

IMPORTANT INFORMATION REGARDING
Medicare Prescription Drug Coverage and
Your Rights Notice Update

Effective Date: July 1, 2018

Applicable to all Medicare Part D plans

Beginning no later than July 1, 2018, all network pharmacies must use the revised Office of Management & Budget (OMB)-approved “Medicare Prescription Drug Coverage and Your Rights” pharmacy notice (CMS-10147) and discontinue the distribution of any previous version. The revised notice must be provided to Part D enrollees when an enrollee’s prescription cannot be filled under the Part D benefit and the issue cannot be resolved at the point of sale. The Spanish version is also included and must be provided to enrollees who are limited English proficient and speak Spanish or request the Spanish version.

The revised version of the pharmacy notice has been modified to include:

- Revised language to read “a preferred drug” rather than “the preferred drug”;
- Language providing information on how enrollees can request the notice in an alternative format;
- The PRA Disclosure Statement; and
- The expiration date.

The updated notice (English and Spanish) are included with this message.

TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON MEMBER’S ID CARD PRIOR TO SUBMITTING PRESCRIPTION CLAIMS.

**Should you have any questions or require assistance, please contact the OptumRx Help Desk:
Pharmacy Help Desk: (800) 880-1188 (24 hours a day, 7 days a week)**

For questions regarding this communication call:
Provider Relations (877) 633-4701 or e-mail provider.relations@optum.com

Please distribute immediately.

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



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: May 2, 2018

TO: All Organizations Offering Part D

FROM: Jerry Mulcahy, Director

SUBJECT: Revised Medicare Prescription Drug Coverage and Your Rights (CMS-10147)

The purpose of this memorandum is to announce the availability of the revised, OMB-approved standardized notice, "Medicare Prescription Drug Coverage and Your Rights" (CMS-10147) ("pharmacy notice").

Beginning no later than *July 1, 2018*, all Part D plan sponsors' network pharmacies must use the revised, OMB-approved pharmacy notice. The revised notice must be provided to Part D enrollees when an enrollee's prescription cannot be filled under the Part D benefit and the issue cannot be resolved at the point of sale.

The revised version of the pharmacy notice has been modified to include:

- Revised language to read "a preferred drug" rather than "the preferred drug";
- Language providing information on how enrollees can request the notice in an alternative format;
- The PRA Disclosure Statement; and
- The expiration date.

The notice and accompanying instructions are posted on the CMS Medicare Prescription Drug Appeals & Grievances webpage (under "Plan Sponsor Notices and Other Documents"):

<https://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/PlanNoticesAndDocuments.html>

For questions regarding the pharmacy notice, send an email to the following address:
PartD_Appeals@cms.hhs.gov

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

Medicare Prescription Drug Coverage and Your Rights

Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an "exception"** if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Nombre del beneficiario: _____ (opcional)

Número de receta y de medicamento: _____ (opcional)

La cobertura de Medicare de las recetas médicas y sus derechos

Sus derechos si tiene Medicare

Usted **tiene el derecho de solicitar una determinación de cobertura** de su plan Medicare de recetas médicas si está en desacuerdo con la información proporcionada por la farmacia. También tiene **el derecho de solicitar una determinación de cobertura especial conocida como “excepción”** si piensa que:

- Necesita un medicamento que no está en la lista de su plan. A la lista de medicamentos cubiertos se le conoce como “formulario”.
- Una regla de cobertura (como la autorización previa o un límite de cantidad) no debe aplicarse debido a su problema médico; o
- Necesita tomar un medicamento no preferido y usted quiere que su plan lo cubra al precio de un medicamento preferido.

Lo que necesita hacer

Usted o la persona que le ha recetado el medicamento pueden pedirle al plan una determinación de cobertura, llamando al número gratis que aparece en la parte de atrás de la tarjeta del plan, o visitando el sitio web del plan. Usted o su médico puede pedir una determinación acelerada (24 horas) si su salud pudiera estar en peligro si tiene que esperar 72 horas para obtener la respuesta. Usted tendrá que informarle al plan:

1. El nombre del medicamento que no pudo obtener, la dosis y concentración si lo sabe.
2. El nombre de la farmacia donde intentó obtener el medicamento.
3. La fecha en que intentó obtenerlo.
4. Si solicita una excepción, el médico que lo recetó tiene que enviarle a su plan una declaración explicándole el motivo por el cual usted necesita el medicamento que no está en el formulario, el medicamento no preferido o no se debe aplicar una regla de cobertura a usted.

Su plan Medicare de medicamentos recetados le comunicará su decisión por escrito. Si no aprueban la cobertura, la carta del plan le explicará el motivo y cómo apelar la decisión si no está de acuerdo.

Si desea más información, consulte los materiales del plan o llame al 1-800-MEDICARE.

Declaración sobre la Ley para la Reducción de Trámites De acuerdo con la Ley para la Reducción de Trámites de 1995 (PRA en inglés), las personas no están obligadas a responder una recopilación de información a menos que se exhiba un número de control de la oficina de Gerencia y Presupuesto (OMB en inglés) válido. El número de control OMB válido para esta recopilación de información es 0938-0829. El tiempo necesario para responder esta recopilación de información es de aproximadamente 10 minutos por respuesta, incluido el tiempo para revisar instrucciones, buscar fuentes de datos existentes, reunir los datos necesarios y completar y revisar la recopilación de información. Si tiene preguntas sobre la precisión de los tiempos estimados o sugerencias para mejorar este formulario, escriba a: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CMS no discrimina en sus programas y actividades. Para solicitar esta publicación en un formato alternativo, llame al 1-800-MEDICARE o envíe un correo electrónico a: AltFormat@cms.hhs.gov.