

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	General Information				
X	X					Current organization chart with position title and name of individual responsible for finance, medical management, provider relations, quality assurance, marketing, enrollment/disenrollment, claims processing, appeals/grievances, customer service, MIS. I		
X	X					Minutes from Board of Directors Meetings		
CHAPTER 2 – ENROLLMENT AND DISENROLLMENT								
Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)	
X	X				Documentation for all elements excluding NA (and Deemable, if Deemed). Refer to Review Guide MOEs for examples.			
X	X				Policies and procedures for all elements excluding NA. Please tab relevant sections prior to submissions to CMS.			
X	X				Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed)			
X	X		N	ER01	Correct Enrollment Election	Sample	WS-ER1	
X	X		N	ER02	Enrollment Election Receipt- Date Stamp	Sample	WS-ER1	
X	X		N	ER03	Enrollment Effective Date (Timeliness)	Sample	WS-ER1	
X	X		N	ER04	Enrollment Election Completion Process	Sample	WS-ER1 & WS-ER2	
X	X		N	ER05	Enrollment Acknowledgement (Timeliness)	Sample	WS-ER1	
X	X		N	ER06	Enrollment Acknowledgement (Notice Content)	Sample	WS-ER1	
X	X		N	ER07	Denial of Enrollment Prior to Transmission to CMS (Timeliness)	Sample	WS-ER2	
X	X		N	ER08	Denial of Enrollment Prior to Transmission to CMS (Notice Content)	Sample	WS-ER2	
X	X		N	ER11	Submission of Enrollment Transactions to CMS	Sample	WS-ER3	
X	X		N	ER12	Retroactive Enrollment Requests	Sample	WS-ER3	
X	X		N	ER18	Appropriate and Timely Action	Sample	WS-ER3	
X	X		N	ER50 1	Enrollment for SNP Plans	Sample	WS-ER8, WS-ER9, and WS-ER10	
X	X		N	ER50 2	Dual Eligible Enrollment (Dual Eligible SNPs Only)	Ongoing		
X	X		N	ER80 2	Group Enrollment into Employer/Union Sponsored Plans	Sample	WS-ER11	
X	X		N	DN01	Compliant Disenrollment Process	Sample	WS-DN1	
X	X		N	DN02	Voluntary Disenrollment (Timeliness)	Sample	WS-DN1 & WS-DN2	
X	X		N	DN03	Voluntary Disenrollment (Notice Content)	Sample	WS-DN1 & WS-DN2	
X	X		N	DN04	Refund of Premium	Sample	WS-DN1, WS-DN2, & WS-DN4	

X	X		N	DN06	Involuntary Disenrollment for Move Out of Service Area	Sample	WS-DN4
X	X		N	DN11	Submission of Appropriate Disenrollment Reason Code	Sample	WS-DN1
X	X		N	DN50 1	Involuntary Disenrollment Due to Change in Status of Special Ned Individuals	Sample	WS-DN5

**CHAPTER 4: BENEFITS AND BENEFICIARY PROTECTIONS**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)
X					Documentation for all elements excluding NA (and Deemable, if Deemed). Refer to Review Guide MOEs for examples.		
X					Policies and procedures for all elements excluding NA (and Deemable, if Deemed). Please tab relevant sections prior to submission to CMS.		
X					Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed).		
X			N	CS601	Appropriate Compliance with Cost Sharing Rules for MA Regional Plans	Onsite	
X			Y	HA01	Initial health Assessment Conducted	Onsite	
X			Y	CC01	Continuity of Care Through Community Arrangements	Onsite	

**CHAPTER 5 - QUALITY**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)
X					Documentation for all elements excluding NA (and Deemable, if Deemed). Refer to Review Guide MOEs for examples.		
X					Policies and procedures for all elements excluding NA (and Deemable, if Deemed). Please tab relevant sections prior to submission to CMS.		
X					Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed).		
X			Y	QY05	Significant Problems Corrected	Onsite	
			Y	QY08	Chronic Care Improvement Program	Onsite	
			Y	QY09	Quality Improvement Projects	Onsite	
			Y	QY501	Model of Care (CCIP)	Onsite	

