

Sample Request Letter

MINIMUM DOCUMENTATION REQUIRED FOR SAMPLE CASE FILES

The minimum documentation requirements for each sample case listed in Enclosure II are shown below. Each file should contain a checklist confirming that each piece of required documentation is contained in the file. The documentation should be presented in a logical order (for example, chronological in ascending order) and easy to find. If a piece of required documentation is missing, an explanation should be provided on the checklist. If any required piece of documentation is not present in the file, absent an explanation, it will be presumed nonexistent and an error will be noted.

If screen print outs are provided as documentation, a key to interpreting the screen print outs must also be provided.

Any additional documentation/explanations not specifically requested below that would assist the auditor should also be provided.

Please identify each case file by Sample # (e.g., (Worksheet)-PLATFORM NAME: Sample # 1, (Worksheet)-(Platform Name Abbreviation): Sample # 2), not by member name or HIC #. The Sample # for each case file is shown on the list of sample cases selected for each worksheet. Identify Platform Names as follows: (Platform Names / Platform Name Abbreviation).

Part I – Part C Samples

ENROLLMENT AND DISENROLLMENT

Enrollment

(Worksheet) - Applications and Enrollment

- 1) Completed election form or, if applicable, a reproduction of an employer's record of the election received via an alternative format (see Medicare Managed Care Manual, Chapter 2, Section 40.1.1 for more guidance)
- 2) Documentation of all efforts to obtain additional documentation if election form was incomplete
- 3) Documentation of authorized representative, if applicable
- 4) Acknowledgement notice
- 5) Notice to confirm enrollment
- 6) Screen print showing enrollment date shown in MAO's internal system and key to interpreting the screen print
- 7) Documentation showing Medicare Entitlement and Medicaid Entitlement for SNP Members
- 8) Any other correspondence/information pertinent to the enrollment

(Worksheet) - MAO Denials

- 1) Completed election form or, if applicable, a reproduction of an employer's record of the election received via an alternative format (see Medicare Managed Care Manual, Chapter 2, Section 40.1.1 for more guidance)
- 2) Documentation of all efforts to obtain additional documentation if election form was incomplete
- 3) Documentation that the MAO took appropriate action to correct problem or deny enrollment
- 4) Notice for MAO denial of enrollment
- 5) Any other correspondence/information pertinent to the enrollment

(Worksheet) - Appropriate and Timely Action

- 1) Completed election form or, if applicable, a reproduction of an employer's record of the election received via an alternative format (see Medicare Managed Care Manual, Chapter 2, Section 40.1.1 for more guidance)
- 2) Transaction reply listing(s)
- 3) Notice sent in response to the transaction (e.g., notice to confirm enrollment)
- 4) Documentation reflecting that the MAO updated its internal system
- 5) Documentation reflecting that the MAO took appropriate action to correct problem or deny enrollment, e.g., documentation reflecting that the MAO resubmitted the transaction to MARx or CMS RO or CMS Contractor, if applicable
- 6) Transaction reply listing showing enrollment accepted, if applicable
- 7) Any other correspondence/information pertinent to the enrollment

(Worksheet) – Enrollment of Institutional Individuals in a SNP

- 1) Transaction reply listing showing the effective enrollment date
- 2) Completed election form or, if applicable, a reproduction of an employer's record of the election received via an alternative format (see Medicare Managed Care Manual, Chapter 2, Section 40.1.1 for more guidance)
- 3) If not designated as an ESRD SNP, an approved waiver form allowing the SNP to serve members with ESRD
- 4) State-approved assessment tool or documentation showing that the State does not require use of a State-approved assessment tool

(Worksheet) – Enrollment of Chronic Care Individuals in a SNP

- 1) Transaction reply report showing the effective enrollment date (print screen from organization's internal system is not sufficient)
- 2) Completed election form or, if applicable, a reproduction of the election received via an alternative format (see Medicare Managed Care Manual, Chapter 2, Section 40.1.1 for more guidance)
- 3) Documentation showing Medicare Entitlement
- 4) Documentation of the organization's confirmation of the chronic condition
- 5) Documentation showing MAO enrolled the beneficiary at an appropriate time and the effective date of the enrollment in the SNP

