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

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**Description:** This document will assist the MED D Customer Care Representative (CCR) with understanding the Late Enrollment Penalty (LEP) for Medicare Part D, identifying the LEP in **Compass** and providing processes on how to address the beneficiary’s LEP issues.

* 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.**

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| General Information |

The Late Enrollment Penalty (LEP) is assessed as 1% of the National Base beneficiary Premium for the coverage year times the total number of uncovered months, rounded to the nearest ten cents.

* The LEP is added to the beneficiary’s monthly premium for long as s/he remains enrolled in a Medicare prescription drug plan.

The penalty is assessed if there is a continuous period of **63 days** or more at any time after the end of the individual’s Part D **Initial Enrollment Period** (IEP) during which the individual was eligible to enroll in a Part D plan but was not enrolled in a Part D plan and was not covered under any creditable prescription drug coverage.

* Those who do not enroll in Part D when first eligible may be subject to an LEP if they decide to enroll later at a later date.
* When a new beneficiary enrolls in a Part D plan, the plan is responsible for determining whether the person was previously enrolled in another Part D plan or had other creditable coverage prior to enrolling in the plan, and whether there were any lapses in creditable coverage greater than **63 days**.
* Creditable coverage is defined as prescription drug coverage that equals or exceeds the actuarial value of defined standard Part D prescription drug coverage, (coverage that is at least as good as Medicare’s prescription drug coverage).
* Depending on the date the person enrolled, the plan may be able to get this information from:
  + The beneficiary’s enrollment form
  + Submitting a query to CMS
  + Sending the beneficiary an **attestation form** (Declaration of Prior Prescription Drug Coverage form)
    - The attestation form advises the beneficiary that they have **30 calendar days** to respond, telling the plan whether s/he had creditable coverage during the dates in question.
    - **Any attestation information received after the 30 day deadline must be processed by the plan within 60 days.**
    - The attestation form requests that the beneficiary provide the source of their creditable coverage, the dates of creditable coverage and a signature from the beneficiary or the beneficiary’s POA (Power of Attorney).
    - The form can be **returned via mail to Blue MedicareRx (PDP), PO BOX 30001, Pittsburgh, PA 15222-0330** or the information can be provided over the phone to MED D Customer Care at:
      * **MA:** 888-543-4917
      * **CT:** 888-620-1747
      * **VT:** 888-620-1746
      * **RI:** 888-620-1748
    - If the beneficiary attests to Partial Coverage or No Coverage, the letter will be mailed out in approximately 7 days. If the beneficiary attests to Full Coverage, a letter will NOT be mailed out.

Refer to [Compass MED D - Late Enrollment Penalty (LEP) Attestation and Appeals (062901)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f57a4f76-7822-4cff-90ed-1aa5c31cf780) and [MED D - Blue MedicareRx (NEJE) - LEP Verbal Attestation Form](file:///C:\Users\C337799\Downloads\CMS-PRD1-104830).

* Once the plan has determined whether or not a beneficiary has had a lapse in coverage greater than **63 days**, the plan informs CMS so that CMS can compute the LEP in those cases where a penalty is owed.

CMS is the **only entity authorized** to calculate and impose an LEP.

* The plan **may not** estimate or inform a beneficiary of the penalty amount until it receives formal notification of the penalty amount from CMS.
* Within **10 calendar days** of receiving this formal notification from CMS, the plan must write to the beneficiary and advise him or her of the penalty amount.
* If the plan receives an incomplete attestation, the beneficiary has **28 days** from the date the attestation is originally received to provide information to complete the attestation.

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| LEP Standard Guidance |

Beneficiaries may be sent an attestation form (Declaration of Prior Prescription Drug Coverage form) to request evidence of creditable coverage if the plan does not have record of any.

* The beneficiary then has **30 days** from the date of letter to respond.
* If the beneficiary returns the documentation /calls within 30 days of the attestation form and states that they had Creditable Coverage, the plan has **14 days** from receipt to submit to Medicare.
* If the beneficiary returns the documentation/calls within 30 days and states they did **NOT** have Creditable Coverage, **the Plan will submit this information to Medicare.**
  + - The form can be **returned via mail to Blue MedicareRx (PDP), PO BOX 30001, Pittsburgh, PA 15222-0330** or the information can be provided over the phone to Blue MedicareRx Customer Care at:

**MA:** 888-543-4917

**CT:** 888-620-1747

**RI:** 888-620-1748

**VT:** 888-620-1746

<24 hours a day, 7 days a week>

* + - * TTY users call <711>
* If the attestation is received within the allotted time but is **incomplete**, the plan will make **3 attempts** via phone to obtain the complete information from the beneficiary over the next three daysfrom the date the incomplete document was received. If the OBCs are unsuccessful, a letter will be sent to the beneficiary and they will have until the 30th day following the date of the original attestation letter to provide the missing information, or they will be subjected to the LEP.
* If the attestation is not received until the **31st day** or after, the **Notice of Creditable Coverage Information Received after Deadline Date** letterwill be sent to the beneficiary, informing that the LEP information was already sent to Medicare.
* The plan notifies the beneficiary of any LEP by sending the LEP letter and reconsideration form.

