

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

DATE: November 18, 2011

TO: All Part D Sponsors

FROM: Arrah Tabe-Bedward, Acting Director
Medicare Enrollment & Appeals Group

SUBJECT: Revised Model Coverage Determination and Redetermination Request Forms

In accordance with regulations at 42 CFR 423.128 and 423.562, which were revised on April 15, 2011, CMS released model coverage determination and redetermination request forms to be used for the 2012 plan year. We revised the existing coverage determination request form and merged the separate enrollee and prescriber forms into a single form. Additionally, we have released a new model redetermination request form. Beginning on January 1, 2012, Part D plan sponsors are required to make these model forms available to enrollees and prescribers via their websites, and to include the model redetermination request form with any Notice of Denial of Medicare Prescription Drug Coverage.

Plan sponsors must continue to accept any written request for drug coverage, including any request received on these model forms. Plan sponsors must populate all variable fields before posting or distributing these forms. Plan sponsors choosing to modify these forms in any way, other than populating variable fields, must submit the modified form for the appropriate marketing review process (refer to the Medicare Prescription Drug Benefit Manual, Chapter 3, section 90.7.3 for additional information).

We have posted the model forms and instructions both in MS Word and PDF format. They can be found on the CMS website at:

http://www.cms.gov/MedPrescriptDrugApplGriev/13_Forms.asp#TopOfPage

For questions concerning the model request forms or their instructions, send an email to PartD_Appeals@cms.hhs.gov.