(Worksheet) – Enrollment of Dual Eligible Individuals in a SNP

- 1) Transaction reply report showing the effective enrollment date (print screen from organization's internal system is not sufficient)

- 2) Completed election form or, if applicable, a reproduction of the enrollment request received via an alternative format (see Medicare Managed Care Manual, Chapter 2, Section 40.1.1 for more guidance)
- 3) Documentation showing Medicare Entitlement
- 4) Documentation showing Medicaid Entitlement

(Worksheet) -- Group Enrollment Requirements

- 1) Completed election form or, if applicable, a reproduction of an employer's record of the election received via an alternative format (see Medicare Managed Care Manual, Chapter 2, Section 40.1.1 for more guidance)
- 2) Transaction reply listing(s)
- 3) Documentation reflecting the date that the Group Enrollment notification and materials were sent to the member (e.g., MAO system screen prints showing template Ids and corresponding material, or copy of cover letter which describes material sent with it)
- 4) Copy of all material sent to enrollees in employer/union sponsored plans that were enrolled using the group enrollment mechanism
- 5) Documentation reflecting that the employer/union sponsor provided all the information required for the MAO to submit a complete enrollment transaction to CMS.

Disenrollment

(Worksheet) - Voluntary Disenrollment through the MAO

- 1) Disenrollment request by member or, if applicable, a reproduction of an employer's record of the election received via an alternative format (see Medicare Managed Care Manual, Chapter 2, Section 50.1.5 for more guidance)
- 2) Documentation of authorized representative, if applicable
- 3) Documentation establishing an SEP, if applicable
- 4) Disenrollment acknowledgement notice
- 5) Documentation that any excess premium was refunded, including date of refund (e.g., copy of cancelled check, screen print from system showing day check was mailed, or other screen print documenting premium refund and key to interpreting the screen print), or if there was no refund documentation that none was necessary (e.g., screen print showing payments received or member in zero premium product and key to interpreting the screen print)
- 6) Screen print showing the disenrollment date shown in MAO's internal system and key to interpreting screen print
- 7) Any other correspondence/information pertinent to the disenrollment of member

(Worksheet) - Voluntary Disenrollment through sources other than the MAO

- 1) Copy of transaction reply listing showing the disenrollment
- 2) Notice to confirm disenrollment
- 3) Documentation that any excess premium was refunded, including date of refund (e.g., copy of cancelled check, screen print from system showing day check was mailed, or other screen print documenting premium refund), or if there was no refund documentation that none was necessary (e.g., screen print showing payments received or member in zero premium product). For all of these screen prints, a key to interpreting them should be provided.
- 4) Documentation showing the disenrollment reason code that was submitted by the MAO
- 5) Any other correspondence/information pertinent to the disenrollment of member

(Worksheet) - Involuntary Disenrollment (Move Out of Service Area)

- 1) Documentation substantiating the date the MAO was notified of the move (or possible move if from a source other than the member or member's authorized representative)
- 2) Address verification form, or equivalent documentation, sent to member, if applicable
- 3) All correspondence related to the move (or possible move)
- 4) Disenrollment letter
- 5) Screen print showing the disenrollment date shown in the MAO's internal systems and key to interpreting the screen print
- 6) Copy of transaction reply listing showing disenrollment accepted
- 7) Documentation that any excess premium was refunded, including date of refund (e.g., copy of cancelled check, screen print from system showing day check was mailed or other screen prints documenting premium refund), or if there was no refund documentation that none was necessary (e.g., screen print showing payments received or member in zero premium product) and key to interpreting the screen prints
- 8) Any other correspondence/information pertinent to the disenrollment of member

(Worksheet) - Involuntary Disenrollment due to Change in Special Needs Status

- 1) Documentation showing the date on which the member no longer met the MAO-specific SNP eligibility criteria.
- 2) Copy of transaction reply listing showing the disenrollment
- 3) Documentation showing the period that the MAO established to continue deemed eligibility for an individual reasonably expected to regain eligibility within 6 months.
- 4) Screen print showing enrollment date shown in MAO's internal system and key to interpreting the screen print
- 5) Documentation showing that the member was grandfathered into the SNP, if applicable

PROVIDER RELATIONS

(Worksheet) – Provider Credentialing

Complete credentialing files including:

- 1) Completed Application
- 2) Documentation of verification of license
- 3) Documentation of verification of board certification, if applicable
- 4) Documentation of how the board verifies information for education and training, if applicable
- 5) Documentation of verification of education
- 6) Documentation of verification of clinical privileges, if applicable
- 7) Documentation of verification of malpractice insurance
- 8) Documentation of DEA or CDS certificate, if applicable
- 9) Documentation that MAO checked the National Practitioner Data Bank
- 10) Documentation that quality of care information was considered in recredentialing process
- 11) Documentation that MAO reviews the most recently issued Sanction Report
- 12) Documentation that MAO reviews the most recently issued Medicare opt out list
- 13) Committee decision date and other material used as part of the credentialing process

CLAIMS, ORGANIZATION DETERMINATIONS, APPEALS, AND GRIEVANCES

Organization Determinations

Please have an ICD-9-CM and CPT code book, or equivalent, available for the auditor's use.

(Worksheet) – Non-Contracted Provider Paid Claims

The file should contain all information needed to provide a complete auditable history of the claim for all line items, including all pertinent computer screen printouts.

- 1) Original claim (or a copy), including documentation of date received and service provided
- 2) Documentation of any requests for additional information (e.g., phone calls/letters to provider or member)
- 3) Documentation of date paid (e.g., screen prints showing day check was mailed or other screen prints that document the date paid, copy of cancelled check);
- 4) Provider remittance advice
- 5) Documentation of calculation and payment of interest (based on check date) if clean claim was not paid within 30 days
- 6) Any other correspondence sent to member regarding this claim
- 7) A key for interpreting the claims processing/payment screens and any other system screens included in the file

(Worksheet) – Denied Claims

The file should contain all information needed to provide a complete auditable history of the claim for all line items, including all pertinent computer screen printouts.

- 1) Original claim (or a copy), including documentation of date received and service provided
- 2) Documentation of any requests for additional information (e.g., phone calls/ letters to provider or member)
- 3) Member denial notice
- 4) Denial notice sent to provider
- 5) Explanation of reason for denial, and documentation supporting the determination, such as clinical information (if necessary to show compliance), or assumptions made by system edits
- 6) If claim was denied because it did not meet the definition of emergency or urgent care, provide claims history identifying all claims associated with the episode of care, including whether they were paid or denied
- 7) Medical review notes related to the disposition of the claim
- 8) A key for interpreting the claims processing/payment screens and any other system screens included in the file

(Worksheet) – Standard Pre-Service Denials

- 1) Documentation of date service requested, or discontinuation disputed
- 2) Service requested
- 3) Provider the member requested to see, if applicable
- 4) Source of the request
- 5) Notice of extension and documentation supporting the extension, if applicable
- 6) Documentation supporting the determination made by the MAO
- 7) Member denial notice or notice of discharge/discontinuation

(Worksheet) – Requests for Expedited Pre-Service Organization Determinations

- 1) Documentation of date and time request received
- 2) Service requested
- 3) Provider the member requested to see, if applicable
- 4) Source of the request
- 5) Documentation of date, time and content of any verbal notices to the enrollee related to the request, including, if applicable:
 - Notice of decision not to expedite
 - Notice of extension
 - Notice of approval or denial
- 6) Written notices to the enrollee related to the request, including:
 - Notice of decision not to expedite, if applicable
 - Notice of extension, if applicable
 - Notice of approval or denial
- 7) Documentation supporting decision not to expedite, if applicable, and documentation that the case was transferred to the standard process
- 8) Documentation supporting extension, if applicable
- 9) Documentation supporting the determination made by the MAO

Reconsiderations

(Worksheet) – Favorable Claims Reconsiderations

- 1) Initial claim
- 2) Organization determination (initial denial notice)
- 3) Reconsideration request (appeal)
- 4) Documentation of date paid (e.g., day check was mailed – cancelled check, copy of check)
- 5) Provider remittance advice
- 6) Approval notice to member

