

## **YOUR RIGHT TO ASK MEDICARE TO REVIEW YOUR MEDICARE PART D LATE ENROLLMENT PENALTY**

“Creditable prescription drug coverage” is coverage (for example from an employer or union) that meets Medicare’s minimum standards since it is expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage. If you don’t join a Medicare drug plan when you are first eligible, and you don’t have other “creditable prescription drug coverage,” you may have to pay a late enrollment penalty (LEP).

### **What if I Don’t Agree with Medicare’s Late Enrollment Penalty Decision?**

In some cases you have the right to ask Medicare to review your late enrollment penalty decision. This is called a “reconsideration.” For example, you could request a reconsideration if you think Medicare did not count all of your creditable coverage or if you didn’t get a notice that explained whether your previous prescription drug coverage was creditable. Other reasons for requesting a reconsideration are listed on the request form sent with this notice.

### **Who Can Ask for a Reconsideration?**

You or someone you name to act for you (your representative) can ask for a reconsideration. If someone requests a reconsideration for you, he or she must send proof of his or her right to represent you with the request form. Proof could be a power of attorney form, a court order, or an “Appointment of Representative” form. This last form can be found at <https://www.medicare.gov/forms-help-resources/medicare-forms>. You also can call the Medicare helpline (see below) and ask for Form CMS-1696.

### **How Do I Ask for a Reconsideration?**

Complete the reconsideration request form sent with this notice. Mail it to the address or fax it to the number listed on the form within 60 days from the date on the letter you got stating you had to pay a late enrollment penalty. You should also send any proof that supports your case, like information about previous creditable prescription drug coverage. If you wait more than 60 days, you must explain why your request is late. Medicare will decide if you had good cause to send a late request.

### **What Do I Need to Include with My LEP Reconsideration Request?**

1. A completed, signed LEP reconsideration request (keep a copy).
2. Copies of information you believe may help your case.
3. If you’ve named someone to act for you, a copy of the proof the individual can represent you.

NOTE: Do not send original documents.

### **Where Can I Get More Information?**

Call Tufts Health Plan at 1-800-701-9000 (HMO)/ 1-866-623-0172 (PPO). We are open Monday through Friday from 8:00 A.M. to 8:00 P.M. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from October 1 – March 31.) After hours and on holidays, please leave a message and a representative will return your call the next business day. TTY users should call the plan at 711. You can visit us at [www.tuftshealthplan.com](http://www.tuftshealthplan.com).

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web or call 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week for help. TTY users should call Medicare at 1-877-486-2048.

Tufts Health Plan is an HMO/PDP/PPO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.

H2256\_MO054\_2023\_C  
S0655\_MO054\_2023\_C  
H9907\_MO054\_2023\_C