**CHAPTER 6 – PROVIDER RELATIONS**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)
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X	X				Documentation for all elements excluding NA (and Deemable, if Deemed). Refer to Review Guide MOEs for examples.		
X	X				Policies and procedures for all elements excluding NA (and Deemable, if Deemed). Please tab relevant sections prior to submission to CMS.		
X	X				Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed).		
X	X		Y	PR03	Credentialing Requirements for Physicians and Other Health Care Professionals	Sample	WS-PR1

**CHAPTER 13 – CLAIMS, ORGANIZATION DETERMINATIONS, APPEALS AND GRIEVANCES**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)
X					Documentation for all elements excluding NA. Refer to Review Guide MOEs for examples.		
X					Policies and procedures for all elements excluding NA. Please tab relevant sections prior to submission to CMS.		
X					Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed).		
X	X		N	OC01	Correct Claim Determinations	Sample	WS-OC2
X	X		N	OC03	Timely Payment of Non-Contracting Provider Clean Claims	Sample	WS-OC1
X	X		N	OC04	Interest on Clean Claims Paid Late	Sample	WS-OC1
X	X		N	OC05	Timely Adjudication of Non-Clean Claims	Sample	WS-OC1& WS-OC2
X	X		N	OC06	Claim Denials (Notice Content)	Sample	WS-OC2
X	X		N	OP01	Standard Pre-Service Denials (Timeliness)	Sample	WS-OP1
X	X		N	OP02	Standard Pre-Service Denials (Notice Content)	Sample	WS-OP1
X	X		N	OP04	Request for Expedited Organization Determinations (Timeliness)	Sample	WS-OP2
X	X		N	OP05	Expedited Denials (Notice Content)	Sample	WS-OP2
X	X		N	OP06	Organization Determination Extensions (Notice Content)	Onsite	
X	X		N	OP08	Correctly Distinguishes Between Organization Determinations and Reconsiderations	Sample	WS-OP1 & WS-OP2
X	X		N	RC01	Favorable Claims Reconsiderations (Timeliness)	Sample	WS-RC1
X	X		N	RC02	Adverse Claims Reconsiderations (Timeliness)	Sample	WS-RC2
X	X		N	RC03	Effectuation of Third Party Claims Reconsideration Reversals	Sample	WS-RC2
X			N	RP01	Favorable Standard Pre-Service Reconsiderations (Timeliness)	Sample	WS-RP1

X			N	RP02	Adverse Standard Pre-Service Reconsiderations (Timeliness)	Sample	WS-RP2
X			N	RP03	Effectuation of Third Party Standard Pre-Service Reconsideration Reversals	Sample	WS-RP2
X			N	RP05	Requests for Expedited Reconsiderations (Timeliness)	Sample	WS-RP3
X			N	RP07	Effectuation of Third Party Expedited Reconsideration Reversals	Sample	WS-RP3
X	X		N	GV01	Organization Determinations and Reconsiderations Not Categorized as Grievances	Sample	WS-GV1
X	X		N	GV03	Grievance Decision Notification (Timeliness)	Sample	WS-GV1
X	X		N	GV04	Grievance Decision Notification (Notice Content_	Sample	WS-GV1
X	X		N	GV05	Method of Grievance Decision Notification	Sample	WS-GV1

**ENCLOSURE I**

**PART D INFORMATION REQUIRED FOR AUDIT**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	General Information			
X	X				Current organization chart with position title and name of individual responsible for finance, medical management, provider relations, quality assurance, marketing, enrollment/disenrollment, claims processing, appeals/grievances, customer service, MIS. I		
X	X				Minutes from Board of Directors Meetings		