(Worksheet) – Unfavorable Claims Reconsiderations

- 1) Initial claim
- 2) Organization determination (initial denial notice)
- 3) Reconsideration request (appeal)
- 4) Documentation supporting the decision by the MAO
- 5) Notice to member of decision to forward to Independent Review Entity (IRE)
- 6) Documentation of date case forwarded to IRE
- 7) Copy of the decision by the IRE, ALJ, or DAB
- 8) Documentation of date paid (e.g., screen prints showing day check was mailed or other screen prints that document the date paid, copy of cancelled check), if overturned and key interpreting the screen print
- 9) Provider remittance advice, if overturned
- 10) Notice to IRE that claim was paid, if overturned

(Worksheet) – Favorable Standard Pre-Service Reconsiderations

- 1) Organization determination (initial denial notice)
- 2) Reconsideration request (appeal)
- 3) Extension notice and documentation supporting the extension, if applicable
- 4) Notice to member of approval
- 5) Documentation of date service authorized or provided

(Worksheet) – Unfavorable Standard Pre-Service Reconsiderations

- 1) Organization determination (initial denial notice)
- 2) Reconsideration request (appeal)
- 3) Documentation supporting the decision made by the MAO
- 4) Extension notice and documentation supporting the extension, if applicable
- 5) Notice to member of decision to forward to IRE
- 6) Documentation of date case forwarded to IRE
- 7) Copy of the decision by the IRE, ALJ, or DAB
- 8) Documentation of date service authorized or provided, if overturned
- 9) Notice to IRE that the overturn decision was effectuated, if overturned

(Worksheet) – Requests for Expedited Reconsiderations

- 1) Organization determination (initial denial notice)
- 2) Reconsideration request (appeal)
- 3) Documentation supporting the decision made by the MAO
- 4) Documentation of date and time request received, and nature of the request
- 5) Source of the request
- 6) Documentation of date service authorized or provided, if MAO overturns its denial
- 7) Documentation of date, time and content of any verbal notices to the enrollee related to the request, including, if applicable:
 - Notice of decision not to expedite
 - Notice of extension
 - Notice of approval
 - Notice to member of decision to forward to IRE
- 8) Any written notices to the enrollee related to the request, including, if applicable:
 - Notice of decision not to expedite
 - Notice of extension
 - Notice of approval
 - Notice to member of decision to forward to IRE
- 9) Documentation supporting decision not to expedite, if applicable
- 10) Documentation case was transferred to standard review process, if applicable
- 11) Documentation supporting extension, if applicable

If sent to IRE:

- 12) Documentation of date case forwarded to IRE
- 13) Copy of decision made by IRE, ALJ, or DAB
- 14) Documentation of date and time service authorized or provided, if overturned
- 15) Notice to IRE that the overturn decision was effectuated, if overturned

Grievances

(Worksheet) – Grievances

- 1) Documentation of member grievance, including date received
- 2) Documentation that the grievance was correctly categorized
- 3) Documentation of the date the grievance was resolved
- 4) Any correspondence to the member related to the grievance
- 5) Documentation of the notification to the member of the resolution of the grievance
- 6) Any response from the facility or provider against whom the grievance was made
- 7) Grievances related to quality of care should include documentation that the issue was sent to the quality management department for evaluation, and any response from the quality management department

Part II – Part D Samples

MINIMUM DOCUMENTATION REQUIREMENTS FOR SAMPLE CASES

Enrollment and Disenrollment

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
(Worksheet)	<p>Sample size: 30</p> <ol style="list-style-type: none"> 1. Completed enrollment form or record of the election received via an alternative format 2. Documentation establishing whether the Sponsor provided notices required for this enrollment in response to transaction replies received on either the weekly "mini" TRR or the monthly TRR. Note: This documentation is necessary only if the Sponsor's policy on this changes depending on the time of year. 3. Documentation establishing the date the Part D sponsor was notified of CMS' acceptance or rejection of the enrollment (i.e., copy of the monthly or weekly TRR file showing the date it was available from CMS) 4. Copy of the acknowledgement notice sent to beneficiary (if applicable) 5. Copy of the notice of CMS rejection of enrollment or notice to confirm enrollment sent to beneficiary 6. Screen print showing enrollment date shown in Part D sponsor's internal system and key to interpreting the screen print 7. Documentation showing the date that the sponsor provided an Evidence of Coverage to new plan members 8. Any other correspondence/information pertinent to the enrollment
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Request to cancel enrollment election or record of the request received via an alternative format 2. Copy of Notice of Part D sponsor cancellation of enrollment sent to beneficiary
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Documentation establishing the date CMS sent the enrollment transaction to the Part D sponsor (via TRR) or the PDP notification file [PDP sponsors only] 2. Copy of notice to confirm enrollment sent to auto-enrolled member 3. Documentation of the Part D sponsor's distribution of required plan materials to the auto-enrolled member (e.g., mailing log showing materials sent and date of mailing)
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Documentation establishing the date CMS sent the enrollment transaction to the Part D sponsor (via TRR) or the PDP notification file [PDP sponsors only] 2. Copy of notice to confirm enrollment sent to facilitated-enrolled member 3. Documentation of the Part D sponsor's distribution of required plan materials to the facilitated-enrolled member (e.g., mailing log showing materials sent and date of mailing)
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Completed enrollment form or record of the election received via an alternative format 2. Statement of the reason the beneficiary was eligible for a SEP.