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| LEP Mailings - Annual Changes and Invoices |

At the start of each calendar year, the beneficiary’s LEP amount will change based on the change to the national base beneficiary premium.

* Part D plan sponsors will adjust premium bills accordingly to reflect the new amount and include notification of this new amount in the beneficiaries’ premium bills or via a separate notice.
  + Refer to the [MED D - Exhibit 9 NEJE Model Notice of Yearly Change to LEP S2893\_15157\_LEP](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6PTFXIHK/CMS-PRD1-100981).

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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 Requests or Appeals](#_Reconsideration_Requests_or). |
| Requests a Reconsideration Request form | Proceed to [Reconsideration Requests or Appeals](#_Reconsideration_Requests_or). |

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

In order to identify the LEP in **Compass,** the CCR will follow the steps listed below:

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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 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](#_Determining_if_Request). |
| **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:

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| **Step** | **Action** | | | | | | |
| **1** | From the**Medicare D Landing** page in **Compass**, navigate to the**Medicare D Quick Actions**panel and click the **RxEnroll Care** hyperlink.      **Note:**  Refer to the **Declaration of Prior Prescription Drug Coverage** form (Blue MedicareRx (NEJE):  [MED D - Blue MedicareRx (NEJE) - LEP Verbal Attestation Form](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c8257607-c291-460a-a663-f9b81d068001)) and review the information in the form with the caller. | | | | | | |
| **If…** | | **Then…** | | | | |
| The beneficiary has a pending LEP | | Select LEP under the Action Areas.    Proceed to 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 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** **the caller is…** | | | **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:  **Blue MedicareRx**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **OR fax to:  JE Fax 866-342-7048**  Proceed to the next step. | |
| 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 [Reconsideration Requests (LEP Appeals)](#_Reconsideration_Requests_(LEP). | | | |
| **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 next step. | | |
| 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:    **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://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c8257607-c291-460a-a663-f9b81d068001)      **Note:**  If the beneficiary needs help filling out the form, advise what information is required on the form and provide the appropriate mailing address.    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.     * <Caller 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 to Medicare to review on your behalf? * Thank you, <caller name> we at <Blue MedicareRx> will forward the information to Medicare. Once Medicare receives your information, we at <Blue MedicareRx > will send you a written notification regarding their decision. | | | | | |
| **If...** | | | | | **Then...** |
| Yes | | | | | * The attestation can be submitted for processing. * Enter the following comment 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 comment in the pop-up box:  **Beneficiary does not 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** | **3**  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 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.   * <Caller 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 to Medicare to review on your behalf?     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, <Caller Name>, we at <Blue MedicareRx (NEJE)> will forward the information for review. | | | | | | |

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| LEP Appeal Process |

The Late Enrollment Penalty (LEP) appeal process is available to all beneficiaries who have an existing LEP, assessed by a prior plan and/or who were assessed an LEP by the current plan and are no longer within the 90-day timeframe to attest.

* A beneficiary may request a Reconsideration packet be mailed to their mailing address from their current plan, a prior plan or from CMS.

It is the responsibility of the beneficiary or the beneficiary’s POA to complete the Reconsideration packet and mail or fax the forms to the Independent Review Entity (IRE), contracted with CMS). C2C Innovative Solutions is the current IRE contracted by CMS.

* This begins the LEP appeal process.
* The IRE will request a Case file packet be created for each Part D Prescription Drug Plan the beneficiary has ever been enrolled in (current and prior).
* The IRE will gather all information required and make one of the decisions below:

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| **Favorable** | * A decision was made that the beneficiary’s LEP will need to be reset to zero. * The beneficiary will receive a refund for all LEP previously paid. |
| **Partially Favorable** | * The IRE agrees partially with the plan and partially with the beneficiary. * The LEP will need to be updated and the beneficiary may or may not receive a refund depending on the details of the decision. |
| **Unfavorable** | * A decision was made that the current LEP is correct, and no changes will need to be made. * The beneficiary’s LEP remains as-is. |
| **Dismissed/****Withdrawn Decision** | * A decision was made that there was not enough, or valid information given to make one of the decisions above. |

Follow the steps below:

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| **Step** | **Action** | | |
| **1** | Identify the beneficiary’s LEP in **Compass**. | | |
| **2** | Identify the beneficiary’s concern with the LEP correspondence.  **REMINDER:** The Member Services team knows to whom they have sent Reconsideration Forms, however that team rarely learns whether the beneficiary actually completed the form and submitted it to the IRE.   * Once a decision is made, each Part D plan that the beneficiary had ever been enrolled in, will be notified of the decision. * It is the plans responsibility to make the necessary updates. | | |
| **If the beneficiary states they…** | **Then the CCR will …** | |
| Do not understand what the LEP is | * An LEP is a penalty amount that is added to your monthly premium due to not enrolling in a Part D prescription drug plan when you are 1st eligible and have 63 days or more of no creditable coverage. * Did not have **prior** prescription drug coverage (creditable coverage) that meets the Medicare standard for Creditable Drug Coverage. | |
| Do understand the LEP however, they had creditable coverage, or they are disputing the amount that is being assessed | * Advise the beneficiary that a reconsideration form was mailed with their LEP letter. * Validate the beneficiary’s address | |
| **Step** | **Action** |
| **1** | From the **Medicare D Landing** page, navigate to the **Member Resources** tab from the center panel. |
| **2** | 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. |
| **3** | 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.    **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. |
| **4** | 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.    **Note:** If the beneficiary requests the item(s) be shipped to a location other than what is listed, 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.  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.      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. |
| **5** | 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. |
| **3** | Do you have any other questions regarding the information we have discussed today? | | |
| **If…** | **Then…** | |
| Yes | Utilize the [FAQs](#_FAQs_2) section of this document in order to address any additional questions. | |
| No | Proceed to the next step. | |
| **4** | * Thank you for your time today. * As a quality measure, have I fully answered and resolved your question(s) to your satisfaction? | | |
| **If…** | **Then…** | |
| Yes | If at any time you have further questions about this communication, please feel free to call Customer Care toll free at:  **MA:** 888-543-4917  **CT:** 888-620-1747  **RI:** 888-620-1748  **VT:** 888-620-1746  <24 hours a day, 7 days a week>   * TTY users call <711>   **CCR Process Note:**  Document and close the call according to current policies and procedures.  Refer to the [Compass - Call Documentation](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/C071417/Downloads/CMS-PRD1-067665).  **Resolution Time:**  The beneficiary has 30 days from the date of the LEP letter to attest their LEP. | |
| 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 Supervisor.   **CCR Process Note:**  Document and close the call according to current policies and procedures.  Refer to the [Compass - Call Documentation](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/C071417/Downloads/CMS-PRD1-067665).  **Resolution Time:**  The beneficiary has 30 days from the date of the LEP letter to attest their 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**.   **Note:** The Member Services team knows to whom they have sent Reconsideration Forms, however that team rarely learns whether the beneficiary completed the form and submitted it to the IRE.   * 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, they have the form | Close the call. |
| No, they need a replacement form | Click **Cancel** and follow the prompts to return to the **Medicare D Landing** Page and exit out of the RxEnroll Care tool.  Proceed to the next step. |
| **3** | 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 Reconsideration Form** from the Resource drop-down menu, click **Add Resource** button. Then, confirm the beneficiary’s address is correct and click **Submit** button to send the form to the address listed.  **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). | |

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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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| 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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| Exceptions |

Beneficiaries who qualify for the **Extra Help Subsidy (LIS)** are exempt from an LEP beginning with the effective date of their LIS. For example, if a beneficiary had eight uncovered months prior to their LIS effective date, their total number of uncovered months should be set to zero with the effective date being the effective date of their LIS eligibility or the effective date of the plan, whichever comes later.

* If a beneficiary was charged an LEP prior to gaining LIS eligibility, the beneficiary is responsible for any unpaid LEP amount owed prior to the effective date of their LIS eligibility; and the Part D plan shall bill and collect the owed amount.
* If a beneficiary loses his/her LIS eligibility **AND** experiences a gap in coverage for 63 days or greater, the beneficiary would be subject to a new late enrollment penalty.

Beneficiaries who had creditable prescription drug coverage instead of Part D are exempt from the penalty as long as they enrolled in a Part D plan within 63 days of losing their creditable coverage.

Medicaid and the Social Security Administration provide Low Income Subsidy (LIS), also known as Extra Help, to beneficiaries in order to assist with expenses involved with prescription drugs. People who have questions about filling out the application for Extra Help should visit www.socialsecurity.gov on the web or call Social Security at 1-800-772-1213. They can also refer the beneficiary to Medicare.gov to read the Medicare and Me information about Extra Help located in section 3.

Your state may have programs to help you pay your prescription drug costs. Contact your state Medicaid office or State Health Insurance Assistance Program (SHIP) for more information. Visit shiptacenter.org or call 1-800-MEDICARE (1-800-633-4227) for the phone number of your SHIP. TTY users should call 1-877-486-2048.