**CHAPTER 1 – ENROLLMENT AND DISENROLLMENT**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)
X	X				Policies and procedures for all elements excluding NA. Please tab relevant sections prior to submissions to CMS.		
X	X				Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed)		
X	X			ER01	The formats that it accepts for enrollment requests	Sample	WS-ER1_D
X	X			ER01	Enrollment requests received via telephone (For Part D sponsors who allow telephone enrollment)	Sample	WS-ER1_D
X	X			ER05	The cancellation of enrollment requests	Sample	WS-ER4_D
X	X			ER06/ER07	The provision of a notice to acknowledge receipt of completed enrollment request	Sample	WS-ER1_D
X	X			ER06/ER07	The provision of a notice of CMS' acceptance or rejection of an enrollment	Sample	WS-ER1_D
X	X			ER06	The provision of an Evidence of Coverage to new plan members	Sample	WS-ER1_D
X	X			ER08	The provision of materials to enrollees prior to the effective date of enrollment	Sample	WS-ER1_D

X	X			ER09	The auto- and facilitated-enrollment process for full benefit dual eligible and other low-income subsidy eligible beneficiaries, including the distribution of plan information to auto- and facilitated-enrolled beneficiaries	Sample	WS-ER5_D WS-ER6_D
X	X			ER11	The determination of enrollment periods of each enrollment request received	Sample	WS-ER7_D
X	X			ER13	The confirmation of enrollment for individuals being claimed by an employer/union group for the Retiree Drug Subsidy (RDS)	Sample	WS-ER8_D
				ER14	The transmission of enrollment transactions to CMS		WS-ER1_D
X	X			ER15	Updating records upon receipt of a TRR from CMS, to accurately reflect each individual's enrollment status	Sample	WS-ER11_D
X	X			ER802	Group enrollment process	Sample	WS-ER9_D
X	X			DN01	The voluntary disenrollment process	Sample	WS-DN1_D
X	X			DN07	Disenrollment for move out of service area	Sample	WS-DN7_D
X	X			DN12	The transmission of voluntary disenrollment transactions to CMS following receipt of a request from an enrollee	Sample	WS-DN1_D
X	X			LP01	Making a creditable coverage period determination		
X	X			LP01	Reporting the correct number of uncovered months to CMS		
X	X			LP02	Sending and processing creditable coverage attestations		
X	X			LP03	Adjusting the Late Enrollment Penalty (LEP) if the beneficiary is or becomes eligible for the low income subsidy (LIS)		
X	X			LP03	Identifying enrollees who have or will have a subsequent Initial Enrollment Period (IEP) based on turning age 65		
X	X			LP03	Reporting adjustments to the LEP based on subsequent Part D Initial Enrollment Periods (IEPs)		
X	X			LP04	Informing beneficiaries of the imposition to, or adjustment of, the Late Enrollment Penalty		
X	X			ER01	Documentation demonstrating the Part D sponsors internet enrollment process (For Part D sponsors that allow internet enrollment via the Part D sponsors web site), including a description of how the Sponsor provides a tracking mechanism to provide the individual with evidence that the internet enrollment request was received (e.g., screen shots of enrollment web pages, including all popup windows and disclaimers shown to beneficiary during the internet enrollment process, notice to confirm that enrollment request was received)	Sample	WS-ER1_D
X	X			MR09	Beneficiary notification of formulary changes	Sample	WS-MR4_D
X	X			MR10	The distribution of post-enrollment materials	Sample	WS-MR5_D
X	X			MR13	Operation of the Part D sponsors internet website		
X	X			MR15	The distribution of an LIS Rider to beneficiaries who experience a change in their eligibility for the low income subsidy	Sample	WS-MR6_D
X	X			MR09	If applicable, documentation demonstrating the Part D sponsor provides retrospective notice to affected enrollees if a covered Part D drug is removed from the formulary because it is deemed unsafe by the Food and Drug Administration or removed from the market by the manufacturer (e.g., list of covered Part D drugs removed from formulary because it is deemed unsafe or removed from market, sample of notices sent, beneficiary communication summary reports or logs). Not to Sponsor: Please indicate if there are no cases where the Sponsor removed a covered part D drug from the formulary for the reasons stated above during the audit period.	Sample	WS-MR4_D