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
	3. Documentation establishing that the beneficiary met the eligibility requirements for a SEP and, if applicable, CMS' approval of the SEP for that beneficiary.
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Completed enrollment form or record of the election received via an alternative format 2. Copy of notice to confirm enrollment sent to beneficiary 3. Documentation establishing that the beneficiary confirmed his/her intention to enroll (if applicable) 4. Documentation establishing that the Sponsor resubmitted the enrollment transaction to CMS with appropriate flag (if applicable) 5. Copy of notice of Part D sponsor denial of disenrollment sent to beneficiary (if applicable) 6. Copy of the notice of Part D sponsor denial of enrollment sent to the beneficiary (of applicable) and documentation establishing the date the notice was sent.
(Worksheet)	<p>Sample size: 30</p> <ol style="list-style-type: none"> 1. Documentation establishing date that each of the following required materials were sent: <ul style="list-style-type: none"> • Notice informing beneficiary of the planned enrollment in an employer/union sponsored plan and the effective date of enrollment • Notice informing beneficiary that the beneficiary may affirmatively opt out of such enrollment; how to accomplish that; and any consequences to employer/union benefits opting out would bring • A summary of benefits offered under the employer/union sponsored PDP • An explanation of how to get more information about the PDP • An explanation on how to contact Medicare for information on other Part D options that might be available to the beneficiaries • Information contained on page 3 of Exhibit 1 of PDP Enrollment Guidance 1. Copies of above documents sent to each enrollee (a sample of materials for each employer group will be sufficient) 2. Documentation establishing that the employer/union provided all information required to submit a complete enrollment transaction
(Worksheet)	<p>Sample size: 15</p> <ol style="list-style-type: none"> 1. Documentation establishing the date the weekly TRR file was available to Part D Sponsor 2. Documentation establishing that the Enrollment Transaction was properly submitted 3. Documentation establishing the date any required notices were sent 4. Copies of notices sent (if any) to enrollees 5. Documentation (e.g., screen prints) establishing that the Part D sponsor's internal systems were updated. 6. Documentation establishing the date the Part D sponsor resubmitted transaction to MARx, if required.
(Worksheet)	<p>Sample size: 15</p> <ol style="list-style-type: none"> 1. Disenrollment request or record of the disenrollment request received via an alternative format (i.e., copy of the TRR file showing the date it was available from CMS) 2. Copy of the disenrollment acknowledgement notice sent to beneficiary 3. Screen print showing the disenrollment effective date shown in Part D sponsor's internal system and key to interpreting screen print 4. Any other correspondence/information pertinent to the disenrollment
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Screen print showing the disenrollment effective date shown in the Part D sponsor's internal systems and key to interpreting the screen print 2. Documentation substantiating the date the Part D sponsor was notified of the move (or possible move if from a source other than the member or member's authorized representative) (e.g., copy of address change notification received from individual/representative, date TRR available, if notified via CMS) 3. Documentation demonstrating how the Part D sponsor learned of the move 4. Address verification form, or equivalent documentation, sent to beneficiary (if applicable) 5. Documentation substantiating the date the Part D sponsor received confirmation of the move from the member or his legal representative (if applicable) 6. All correspondence related to the move (or possible move) 7. Copy of disenrollment notice sent to beneficiary 8. Documentation establishing the date the Part D sponsor sent the disenrollment transaction to CMS 9. Copy of CMS transaction reply report showing disenrollment accepted