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| FAQs |

The CCR should use the following table to answer additional questions:

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| **Question** | **Answer** |
| 1. **Why am I being assessed an extra fee on my monthly premium?** | * You received an attestation form to complete to attest to prior prescription drug coverage. * The plan has determined you had a lapse in coverage greater than **63 days**. * When this occurs, the plan informs CMS so that CMS can compute the LEP in those cases where a penalty is owed. |
| **2. What is a Late Enrollment Penalty (LEP)?** | The Late Enrollment Penalty (LEP) is a penalty amount assigned by Medicare when it is determined the beneficiary did not join a Medicare drug plan when HE/SHE first became eligible, or if HE/SHE went without prescription drug coverage (creditable coverage) for a period of 63 days or more. Medicare defines creditable coverage as prescription drug coverage that equals or exceeds the actuarial value of defined standard Part D prescription drug coverage, (coverage that is at least as good as Medicare’s prescription drug coverage). Unless the beneficiary can attest to having creditable coverage during the time period in question, HE/SHE will have to pay the LEP each month as long as HE/SHE has Medicare prescription drug coverage, even if HE/SHE changes Medicare drug plans. For these beneficiaries, the LEP is added to the plan’s monthly premium. |
| **3. How is the Late Enrollment Penalty calculated?** | Medicare, not the Plan, calculates the LEP when a beneficiary subject to the penalty first joins a Medicare drug plan. The LEP amount typically is 1% of the national base beneficiary premium (also called ‘base beneficiary premium’) for each full, uncovered month that the beneficiary did not have Part D or creditable coverage. The monthly penalty is rounded to the nearest $0.10 and added to the monthly Part D premium. The LEP may change each year because the national base premium can change each year. If the national base premium (as determined by Medicare) increases, the penalty will increase. |
| **4. Why you are asking me to attest? Doesn’t Medicare/CMS have this information?** | * I understand your concern. * However, we are required to obtain this information from you, because Medicare/CMS may not have information regarding other plan health coverage. |
| **5. Why did I receive this letter Model Notice of Yearly Change to LEP letter (Exhibit 9)?** | * All Blue MedicareRx (NEJE) beneficiaries with existing LEP receive this notice. * You received this letter to notify you of any changes to your LEP amount.   Refer to [MED D - Exhibit 9 NEJE Model Notice of Yearly Change to LEP S2893\_15157\_LEP](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6PTFXIHK/CMS-PRD1-100981). |
| **6. How was I notified of this LEP amount?** | You will have either received the **Model Notice of Yearly Change to LEP letter (Exhibit 9)** or will have been notified via message on your December (January premium) Invoice with the LEP amount.  Refer to [MED D - Exhibit 9 NEJE Model Notice of Yearly Change to LEP S2893\_15157\_LEP](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6PTFXIHK/CMS-PRD1-100981). |
| **7. What is creditable coverage?** | * To qualify as **creditable coverage,** a prescription drug plan must have benefits that are at least as good as Medicare’s most basic plan. * A prescription drug plan is recognized as providing creditable coverage once an actuary has evaluated the plan and found it to be equivalent to the Medicare Part D Basic Plan. |
| **8. I did not have a period where I was without Medicare Part D coverage or its equivalent.**  **How can I appeal this penalty?** | * I understand. * Late enrollment penalties are determined by CMS (Medicare). * You do have the right to appeal the Late Enrollment Penalty. * I will be happy to request a Reconsideration Packet for you to appeal the Late Enrollment Penalty decision with the IRE. Or I can provide you with information on how to appeal the decision directly with C2C Innovative Solutions, Medicare’s independent contractor. * The IRE will review a beneficiary’s request to reconsider the imposition of a Late Enrollment Penalty. * The IRE has 90 days from the receipt of the appeal to decide and a letter will be sent from C2C Innovative Solutions to the beneficiary with the final decision. * They may be contacted at:   **C2C innovative Solutions, Inc.**  **Part D LEP Reconsiderations**  **PO Box 44165**  **Jacksonville, FL 32231-4165**  **Expedited Appeals Fax Number: 1-833-710-0579**  **Standard Appeals Fax Number: 1-833-710-0580**  **LEP Appeals Fax Number: 1-833-946-1912**  **CCRs CANNOT contact C2C Innovative Solutions.**   * The above information is the preferred method of contact. * They can also be contacted via phone: **1-833-919-0198** or through the internet at: <https://PartDAppeals.C2Cinc.com>. |

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| Related Documents |

* Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in Compass [MED D - Grievances Index](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6PTFXIHK/TSRC-PROD-007931)
* [MED D - Blue MedicareRx (NEJE) - LEP Verbal Attestation Form](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6PTFXIHK/CMS-PRD1-104830)
* [MED D - Exhibit 9 NEJE Model Notice of Yearly Change to LEP S2893\_15157\_LEP](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6PTFXIHK/CMS-PRD1-100981)

* [Universal Medicare D - Consultative Call Flow (CCF) Process](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f)

**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.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6PTFXIHK/CMS-2-017428)

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