X	X			MR10	Documentation demonstrating the Part D sponsor's distribution of annual post-enrollment materials (e.g., one copy of each annual member material mailed, evidence of the date each material was mailed out to all beneficiaries).	Sample	WS-MR5_D
X	X			MR13	URL of Part D sponsors current Internet website(s), and instructions for accessing sections with required components for pharmacy access, comprehensive formulary, formulary change notices, and enrollment		
X	X			MR15	Template for Low-Income Subsidy Rider to the Evidence of Coverage	Sample	WS-MR6_D

**CHAPTER 5 – DRUG UTILIZATION MANAGEMENT, QUALITY ASSURANCE AND ELECTRONIC PRESCRIBING**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)
X					Policies and procedures for all elements excluding NA. Please tab relevant sections prior to submissions to CMS.		
X					Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed)		
X				DM02	The Part D sponsor's drug utilization management program's ways to prevent over- and under-utilization of prescribed medications		
X				EP01	The Part D sponsor's electronic prescription program		
X				DM02	<ul style="list-style-type: none"> <li>Documentation demonstrating the Part D sponsor's utilization of quantity vs. time edits, early refill edits, and other over-/under-utilization edits (e.g., system user guide, reports, sample of actual DUM edits utilized)</li> </ul> Copy of a report that summarizes and evaluates the sponsor's ability to prevent over and under utilization through the selected tools		
X				EP01	Documentation demonstrating the Part D sponsor has established and maintains an electronic prescription program in accordance with CMS requirements (e.g., sample of screen shots of actual electronic prescriptions, reports generated by the electronic prescribing system, system user guides)		

**CHAPTER 7 – FORMULARY, TRANSITION PROCESS AND PHARMACY AND THERAPUTICS COMMITTEE**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)
X					Policies and procedures for all elements excluding NA. Please tab relevant sections prior to submissions to CMS.		
X					Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed)		
X				FM04	Claim adjudication and cost sharing		
X				TP01	Transition process for beneficiaries to obtain non-formulary drugs in a retail setting or via home infusion, safety-net, or I/T/U pharmacies	Sample	WS-TP1_D
X				TP02	Transition process for beneficiaries to obtain non-formulary Part D drugs in a long-term care setting	Sample	WS-TP2_D
X				TP03	Enrollee notification of a temporary transition supply of a non-formulary Part D drug	Sample	WS-TP1_D
X				FM01	Documentation demonstrating that each of the Part D sponsor's formulary versions currently in use is the most current version on file with CMS		
X				FM04	Documentation regarding claim adjudication that demonstrates that sponsor accurately adjudicates its benefit at the point of sale		

X				FM04	Plan grievances submitted to the Part D sponsor regarding claim adjudication and cost sharing		
X				TP01	System reports and other documentation regarding the Part D sponsor's transition process utilization for beneficiaries in a retail setting or via home infusion, safety-net, or I/T/U pharmacies	Sample	WS-TP1_D
X				TP01	Provider and beneficiary education materials that describe Sponsor's transition process for beneficiaries to obtain non-formulary Part D drugs in a retail setting or via home infusion, safety-net, or I/T/U pharmacies	Sample	WS-TP1_D
X				TP02	System reports and other documentation regarding the Part D sponsor's transition process utilization for beneficiaries in a long-term care setting	Sample	WS-TP2_D
X				TP02	Provider education materials and beneficiary education materials that describe Sponsor's transition process for beneficiaries to obtain non-formulary Part D drugs in a long-term care setting.	Sample	WS-TP2_D
X				TP03	Notice template for notifying enrollees of a temporary transition supply of a non-formulary Part D drug	Sample	WS-TP1_D

