



# PART D QIC LATE ENROLLMENT PENALTY (LEP) RECONSIDERATION CASE FILE TRANSMITTAL FORM

Name of Part D Plan:

Date on Late Enrollment Penalty Notice to Enrollee (Chapter 4, Exhibit 2):

Enrollee Name:  Last Name  First Name

Enrollee Health Insurance Claim Number/ Medicare Beneficiary Identifier:

Date of Birth:

Enrollee Address:

City:  State:  Zip Code:

Telephone Number:

Does the enrollee require the final determination notice in a language other than English? No  Yes

Language needed: \_\_\_\_\_

Does the enrollee require communication be made in any alternate format? No  Yes

If yes, specify format:

Large print (if other than 18 point font, indicate size below)  Audio CD  Braille  Qualified Reader

Other (specify type of format or font) \_\_\_\_\_

## **Part D Plan Information**

• Plan Type:

• PDP (S#)  MA-PD (H or R#)  Cost  Employer Sponsored (E#)

• Plan Contract Number: \_\_\_\_\_ Enter 4 digit CMS Plan Number:

• Plan Identification Number:

• Plan Contact Representative and Title:

• Contact Phone Number:

• Fax Number:

• Email Address:

• Plan Address:

Is the enrollee receiving a Low-Income Subsidy (LIS): Yes  No

## **Plan Level LEP Information**

### **LEP Determination:**

- Enrollee's Entitlement Date to Medicare Part D:
- Enrollee's Part D Initial Enrollment Period (IEP):  
From  To
- Date on enrollee Declaration of Prior Prescription Drug Coverage, if applicable (Chapter 4, Exhibit 1D):
- Date enrollee Declaration of Prior Prescription Drug Coverage was received by plan, if applicable:
- Dates enrollee attested to having prior creditable prescription drug coverage:
  
- Enrollee LEP Notification Date:
- Entity (i.e., Employer/Group/Plan):
- Dates without Creditable Prescription Drug Coverage:
  
- Number of Months NOT Covered for Prescription Drug Coverage Reported to the Centers for Medicare & Medicaid Services (CMS):

### **LEP Dismissal Information (if applicable)**

Date LEP rescinded:

Date enrollee notified of LEP rescission:

## **Exhibits**

Instructions:

Label applicable exhibits with the letters provided below and place them in order by letter. Check the box with exhibits provided.

## **Procedural Documents**

- A.  Case Narrative cover page that presents an overview of the appeal. Describe the issue on appeal; identify all relevant information (optional)
- B.  Enrollee Declaration of Prior Prescription Coverage
- C.  Letter Informing the Enrollee of Late Enrollment Penalty
- D.  Other (describe or list below additional exhibits the plan considers important)

## **Evidentiary Documents**

- E.  Application for Enrollment in Part D Plan
- F.  Notice Informing the Enrollee of Part D Enrollment Effective Date
- G.  BEQ/MARx Screen verifying enrollee's Part D Entitlement, Part D Plan Enrollment and Creditable Prescription Drug Coverage History
- H.  Notice of LEP amount reported to Part D plan by CMS
- I.  Evidence of special circumstances (such as proof an enrollee lived abroad and did not reside in a Part D service area after his/her Part D IEP)