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
	10. Any other correspondence/information pertinent to the disenrollment

Marketing

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
(Worksheet)	Sample size: 10 1. Documentation of the date the formulary change became effective. 2. Copy of the Notice of Formulary or Cost-Sharing Change provided to the beneficiary 3. If applicable, evidence that the Sponsor authorized a 60-day supply of the Part D drug under the same terms as previously allowed at the time a refill was requested
(Worksheet)	Sample size: 10 1. Mailing log showing which <u>initial post-enrollment information</u> the Sponsor mailed to the beneficiary at the time of enrollment (for enrollees newly effective during the audit period) or as required annually (for all other beneficiaries) and the date Sponsor mailed it. 2. For enrollees newly effective during the audit period, mailing log showing the date Sponsor mailed the initial Evidence of Coverage to the beneficiary (if different from the date Sponsor mailed other initial post-enrollment information to the beneficiary)
(Worksheet)	Sample size: 10 1. Documentation of the date the Sponsor learned of the change in eligibility for the Low Income Subsidy 2. Documentation of the date the Sponsor mailed an LIS Rider to the beneficiary Copy of LIS Rider to the Evidence of Coverage sent to beneficiary

Transition Process

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
(Worksheet)	1. Documentation establishing the date the beneficiary received a temporary supply of a non-formulary Part D drug 2. Documentation establishing that transition fill was provided for a Part D drug 3. Documentation establishing that transition fill was provided for either a non-formulary drug or a formulary drug with drug utilization management requirements 4. Copy of the transition notice sent to the beneficiary 5. Documentation establishing date the transition notice was sent to the beneficiary
(Worksheet)	1. Documentation establishing that transition fill was provided for a Part D drug 2. Documentation establishing whether multiple refills were requested 3. Documentation establishing that multiple refills provided when requested

Coordination of Benefits

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
(Worksheet)	1. Documentation establishing the date the Part D sponsor received the completed survey from enrollee 2. Documentation establishing the date the Part D sponsor reported the information to the CMS-COB contractor
(Worksheet)	1. Documentation establishing the date the Part D sponsor received the information from CMS 2. Documentation establishing the date the Part D sponsor updated the information in the sponsor's systems
(Worksheet)	1. Documentation establishing that the other payer information for enrollee was communicated on the primary claim to the Pharmacy 2. Documentation establishing that the Part D sponsor received N transaction from the TrOOP facilitator containing information on payment made by supplemental payer and beneficiary cost sharing 3. Documentation establishing that the information in N transaction was used to adjust TrOOP
(Worksheet)	1. Documentation establishing that FIR transaction was received from TrOOP Facilitator 2. Documentation establishing that the Part D sponsor calculated TrOOP accumulators for each month the sponsor adjudicated claims for the beneficiary during the coverage year 3. Documentation establishing that the Part D sponsor correctly responded to FIR transactions

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
	reporting monthly TrOOP accumulators to the TrOOP Facilitator for transmission to the new plan of record
(Worksheet)	<ol style="list-style-type: none"> 1. Documentation establishing that the FIR (Update) transaction reporting monthly TrOOP accumulator was received 2. Documentation establishing that the Part D sponsor used the TrOOP accumulator data to correctly position the beneficiary in the benefit