**CHAPTER 9 – TRUE OUT-OF-POCKET COSTS AND COORDINATION OF BENEFITS**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)
X					Policies and procedures for all elements excluding NA. Please tab relevant sections prior to submissions to CMS.		
X					Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed)		
X				CB01	The coordination of benefits with all other payers providing coverage for covered Part D drugs	Sample	WS-CB1_D, WS-CB2_D
X				CB02	Coordinating benefits and exchanging claims and payment information with all entities that provide other prescription drug coverage	Sample	WS-CB3_D
X				CB02	Tracking enrollee gross covered drug spend and TrOOP amounts	Sample	WS-CB3_D
X				CB03	Providing enrollees with their gross covered drug spend and TrOOP balance as of the effective date of disenrollment, and if the enrollee changes plans mid-year, providing these data to the new plan of record	Sample	WS-CB4_D, WS-CB5_D
X				CB01	Documentation demonstrating that the Part D sponsor collects and updates information from enrollees about their other health insurance (e.g., system documentation/reports, survey templates, communications logs, or copies of EOB statements sent to enrollees, enrollment forms, management report on the number of 30-day and annual surveys distributed and the number of responses received)	Sample	WS-CB1_D, WS-CB2_D
X				CB01	Documentation demonstrating that it reports information to the COB Contractor and receives and updates its systems at least weekly to reflect information on enrollee's other prescription drug coverage received from CMS	Sample	WS-CB1_D, WS-CB2_D
X				CB02	Documentation demonstrating that the Part D sponsor has a system to accurately coordinate benefits and exchange claims and payment information with entities that provide other prescription drug coverage (e.g., copies of EOBs sent to enrollees, Part D sponsor system documentation/reports, NCPDP "N" transaction reports, etc.)	Sample	WS-CB3_D
X				CB02	Copy of Sponsor's executed business associate agreement with the TrOOP Facilitation Contractor	Sample	WS-CB3_D
X				CB02	Documentation demonstrating that the Part D sponsor has a system in place to correctly track and calculate enrollee TrOOP amounts (e.g., NCPDP "N" transaction reports, etc.)	Sample	WS-CB3_D

X				CB02	Documentation demonstrating Part D sponsor has a system in place to allow SPAPs and other entities that provide other prescription drug coverage to coordinate benefits	Sample	WS-CB3_D
X				CB02	Documentation demonstrating that the Part D sponsor has a system in place and provides EOBs to beneficiaries to inform them of their gross covered drug spend and TrOOP balances	Sample	WS-CB3_D
X				CB02	Documentation demonstrating that the Part D sponsor has a system in place to correctly track and calculate enrollee TrOOP amount	Sample	WS-CB3_D
X				CB03	Documentation that for beneficiaries with mid-year plan changes it calculates a beneficiary's gross covered drug spend and TrOOP balance and sends notice of the TrOOP status to the beneficiary,	Sample	WS-CB4_D, WS-CB5_D
X				CB03	Documentation demonstrating that for beneficiaries with mid-year plan changes it calculates a beneficiary's gross covered drug spend and TrOOP accumulators for each month the sponsor adjudicated claims for the beneficiary during the coverage year and , sends this information to the new plan of record	Sample	WS-CB4_D, WS-CB5_D
X				CB03	Documentation demonstrating that it receives via the NCPDP financial information reporting standard transaction set the gross covered drug spend and TrOOP accumulator data from the beneficiary's prior plan(s) of record for the coverage year, uses the data to update/adjust the beneficiary's gross covered drug spend and TrOOP, to adjust any previously adjudicated claims, if applicable, and to position the beneficiary correctly in the benefit	Sample	WS-CB4_D, WS-CB5_D

**CHAPTER 18 – GRIEVANCES, COVERAGE DETERMINATIONS AND APPEALS**

Send to RO	Have Available Onsite	NA	Deemable (Y/N)	Element Code	Description of Element/General Information	Element Type	Associated Worksheet(s)
X	X				Policies and procedures for all elements excluding NA. Please tab relevant sections prior to submissions to CMS.		
X	X				Narrative response and supporting documentation for each element excluding NA (and Deemable, if Deemed)		
X	X			GV01	The categorization of complaints as inquiries, grievances, or coverage determinations	Sample	WS-GV1_D, WS-CD1_D, WS-CD2_D & WS-CD3_D
X	X			GV04	Enrollee notification of grievance disposition	Sample	WS-GV1_D
X	X			GV05	Method of grievance responses	Sample	WS-GV1_D
X	X			GV07	Timely response to expedited grievances	Sample	WS-GV2_D
X	X			CD03	Enrollee notification of coverage determinations	Sample	WS-CD1_D, WS-CD2_D
X	X			CD05	Enrollee notification of adverse coverage determination	Sample	WS-CD1_D, WS-CD2_D
X	X			CD06	Decisions to accept or deny requests to expedite coverage determinations	Sample	WS-CD3_D
X	X			CD07, CD08	Enrollee notification following a decision to deny a request to expedite a coverage determination	Sample	WS-CD3_D
X	X			CD09, CD10	Enrollee notification following a decision on an expedited coverage determination	Sample	WS-CD3_D
X	X			CD11	Effect of failure to provide timely notification on a standard or expedited coverage determination	Sample	WS-CD1_D, WS-CD2_D, WS-CD3_D
X	X			CE03	Determining cost-sharing for approved exceptions	Sample	WS-CD1_D, WS-CD2_D, WS-CD3_D



