

FACT SHEET

PART D LATE ENROLLMENT PENALTY (LEP) RECONSIDERATION APPEALS DATA — Q4 2021

An LEP appeal is the process by which an individual enrolled in a Medicare prescription drug plan (i.e., an enrollee) may challenge a plan's determination that an LEP should be assessed. Appeals begin with a request by an enrollee (or his or her representative) for a reconsideration of the plan's decision to assess an LEP. If, upon reconsideration, the plan upholds its decision, the enrollee may request a reconsideration by the Part D Independent Review Entity (also called the Part D Qualified Independent Contractor [QIC]). Under Medicare regulations, the Part D QIC decision is final and not subject to further appeal.

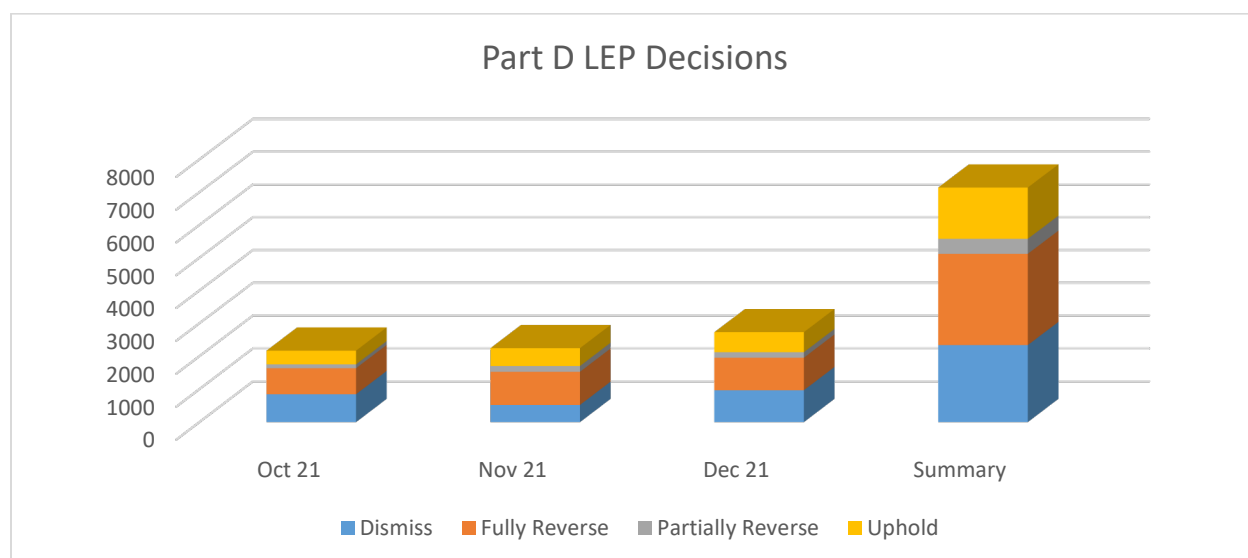
Part D LEP Appeals Process

The following data summarizes and highlights some of the key data on reconsiderations during the 17th year of the Medicare prescription drug benefit program from Oct. 1, 2021, to Dec. 31, 2021.

Reconsideration Volume

The Part D QIC closed 7,143 reconsiderations during the fourth quarter of calendar year 2021. This represents a rate of 0.14 reconsiderations for each 1,000 Medicare beneficiaries enrolled.¹

Number of Appeals Closed² by Part D LEP by Month



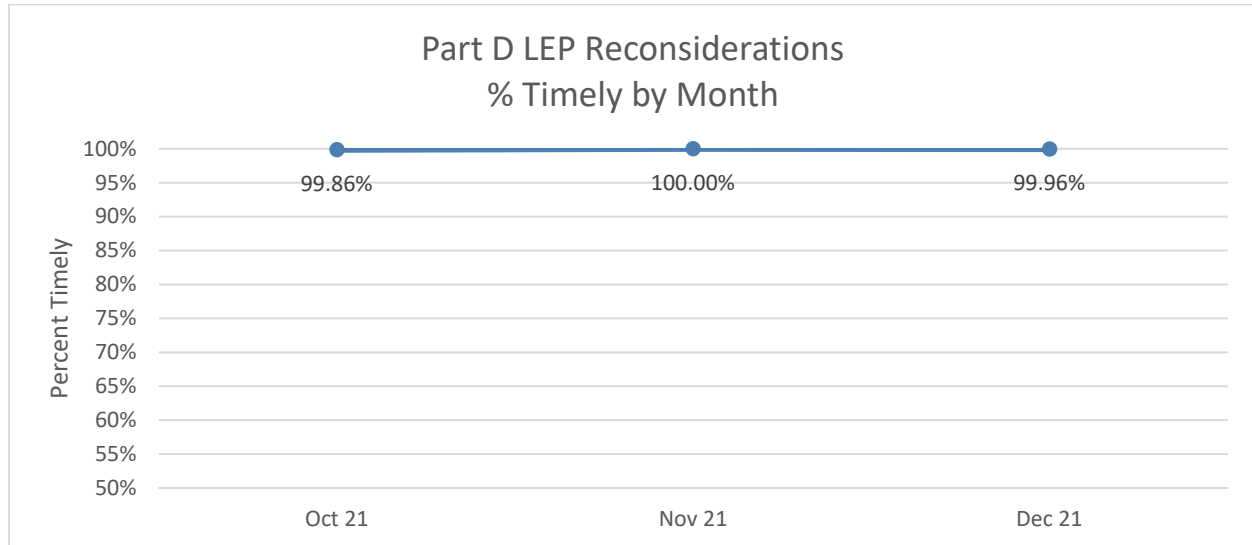
¹ Volume, divided by December enrollment (times 1,000), is used to calculate the annual rate of appeals per 1,000 enrollees.

² Excludes Reopening of LEP Appeals

Part D LEP Appeal Volume by Decision

Month	Dismiss	Fully Reverse	Partially Reverse	Uphold	Total
Oct 21	847	790	116	416	2169
Nov 21	522	1006	175	541	2244
Dec 21	968	987	167	608	2730
Summary	2337	2783	458	1565	7143

Timeliness of LEP Reconsiderations Closed



Month Closed	Total Cases	Timely Cases	% Timely
Oct 21	2169	2166	99.86%
Nov 21	2244	2244	100.00%
Dec 21	2730	2729	99.96%
Summary	7143	7139	99.94%