

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



**MEDICARE ENROLLMENT & APPEALS GROUP**

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**DATE:** August 1, 2017

**TO:** All Organizations Offering Part D

**FROM:** Jerry Mulcahy  
Director

**SUBJECT:** Revised Notice of Denial of Medicare Part D Prescription Drug Coverage  
(CMS-10146)

The purpose of this memorandum is to announce the availability of the revised, OMB-approved standardized Notice of Denial of Medicare Part D Prescription Drug Coverage (CMS-10146).

**Beginning no later than *October 1, 2017***, all plans offering Part D must use the revised, OMB-approved standardized Notice of Denial of Medicare Part D Prescription Drug Coverage. The revised notice must be provided to Part D enrollees when a plan issues a fully or partially adverse coverage determination.

The revised version of the Part D standardized denial notice has been modified to include:

- A suggestion that the enrollee share a copy of the decision with his or her prescriber so that next steps can be discussed. The notice also explains that if the enrollee's prescriber requested coverage on the enrollee's behalf, a copy of the decision was sent to the prescriber;
- Language that must be inserted, as applicable, if a drug is denied under Part D that an MA-PD has approved under Medicare Part A or B;
- Language that must be inserted, as applicable, if a PDP believes the drug may be covered under Medicare Part A or B;
- Language providing information on how enrollees can request the notice in an alternative format; and
- The national toll-free number for the State Health Insurance Program National Technical Assistance Center (SHIP TA Center).

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 Part D Denial Notice**, send an email to the following address:  
[PartD\\_Appeals@cms.hhs.gov](mailto:PartD_Appeals@cms.hhs.gov)