X	X			RE03	Decisions to accept or deny requests to expedite redeterminations	Sample	WS-RE3_D
X	X			RE04	Enrollee notification following decision to deny a request to expedite a redetermination	Sample	WS-RE3_D
X	X			RE05	Timely notification and effectuation of standard redeterminations	Sample	WS-RE1_D
X	X			RE07	Enrollee notification following decision on expedited redetermination	Sample	WS-RE3_D
X	X			RE07	Requesting medical information required for making a decision on an expedited redetermination	Sample	WS-RE3_D
X	X			RE08	Processing expedited coverage redetermination reversals	Sample	WS-RE3_D
X	X			RE10	Forwarding case files to the IRE upon the IRE's request in a timely manner	Sample	WS-RE1_D, WS-RE2_D, WS-RE3_D
X	X			RE11	Effect of failure to provide timely notification on a standard or expedited redetermination	Sample	WS-RE1_D, WS-RE2_D, WS-RE3_D
X	X			RV01	Effectuating third party reversals on an appeal	Sample	WS-RE1_D, WS-RE2_D,
X	X			RV03	Effectuating third party reversals on an appeal of an expedited request for a benefit	Sample	WS-RE3_D
X	X			GV01	Informing enrollees—orally and/or in writing—about inquiries involving excluded drugs or drugs not covered under Part D. Examples of acceptable documentation are written notices and phone scripts.	Sample	WS-GV1_D, WS-CD1_D, WS-CD2_D & WS-CD3_D
X	X			GV04	Informing enrollees of grievance deadline extension	Sample	WS-GV1_D
X	X			GV05	Notification of grievance disposition	Sample	WS-GV1_D
X	X			RE05	Notifying enrollee of an adverse standard redetermination	Sample	WS-RE1_D
X	X			RE07	Notifying enrollee of an adverse expedited redetermination	Sample	WS-RE3_D
X	X			CD05	Notifying enrollee of an adverse coverage determination, whether in part or whole	Sample	WS-CD1_D, WS-CD2_D
X	X			CD08	Notifying enrollee that a request for an expedited coverage determination is denied	Sample	WS-CD3_D
X	X			CD10	Notifying enrollee of an adverse expedited coverage determination	Sample	WS-CD3_D
X	X			RE04	Notifying enrollee that a request for an expedited redetermination is denied	Sample	WS-RE3_D
X	X			RE05	Notifying enrollee on requesting a reconsideration	Sample	WS-RE1_D
X	X			RE07	Notifying enrollee on requesting a reconsideration	Sample	WS-RE3_D
X	X			GV01	Documentation demonstrating the Part D sponsors communication methods for informing enrollees of complaint categorization (e.g., phone scripts and notice template for informing enrollees of complaint categorization)	Sample	WS-GV1_D, WS-CD1_D, WS-CD2_D & WS-CD3_D
X	X			RE08	Documentation demonstrating the Part D sponsor's systems for authorizing or providing a benefit under dispute within 72 hours of receiving the request for redetermination (e.g., expedited redetermination logs, system reports)	Sample	WS-RE3_D
X	X			SU802	Low income premium subsidy amount pass through for employer/union sponsored plans	Sample	WS-SU2_D
X				SU802	For Part D sponsors other than Direct Contracts, the sponsor's executed contract/written agreement with employer/union that discusses low income premium subsidy amounts	Sample	WS-SU2_D