

DEPARTMENT: Medicare Operations	ORIGINAL APPROVAL: 11/25/2008
POLICY #: EM114	LAST APPROVAL: 03/22/2016
TITLE: Best Available Evidence (BAE)	
APPROVED BY: Charyl Norwood, Director of Enrollment and Appeals	
DEPENDENCIES: EM133 - Submissions to Retroactive Processing Contractor Policy	

PURPOSE

The purpose of this document is to describe the Community Health Plan of Washington (CHPW) policy and procedure for using Best Available Evidence (BAE) to update member low-income subsidy (LIS) information.

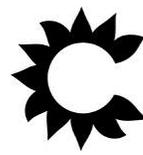
POLICY AND PROCEDURE

CHPW will follow the guidance in the [Centers for Medicare and Medicaid Services \(CMS\) Medicare Prescription Drug Benefit Manual Chapter 13 § 70.5](#) for determining appropriate cost-sharing subsidies for Part D eligible individuals who do not have one of the required pieces of evidence but who claim to be eligible for the LIS. These requirements apply to all beneficiaries who are “deemed” subsidy eligible (including full benefit Medicare/Medicaid eligible, partial dual eligible, and people receiving Supplemental Security Income (SSI) as well as those who must apply and are awarded LIS by the social Security Administration (SSA).

CHPW will accept specified forms of documentation of a member’s correct LIS status, to change the member’s cost-sharing levels in CHPW’s system based on that documentation, and for deemed LIS beneficiaries to submit to CMS’ Retroactive Processing Contractor as defined in the policy EM133 - *Submissions to Retroactive Processing Contractor*.

CHPW will accept any of the following forms of evidence to establish the subsidy status of a full benefit dual eligible member when provided by the member or other individual acting on behalf of the member. CHPW will include a copy of one of the following BAE documents with every update request submitted to CMS:

1. A copy of the member’s Medicaid card that includes the member’s name and eligibility date during a month after June of the previous calendar year;
2. A copy of a state document that confirms active Medicaid status during a month after June of the previous calendar year;
3. A print out from the State electronic enrollment file showing Medicaid status during a month after June of the previous calendar year;
4. A screen print from the State’s Medicaid systems showing Medicaid status during a month after June of the previous calendar year;
5. Other documentation provided by the State showing Medicaid status during a month after June of the previous calendar year;



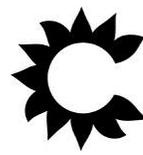
6. A letter from SSA showing that the individual receives SSI denoting the effective date; or,
7. An Important Information letter from SSA confirming that the member is “automatically eligible for extra help”, which denotes the effective date.

CHPW will accept any one of the following forms of evidence from member or pharmacists to establish that a member is institutionalized and qualifies for zero cost-sharing:

- A remittance from the facility showing Medicaid payment for a full calendar month for that individual during a month after June of the previous calendar year;
- A copy of a state document that confirms Medicaid payment on behalf of the individual to the facility for a full calendar month after June of the previous calendar year; or
- A screen print from the State’s Medicaid systems showing that individual’s institutional status based on at least a full calendar month stay for Medicaid payment purposes during a month after June of the previous calendar year.

Additionally, if a member is receiving home and community based services (HCBS) and qualifies for zero cost-sharing the following will be accepted:

- A State-issued notice of action, determination or notice of enrollment that includes name and HCBS eligibility date from June of the previous year forward
 - A state-approved HCBS service plan that includes the name and effective date, from the June of the previous year forward
 - State-issued prior authorization approval letter for HCBS that includes the name and an effective date from June of the previous year forward
 - Other documentation provided by the state showing both HCBS eligibility status from June of the previous year forward or a state-issued document confirming payment to HCBS, with name and dates of HCBS
1. As soon as one of the forms of BAE listed above is presented, CHPW will provide the member access to covered Part D drugs at a reduced cost-sharing level which is no greater than the higher of the LIS cost-sharing levels for full subsidy eligible’s (in 2013, this level was \$2.65 per generic or preferred brand name drug; \$6.60 per brand name drug), or at zero cost-sharing if the BAE also verifies the member’s institutional status.
 2. CHPW will update (Xcelys and ESI) systems within 24-72 hours of receipt of BAE documentation to reflect the correct LIS status, override standard cost-sharing and maintain an exception process for the member to obviate the need to require the re-submission of documentation each month pending the correction of the member’s LIS

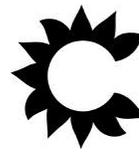


- status in CMS system. In addition CHPW will provide access to covered Part D drugs as soon as the BAE is presented.
3. CHPW will verify that CMS' systems do not already reflect the member's correct LIS status. If CMS' systems do not already reflect the updated information for "deemed" beneficiaries, CHPW will submit a request for correction.