Grievances, Coverage Determinations and Appeals

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
(Worksheet)	<p>Sample size: 15</p> <ol style="list-style-type: none"> 1. Copy of the appropriate Evidence of Coverage(s) (Note: This is not required to be in every file.) 2. Documentation of member grievance, including brief issue description, date grievance received, format received in (oral or written), and any request for a written response 3. Evidence that the enrollee was informed whether the complaint was subject to grievance or coverage determination procedures 4. If applicable, copy of the notice of inquiry about an excluded drug 5. Documentation establishing that plan notified enrollee of decision within 30 days (unless extended), including documentation of the analysis and resolution of the issue 6. If applicable, documentation establishing the date the Part D sponsor determined that an extension was necessary 7. If applicable, copy of the written notice of extension sent to the enrollee 8. If applicable, documentation that justifies the need for additional information and shows how the delay is in the interest of the enrollee 9. Documentation of the Part D sponsor's verbal or oral notification of the grievance resolution to enrollee, including date. If notification occurred by telephone, a key for interpreting any screen prints is required. 10. Grievances related to quality of care should include documentation that the issue was sent to the quality management department for evaluation, and any response from the quality management department
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Documentation of enrollee's expedited grievance, including date and time grievance received and format received in (oral or written) 2. Documentation of verbal or oral notification to enrollee, including date and time. If notification occurred by telephone, a key for interpreting any screen prints is required.
(Worksheet)	<p>Sample size: 10</p> <p>The file should contain all information needed to provide a complete auditable history of the claim for all line items, including all pertinent computer screen printouts.</p> <ol style="list-style-type: none"> 1. Documentation of drug benefit request, including documentation of date request received 2. Documentation of any requests for additional information (e.g., phone calls/ letters to provider or member, additional documentation or medical records received) 3. Any other correspondence sent to member regarding benefit request, including date and time of oral notification 4. If applicable, copy of the denial notice sent to enrollee 5. If applicable, copy of the denial notice sent to the prescribing physician 6. Explanation of reason for denial, and documentation supporting the determination, such as clinical information, or assumptions made by system edits 7. Medical review notes related to the disposition of the claim 8. A key for interpreting the claims processing/payment screens and any other system screens included in the file 9. Documentation of the cost-sharing tier in which the Part D sponsor placed the drug (if sample is an approved exception request). <p>If sent to IRE:</p> <ol style="list-style-type: none"> 1. Documentation of date and time case forwarded to IRE 2. Notification sent to enrollee, including date and time
(Worksheet)	<p>Sample size: 10</p> <p>The file should contain all information needed to provide a complete auditable history of the claim for all line items, including all pertinent computer screen printouts.</p> <ol style="list-style-type: none"> 1. Original claim (or a copy), including documentation of date and time received and drug

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
	<p>dispensed</p> <ol style="list-style-type: none"> 2. Documentation of any requests for additional information (e.g., phone calls/ letters to provider or member, additional documentation or medical records received) 3. Any other correspondence sent to member regarding benefit request, including date and time of oral notification 4. Documentation of date paid (e.g., day check was mailed – cancelled check, copy of check) 5. If applicable, copy of the denial notice sent to enrollee 6. Explanation of reason for denial, and documentation supporting the determination, such as clinical information, or assumptions made by system edits 7. Medical review notes related to the disposition of the claim 8. A key for interpreting the claims processing/payment screens and any other system screens included in the file 9. Documentation of the cost-sharing tier in which the Part D sponsor placed the drug (if sample is an approved exception request) <p>If sent to IRE:</p> <ol style="list-style-type: none"> 1. Documentation of date and time case forwarded to IRE 2. Notification sent to enrollee, including date and time
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Documentation of drug benefit request, including documentation of date request received 2. Source of the request 3. Documentation of date, time and content of any <u>verbal</u> notices to the enrollee related to the request, including, if applicable: <ul style="list-style-type: none"> • Notice of decision not to expedite • Notice of approval or denial 4. <u>Written</u> notices, including date, to the enrollee related to the request, including: <ul style="list-style-type: none"> • Notice of decision not to expedite, if applicable • Notice of approval or denial 5. Documentation supporting decision not to expedite, if applicable, and documentation that the case was transferred to the standard process 6. Documentation supporting the determination made by the Part D sponsor <p>If sent to IRE:</p> <ol style="list-style-type: none"> 1. Documentation of date and time case forwarded to IRE 2. Notification sent to enrollee, including date and time
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Part D sponsor's determination (initial denial notice), including date and name of individual(s) involved in making the determination 2. Redetermination request (appeal), including date received 3. Documentation of date paid (e.g., day check was mailed – cancelled check, copy of check), if applicable 4. <u>Written</u> notices, including date, to the enrollee related to the request, including: <ul style="list-style-type: none"> • Notice of adverse redetermination • Notice regarding requesting reconsideration 5. If applicable, approval notice to member, including date 6. Documentation supporting the decision by the Part D sponsor, including the name of individual(s) involved in making the redetermination 7. Documentation of date paid (e.g., screen prints showing day check was mailed or other screen prints that document the date paid, copy of cancelled check), if overturned and key interpreting the screen print <p>If sent to IRE:</p> <ol style="list-style-type: none"> 1. Documentation of date and time case forwarded to IRE 2. Notification sent to enrollee, including date and time 3. Notice to IRE that decision was effectuated, if overturned <p>If IRE requested file:</p> <ol style="list-style-type: none"> 1. Documentation of IRE requesting file, including date 2. Documentation of date file forwarded to the IRE 3. Notice to IRE that decision was effectuated, if overturned
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Initial claim, including date and name of individual(s) involved in making the determination 2. Part D sponsor's determination (initial denial notice), including date and name of person or

