PART D Q.I.C. LATE ENROLLMENT PENALTY (L.E.P.) RECONSIDERATION CASE FILE TRANSMITTAL FORM

Name of Part D Plan:

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

Enrollee Name:

Enrollee Health Insurance Card Number/ Medicare Claim Number:

Date of Birth:

Enrollee Address:

Telephone Number:

Enrollee requires the Reconsideration Notice in a language other than English?

No ☐ Yes ☐ Language needed:

Part D Plan Information

- Plan Type
  - PDP (S#) ☐ MA-PD (H or R#) ☐ Cost ☐ Employer Sponsored (E#) ☐
- Plan Contract Number: S# Enter 4 digit C.M.S. 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 (L.I.S.): Yes ☐ No ☐

Plan Level Late Enrollment Penalty (L.E.P.) Information

L.E.P. Determination:

- Enrollee's Entitlement Date to Medicare Part D:
- Enrollee's Part D Initial Enrollment Period (I.E.P.):
    - From To
- Date on Beneficiary Declaration of Prior Prescription Drug Coverage, if applicable (Chapter 4, Exhibit 1D):
- Date Beneficiary Declaration of Prior Prescription Drug Coverage was received by Plan, if applicable:
- Dates Beneficiary Attested to Having Prior Creditable

  Prescription Drug Coverage: From To
- Enrollee LEP Notification Date:
- Entity (i.e. Employer/Group/Plan):
- Dates without Creditable Prescription Drug Coverage:
    - From To
- Number of Months NOT Covered for Prescription Drug Coverage Reported to Centers for Medicare & Medicaid (C.M.S.):

L.E.P. Dismissal Information (if applicable)

Date L.E.P. rescinded:

Date Beneficiary notified of L.E.P. rescission:

Exhibits

Instructions:
Label applicable exhibits with the letters provided below and place them in order by letter. Check 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. ☐ Beneficiary Declaration of Prior Prescription Coverage

C. ☐ Letter Informing Beneficiary 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 Beneficiary of Part D Enrollment Effective Date

G. ☐ B.E.Q/M.A.R.x. Screen verifying enrollee's Part D Entitlement, Part D Plan Enrollment and Creditable Prescription Drug Coverage History

H. ☐ Notice of L.E.P. amount reported to Part D plan by C.M.S.

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 initial enrollment period)