ASSISTING INDIVIDUALS WITHOUT BAE DOCUMENTATION:

CHPW will take the following actions to assist members who claim to be subsidy eligible based on being full or partial dual eligible but who cannot provide the documentation described above:

1. Complete columns A through F of the CMS BAE Assistance worksheet with plan and member information. (see attached worksheet sample)
2. Ask the member (or the member's advocate, pharmacist, authorized representative or other individual acting on the member's behalf) what date the member will run out of medication. If provided, include that information in the worksheet (Column G) and include the appropriate phrase in the subject line of the e-mail to the CMS Regional Office (CMS RO) as shown below:
 - a. If the member has less than 3 days of medication remaining, indicate the phrase "Immediate BAE Assistance Needed" in the subject line.
 - b. If the member has 3 or more days of medication remaining, indicate the phrase "**Non-Immediate BAE Assistance Needed**" in the subject line.
3. Send the worksheet via an encrypted e-mail to the CMS RO Part D mailbox based on where the individual resides.
4. Submit the worksheet to the CMS RO within one business day of being notified that the member claims to be subsidy eligible but cannot provide CHPW with one of the documents listed above.
5. Upon receipt of the worksheet from CMS, CHPW will update Xcelys and ESI to reflect LIS status, and submit a request for correction to the CMS contractor.
6. Notify the member of the results of CMS' inquiry as follows:
 - a. CHPW Customer Service (CS) will make an initial attempt to notify the member of the results of the CMS RO inquiry within one business day of receiving those results.
 - b. If CS is unable to reach the member as a result of this initial attempt, it must attempt to notify the member until it succeeds or until it has attempted to do so a total of four times.
 - c. The fourth attempt, if necessary, shall be in writing. If CMS determines that the member is LIS eligible, Eligibility Coordinator (EC) will send out the "Determination of LIS Eligibility" Notice. If CMS determines that the



member is not LIS eligible, or is unable to confirm the member’s LIS status, The EC will send the “Determination of LIS Ineligibility” Notice.

- d. If a request for a subsidy was made on the member’s behalf by an advocate or authorized representative CHPW will contact that advocate or representative. If, however, the only request made on the member’s behalf was by a pharmacist, CHPW must also contact the member directly. Members must be notified that if they do not agree with the results of the inquiry, CHPW will provide them with appropriate contact information for the appropriate CMS RO.
7. As soon as CHPW receives confirmation from the CMS RO that a member is subsidy eligible, CHPW will provide the member access to covered Part D drugs at a reduced cost-sharing level no greater than the higher of the LIS cost-sharing levels for full subsidy eligible, or at zero cost-sharing if the RO also verifies the member’s institutional status.

In cases where there is a CTM, CHPW will close out the case in the CTM in the new “Beneficiary Needs assistance with Acquiring Medicaid Eligibility Information” category. The date entered must be the date of CHPW’s final attempt to notify the member of the results of CMS’ inquiry, in accordance with the procedures described above.

LIST OF APPENDICES

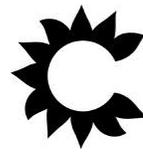
None

CITATIONS & REFERENCES

CFR		
WAC		
RCW		
CONTRACT CITATION	<input type="checkbox"/>	
	<input checked="" type="checkbox"/> MA	
OTHER REQUIREMENTS	– MEDICARE PRESCRIPTION DRUG BENEFIT MANUAL CHAPTER 13 § 70.5	
NCQA ELEMENTS		

REVISION HISTORY

REVISION DATE	REVISION DESCRIPTION	REVISION MADE BY
11/14/2008	Original Draft	Jaceline Sinson
11/25/2008	Content revision	Jaceline Sinson
11/25/2008	Approval	Mike Evans
07/01/2011	Updated for alignment with current practices.	Charyl Norwood



08/18/2011	Approval	Mike Evans
09/18/2012	Updated with HCBS for 2012/2013 language	Clayton Thompson
10/01/2012	Approval	Mike Evans
04/15/2014	Checked for Accuracy for 2014	Clayton Thompson
03/27/2015	Updated for 2015	Clayton Thompson
04/01/2015	Approval	Mike Evans
03/22/2016	Reviewed	Vaughn Tanner
03/22/2016	Approval	Charyl Norwood