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
	<p>person involved in making the determination</p> <ol style="list-style-type: none"> 3. <u>Written</u> notices, including date, to the enrollee related to the request, including: <ul style="list-style-type: none"> • Notice of adverse redetermination • Notice regarding requesting reconsideration 4. Redetermination request (appeal), including date received 5. Documentation of date paid (e.g., day check was mailed – cancelled check, copy of check), if applicable 6. If applicable, approval notice to member, including date 7. Documentation supporting the decision by the Part D sponsor, including the name of individual(s) involved in making the redetermination 8. Notice to member of decision to forward to Independent Review Entity (IRE) <p>If sent to IRE:</p> <ol style="list-style-type: none"> 1. Documentation of date and time case forwarded to IRE 2. Documentation of date and time service authorized or provided, if overturned 3. Notice to IRE that claim was paid, if overturned <p>If IRE requested file:</p> <ol style="list-style-type: none"> 1. Documentation of IRE requesting file, including date 2. Documentation of date file forwarded to the IRE 3. Notice to IRE that claim was paid, if overturned
(Worksheet)	<p>Sample size: 10</p> <ol style="list-style-type: none"> 1. Part D sponsor's determination (initial denial notice), including date and name of individual(s) involved in making the determination 2. Redetermination request (appeal), including date and time 3. Documentation supporting the decision made by the Part D sponsor, including the name of individual(s) involved in making the redetermination 4. Source of the request 5. Documentation of any requests for additional information (e.g., phone calls/ letters to provider or member, additional documentation or medical records received) 6. Documentation of date and time service authorized or provided, if Part D sponsor overturns its denial 7. Documentation of date, time and content of any <u>verbal</u> notices to the enrollee related to the request, including, if applicable: <ul style="list-style-type: none"> • Notice of decision not to expedite • Notice of approval • Notice to member of decision to forward to IRE 8. Any <u>written</u> notices to the enrollee related to the request, including, if applicable: <ul style="list-style-type: none"> • Notice of decision not to expedite • Notice of adverse redetermination • Notice regarding requesting reconsideration • Notice of approval • Notice to member of decision to forward to IRE 9. Documentation supporting decision not to expedite, if applicable 10. Documentation case was transferred to standard review process, if applicable <p>If sent to IRE:</p> <ol style="list-style-type: none"> 1. Documentation of date case forwarded to IRE 2. Documentation of date and time service authorized or provided, if overturned 3. Notice to IRE that decision was effectuated, if overturned <p>If IRE requested file:</p> <ol style="list-style-type: none"> 1. Documentation of IRE requesting file, including date 2. Documentation of date file forwarded to the IRE 3. Notice to IRE that decision was effectuated, if overturned

Employer Group Health Plan Premiums

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
(Worksheet)	<ol style="list-style-type: none"> 1. Low-income premium subsidy (LIPS) that is provided to beneficiary by CMS 2. Total Premium charged for enrollee by Part D sponsor (or, for self insured employer, "illustrative

Worksheet Name	Minimum Documentation Required from Part D Sponsor for each Sample Case
	<p>premium" as defined in PDBM Chapter 12, Section 20.12.1)</p> <ol style="list-style-type: none"> 3. Amount of premium that is paid by beneficiary 4. Documentation establishing that the LIPS amount was passed through to the beneficiary up to the amount of the premium paid by the beneficiary 5. Documentation establishing that if the beneficiary's share of premium is less than the LIPS then the remaining amount was passed through to the employer up to the amount of employer contribution, if any 6. Documentation establishing that if the LIPS amount is greater than the total premium charged by Part D sponsor (or the illustrative premium for the self-insured employer) the difference was returned to CMS