

**2007 PRESCRIPTION DRUG BENEFIT (PDP) EVIDENCE OF COVERAGE
SUBMISSION CHECKLIST**

Instructions

1. The PDP Evidence of Coverage Checklist is to be submitted only when you are not utilizing the Model PDP EOC
2. Complete the checklist and submit it as the first page of your PDP EOC material submission which you will transmit via the HPMS PDP Marketing Module
3. The heading "Page #" on this checklist refers to the page number in your PDP EOC in which the information in this checklist can be found.
 - If the particular topic does not apply to your plan (for example, description of drug tiers), write "N/A" in this column.
 - If the topic is found throughout the document (e.g., member services phone number) write "multiple" in this column

<i>Prescription Drug Plan Name</i>	<i>S-</i> <i>Contract No.</i>
<i>Material ID No.</i>	<i>No. of Pages</i>

Benefits at A Glance

	Topic/Requirement	Page #
1.	Plan Premiums	
2.	Explain Requirements or Restrictions on getting covered drugs	
3.	Benefits	
4.	Deductibles	
5.	Initial Coverage Period	
6.	Coverage after you reach the ICL & before you qualify for Catastrophic Coverage	
7.	Catastrophic Coverage	
8.	Coverage for Non-Part D Drugs	
9.	Transition Policy	
10.	Geographic Service Area	
11.	Member Service Department –including TDD/TTY and hours	

Introduction

	Topic/Requirement	Page #
1.	Explain the purpose of the EOC	
2.	Provide information/contact information on Medicare	
3.	SHIPs	
4.	QIOs	

5.	Medicaid	
6.	Social Security	
7.	Railroad Retirement Board	
8.	Employer (or "Group") Coverage	

Section 1 – Plan Basics

	Topic/Requirement	Page #
1.	Description of Part D Plan	
2.	Plan Membership Card	
3.	Using Plan Pharmacies	
4.	Submitting Paper Claims	
5.	Filling Drugs Outside the Network	
6.	Specialty Pharmacies	
7.	Vaccines & Drugs Administered in Doctors Office	

Section 2 – Extra Help with Drug Plan Costs for People with Limited Income Resources

	Topic/Requirement	Page #
1.	Explain that extra help is available	
2.	Provide information on how to qualify and apply for extra help	
3.	Explain how cost change when member receives extra help	
4.	How to get more information	

Section 3 – Monthly Premiums

	Topic/Requirement	Page #
1.	Explain how the monthly plan premium it is paid	
2.	Explain what happens when premiums are not paid	
3.	Explain whether plan premiums can change during the year	
4.	Explain that enrollees must continue to pay their Part A or Part B premiums	
5.	Explain the late enrollment penalty	

Section 4 – Coverage for Prescription Drugs

	Topic/Requirement	Page #
1.	Describe what drugs are covered	
	Define what a formulary is	
	Define how the formulary functions (including any tiered formulary structures)	
	Explain that drugs on the formulary may change during the contract year	
	Any drug exclusion	
2.	Drug Management Programs	
	Explain Utilization Management Tools	
	Explain Drug Utilization Review Process	
	Define and Explain Medication Therapy Management Program	

3.	Explain how enrollment in PDP affect drug coverage under Medicare Part A or Part B	
4.	Explain how much enrollee will pay for drugs covered by the Plan	
	Deductible	
	Initial Coverage Period/Level	
	Coverage Gap	
	Catastrophic Coverage	
5.	Explain how Out-of-Pocket Costs are Calculated	
	What types of prescription drug payments count toward Out-of-Pocket Costs	
	Explain who can pay for prescription drugs and how these payments apply to Out-of-Pocket Costs	
6.	Explanation of Benefits	
	Define Explanation of Benefits	
	Explain what information is included in the EOB	
	Explain when it will be received	
	Explain what an enrollee should do if they do receive a EOB	
	Describe how to obtain to request a EOB	
7.	How does prescription drug coverage work if enrollee goes to a hospital or skilled nursing facility	

Section 5 – If You Have Other Prescription Drug Coverage

	Topic/Requirement	Page #
1.	Enrollee has both Medicare and Medicaid	
2.	SPAP Member	
3.	Medigap Policy holder	
4.	Employer or Retiree Group Member	

Section 6 – Appeals and Grievances – What to do if You have Complaints

	Topic/Requirement	Page #
1.	Define & describe the grievance process	
2.	Describe the coverage determination process (including standard vs. fast coverage determination)	
3.	Describe the exception process	
4.	Define appeal & describe appeal rights and procedures	

Section 7 – Leaving this Plan and Your Choices for Continuing Prescription Drug Coverage after You Leave

	Topic/Requirement	Page #
1.	Describe disenrollment rights, responsibilities and procedures	

Section 8 – Your Rights and Responsibilities as a Member of this Plan

	Topic/Requirement	Page #
	Explain a member’s rights and protections	

Section 9 – Legal Notices

	Topic/Requirement	Page #
1.	Notice about governing Law	
2.	Notice about Non-Discrimination	

Section 10 – Definition of Some Key Words Used in this Evidence of Coverage

	Topic/Requirement	Page #
1.	Definition key words that appear in the EOC	