

Currently approved version	New version with change	Type of Change	Reason for Change	Burden Change	Change from 60-Day
Notice- Section titled "How Do I Request an Appeal?" until section titled "What Happens Next?"	<p>Sub-sections titled "For an Expedited Appeal" and "For a Standard Appeal" are reworded. Sections now read as follows. "For an Expedited (Fast) Appeal: You, your prescriber, or your representative can file an appeal by telephone, by fax, through the plan's website, or by mail. A verbal request by telephone is the fastest way to file an expedited (fast) request. Phone:, TTY: For a Standard Appeal: [Plan that accepts verbal standard requests:] {You, your prescriber, or your representative can file an appeal by telephone, by fax, through the plan's website, or by sending a letter to the mailing address listed below.} [Plan that does not accept verbal standard requests:] {You, your prescriber, or your representative can file an appeal by TTY, fax, through the plan's website, or by sending a letter to the mailing address listed below.} [For plans that do not accept verbal standard requests, omit the plan phone number] {Phone:, TTY:, Fax:, Plan Website:, Address:}"</p>	Non-substantive	Modified to increase accessibility of plan websites allowing electronic access for beneficiaries. Modified to reduce confusion with which type of appeal requires which type of correspondance. Changes correspond with §423.128(b)(7)(ii) and §423.136.	No.	Yes.

	<p>uniformly present of different ways to appeal. Sections allow plans to provide information based on whether verbal requests are accepted for standard appeals. Section now reads as follows: "Under the section titled 'How Do I Request an Appeal?' the subsection titled 'For a Standard Appeal' gives two options. If the plan accepts verbal requests for standard appeals, the plan must keep the information after the brackets that states 'For plans that accept verbal standard requests'. If the plan does not accept verbal standard requests, the plan must keep the section after the brackets that states 'For plans that do not accept verbal standard requests'. Plans are required to enter the telephone number if plan accepts verbal requests, TTY number, fax number, plan website and physical address that the enrollee, prescriber, or the enrollee's representative can use to deliver an appeal request." Text has been added to clarify process for beneficiaries. The second half of the paragraph now states that "plans that accept verbal requests are required to enter the telephone number, ... Plans that do not accept verbal standard requests are required to enter fax number, plan website and physical address that the enrollee, prescriber, or the enrollee's representative can use to deliver an appeal request. "</p>				
<p>Instructions- Section titled "Section Titled: How Do I Request an Appeal?"</p>	<p>In the last sentence of this instruction, the word "appeal" is removed from the paragraph, as plans are required to include their appeal website above under the section titled "How Do I Request an Appeal?". Instead of the appeal website, plans should include their general website here.</p>	<p>Non- substantive</p>	<p>Changed to match the information modification in the notice.</p>	<p>No.</p>	<p>Yes.</p>

<p>Instructions- In section referencing "Additional Instructions for Drugs not covered under Part D when the plan has determined that the drug is or ma be covered under Medicare Part A or Part B:", after paragraph beginning with "MA-PD"</p>	<p>The paragraph beginning with "MA-PD" has been rewritten to include instructions for Part B step therapy requirements. The paragraph now reads as follows: "Where the plan processes a Part D coverage determination but determines that the requested drug is covered under Part A or Part B, insert the following additional text: 'This request was denied under your Medicare Part D benefit; however, coverage/payment for the requested drug(s) has been approved under Medicare Part A/B {include an explanation of the conditions of approval in a readable and understandable format}. If you think Medicare Part D should cover this drug for you, you may appeal.' If the plan determines that the requested drug is typically covered under Part B and instead processes a Part C organization determination, the plan must send the Integrated Denial Notice (CMS-10003) if coverage is denied under Part B (e.g., Part B drug step therapy requirements have not been met)."</p>				
<p>Instructions- The second paragraph beginning with "The Part D.."</p>	<p>The paragraph beginning with "The Part D" has been edited for clarity regarding the appropriate language version of the notice. The paragraph now reads "The Part D Denial Notice is available in English and Spanish. Part D plan sponsors should choose the version of the notice that will be readable and understandable to the beneficiary."</p>	<p>Substantive</p>	<p>Added to reflect new 2019 regulations concerning Part B step therapy §422.136(a).</p>	<p>No.</p>	<p>No.</p>

Notice-Header titled "Important"	The sentence in the beginning that notifies beneficiaries if their right to appeal the denial now reads "... you can call one of the numbers listed on the third page under..." instead of "...you can call one of the numbers listed on the last page under..."	Non-substantive	This change is to help beneficiaries correctly locate necessary phone numbers. This instruction has been changed to allow for the possibility of an increase of text on the page that may push the phone numbers to a different page for each notice	No	Yes.
Notice- In the section titled "Important Information about your Appeal Rights", the subsection titled "Standard (7 days)"	The sentence saying "If your appeal is for payment of a drug you've already received, we'll give you a written decision within 14 days." was added back to the notice.	Non-substantive	Request from public comments.	No	Yes.