** in Compass for the following:  **Task Type:** Enrollment - Late Enrollment Penalty     * It is required that you have creditable prescription drug coverage, that is equal to or better than the coverage that Medicare provides. * If you did not have creditable prescription drug coverage, your premium may be higher. * We sent you a letter to let you know that there may be a gap in your prescription drug coverage.   Document details in the task **Note** section to include:   * The source of the beneficiary’s creditable prescription drug coverage (i.e., employer group, SPAP, Tricare/VA, etc.) * The beginning month/year, ending month/year of the creditable coverage. * Month & Year are required fields * Notate if the beneficiary never had creditable coverage.   If needed, provide Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary).  **Note:** Copy the note above to use for closing the case.  Proceed to the next step. | | |
| **2** | Read this disclaimer to the caller:     * (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 will forward the information for review. Once we receive the decision, we (the plan) will send you a written notification regarding their decision.   Does the beneficiary attest and authorize the plan to submit the attestation for review? | | |
| **If…** | | **Then…** |
| Yes | | Proceed to the next step. |
| No to either question | | Proceed to [Closing the Call](#_Closing_the_Call)to document the beneficiary does not attest to the Late Enrollment Penalty. |
| To fill out the form | I can assist you in filling out the attestation form.  Assist the beneficiary in completing the attached form.  Once completed you can mail the form to:  **SilverScript**  **P.O. Box 30001**  **Pittsburgh, PA 15222-0330**  **OR fax to: SilverScript Bizfax at 866-552-6205**  **OR**  **Blue MedicareRx**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **OR fax to: JE Fax 866-342-7048** | | | |
| **6** | Close the call:   * Address any benefit issues. * Document and close the call according to existing policies and procedures, including all options discussed.   **Note:** Refer to [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). | | | | |

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| Reconsideration Requests (LEP Appeals) |

**Reconsideration requests** (Appeals) for a Late Enrollment Penalty are not handled directly by the Plan. It is the responsibility of the beneficiary or the beneficiary’s POA to complete a Reconsideration packet and mail or fax the forms to the Independent Review Entity (IRE).

The current IRE is C2C Innovative Solutions. For more information on the appeals process and to obtain a Reconsideration request Form, the beneficiary can visit:

[https://partdappeals.c2cinc.com//](https://partdappeals.c2cinc.com/) - Click on **Part D Enrollees & Representatives** and then **Forms**.

The beneficiary may also visit the following website to obtain the form, but the form must be filed with C2C Innovative Solutions:

<https://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/Late-Enrollment-Penalty-LEP-Appeals>

 **Do NOT under any circumstances refer the beneficiary or a third party to Medicare.**

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| **Step** | | **Action** | |
| **1** | | * If you do not agree with your Late Enrollment Penalty, you can ask for a reconsideration of this decision by submitting a Part D Late Enrollment Penalty Reconsideration Request Form. * You will have the chance to provide proof that supports your case, like information about Creditable Prescription Drug Coverage. * If you need help completing the form, you can contact your State Health Insurance Assistance Program (SHIP).   **Note:** Once a decision is made, each Part D plan that the beneficiary had ever been enrolled in, will be notified of the decision.  Proceed to the next step. | |
| **2** | | You should have received a reconsideration request form with your previous LEP notice. Do you have this form, or do you need a replacement form? | |
| **If…** | **Then…** |
| Yes, I have this form | Proceed to [Closing the Call](#_Closing_the_Call). |
| No, I need this form | Proceed to the next step. |
| **3** | | From the Medicare D Landing Page, click the **Member Resources**tab from the center panel.    Proceed to the next step. | |
| **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 RECONSIDERATION FORM** from the **Resource** drop-down menu. Verify mailing address and click the **Add Resource** button.    **Result:** The selected Resource will move to the order table.  **Notes:**   * If the address is incorrect or the beneficiary requests a different address, mailing address updates must be completed in RxEnroll Care. Refer to the “Address Changes Using RxEnroll Care” section of [Compass MED D - Address Changes and Out of Area (OOA)](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/Customer%20Care%20Documentation%20-%20Formatting/Formatting%20Needed/Approved/TSRC-PROD-061760) 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. | |
| **6** | After the **Add Resource** button is selected, the **Submit** button will populate. Click the **Submit** button to send the form to the address listed.    **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.   Proceed to [Closing the Call](#_Closing_the_Call). | |

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| Closing the Call |

Perform the following:

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| **Step** | **Action** | |
| **1** | From the **Close Case** tab, click the **Close Case** button and document the call. Refer to [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). | |
| **2** | * Thank you for your time today. * As a quality measure, have I fully answered and resolved <your/the beneficiary’s> question(s) to <your/the beneficiary’s> satisfaction? | |
|  | **If…** | **Then…** |
| Yes | Close the call:   * Address any benefit issues. * Document and close the call according to existing policies and procedures, including all options discussed. |
| No | * Ask additional probing questions to attempt to resolve remaining questions or concerns. * If unable to resolve the questions/concerns, transfer the call to a Senior Team. |
| **3** | If needed, transfer the beneficiary to the appropriate department. (Licensed Enrollment Agent, Premium Billing, Senior Team, etc.) | |

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| Resolution Time |

* **For Attestations**: Up to 30 days depending on the information provided.
* **For Appeals through C2C**: Up to 90 days to receive resolution information from C2C Innovations.

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| Related Documents |

* Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](https://aetnao365-my.sharepoint.com/personal/michael_blondell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2ULSS2XL/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](https://aetnao365-my.sharepoint.com/personal/michael_blondell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/40ZZSJWS/CMS-2-017428)

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