

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



CENTER FOR BENEFICIARY CHOICES

DATE: April 25, 2006

TO: All Prescription Drug Plan Sponsors

FROM: Anthony Culotta, Acting Director
Medicare Enrollment and Appeals Group

SUBJECT: Revision to Exhibit 19 of the PDP Eligibility, Enrollment and Disenrollment Guidance – **Immediate Action**

In order to reduce the possibility of beneficiary confusion, we are making an immediate revision to Exhibit 19 – PDP Model Notice on Failure to Pay Plan Premiums – Advance Notification of Disenrollment, as provided in our PDP Eligibility, Enrollment, and Disenrollment Guidance. Specifically, we have removed the third paragraph of this model:

“If you would like to apply for help paying your plan premiums, you should contact Social Security or your State Health Insurance Assistance Program, <name of SHIP>, at <SHIP phone number> to get more information.”

A revised version of Exhibit 19 omitting this language is attached. To effectuate this revision, please remove this paragraph, and only this paragraph, in its entirety from your already approved or accepted plan notification letter that is based on this CMS model.

You must re-upload your updated Exhibit 19 document under HPMS material code 2019. You must use the same Material ID number of the originally approved or accepted piece, adding the term “REV” at the end (for example: S000XXXXREV). CMS will accept this revised document under File and Use Certification, regardless of whether your original document was submitted as model material. In addition, the 5-day waiting period for File and Use Certification materials will be waived.

Updated Exhibit 19 - PDP Model Notice on Failure to Pay Plan Premiums - Advance Notification of Disenrollment (April 19, 2006)

<Date>

Dear <Name of Member>:

Our records show that we have not received payment for your <Part D Plan> plan premium as of <date>. If we do not receive payment by <insert last day of grace period>, we will have to disenroll you from <Part D Plan>. To avoid disenrollment, you must pay <amount due to avoid disenrollment> by <insert last day of grace period>.

This letter pertains only to your Medicare Prescription Drug Plan benefits. Your other Medicare benefits will not be affected if you are disenrolled from <Part D Plan>.

You can submit a request to disenroll from <Part D Plan>. However, the Centers for Medicare & Medicaid Services, the federal agency that runs the Medicare program, limits when you can disenroll from <Part D Plan> and when you can enroll in a new plan. Generally, you can disenroll from <Part D Plan> (and enroll in a new plan) from November 15 through December 31 each year

You can only disenroll during the times listed above, unless you meet certain special exceptions, such as if you move out of <Part D Plan>'s service area. Also, if you disenroll from <Part D Plan> and do not enroll in another Medicare Prescription Drug Plan (or a Medicare Health Plan with prescription drug coverage) right away, you may have to pay a penalty for Medicare prescription drug coverage in the future.

If you want to disenroll from <Part D Plan> now, you should do one of the following:

1. Send us a written request at <address>.
2. Call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

If you think we have made a mistake, or if you have any questions, please contact <Part D Plan> customer service at <toll-free number>, <days and hours of operation>. TTY/TDD users should call <toll-free TTY number>.

Thank you.