# Compass MED D - Blue MedicareRx (NEJE) Low Income Subsidy (LIS) Dispute & Best Available Evidence (BAE) - Process for Urgent Need of Medication

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**Description:** This document outlines the process the Blue MedicareRx (NEJE) CCR will perform when there is a dispute regarding the beneficiary’s Low Income Subsidy.

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| General Information |

The Best Available Evidence (BAE) process is used to assist the beneficiary when the Low Income Subsidy (LIS), also known as Extra Help, information in our internal and CMS systems is not correct or not present.

* This may occur, for example, because a state has been unable to successfully report the beneficiary as Medicaid eligible or is not reporting him/her as institutionalized.

**Note:** Beneficiaries may or may not have documentation that they have subsidy.

CMS will accept the following forms of BAE: [Acceptable Forms of Best Available Evidence (BAE)](#_Acceptable_Forms_of).

**Note:** High call volumes can occur at the beginning of the year from enrollees due to changes in subsidy levels or copays in the new plan year.

This document will discuss what a CCR should do if they receive a call from a beneficiary who:

* Says they have an urgent need for medication.
* Says they should have Extra Help or LIS to help pay for their drug costs.
* Says they were charged too much or incorrect copay at the pharmacy for their medication and should have subsidy.
* Has received a letter from Social Security indicating their approved LIS level or who have some confirmation of their dual status and calling to have LIS status updated.

The CCR must immediately determine the days’ supply of medication the enrollee has on hand:

* Urgent = 3-day supply or less of medication
* Non-Urgent = More than 3-day supply of medication
* If the days’ supply of medication the enrollee has on hand is urgent, transfer to the Senior team to temporarily update the enrollee’s subsidy level.
* A Support Task will be opened in either case to follow up with the beneficiary to obtain the documentation and/or request CMS review the enrollee’s eligibility for subsidy.
* The plan will request that CMS review if the enrollee is eligible for subsidy either based on the documentation provided or if the enrollee does not have the acceptable documentation.
* The enrollee **SHOULD NOT** be referred to contact CMS/Medicare/Social Security Administration for verification.
* Confirm with beneficiary, POA and or SHIP Counselor if beneficiary **has urgent need for life saving medications**.

** Reminder:** If the [CMS Approved document](#_Acceptable_Forms_of) **does not** provide the **actual**LICS level, a **Temporary LIS Level 1** adjustment is offered to beneficiaries as a **Courtesy** for **one month**.

**Important:** When offering a TEMPORARY LIS level adjustment, it is necessary to **inform the beneficiary/requestor** that if they do not **qualify** for subsidy, they will be responsible to **re-pay all copays or cost-sharing** back to plan.

**Note:** If beneficiary resides in a Long-Term Care facility Temporary LIS is not necessary as they have access to care.

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| Accessing the Beneficiary’s Account |

**Note:**  If caller is a Retail or LTC pharmacy:

* + **Warm transfer** to RHD < Retail Services (Retail Help Desk) – MED D 1-866-693-4620>.

The CCR will access the beneficiary’s account and determine the appropriate action needed:

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| **Step** | **Action** | | |
| **1** | From the **Medicare D Landing Page,** navigate to the **Eligibility & Plan** tab. | | |
| **2** | Review the LICS Level Field in the **Additional Eligibility Details** section to locate the LIS information. | | |
| **If the LIS level is…** | **And beneficiary has…** | **Then…** |
| **Not Displaying or Displaying and** the beneficiary states it is **NOT** correct | 3-day supply or less of medication (Urgent Need) | Proceed to [Urgent Need of Medication](#_Urgent_Need_of). |
| **Not Displaying or Displaying and** the beneficiary states it is **NOT** correct | More than 3-day supply of medication (Non-Urgent Need) | Proceed to [CCR Only - Checking LIS Levels, LIS Level Incorrect, and/or Accepting BAE](#_Log_Activity). |
| **Displaying** **and** the beneficiary states it is **Correct** | N/A | * Advise of the LIS status. * Proceed to[Step 2](#CCROnlyStep2) ofCCR On–y - Checking LIS Levels, LIS Level Incorrect, and/or Accepting BAE. |

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| Urgent Need of Medication |

Perform the steps below:

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| **Step** | **Action** | |
| **1** | From the **Member Snapshot Landing** **Page**, navigate to the **Client and Processing Information** panel to review the **Carrier**. | |
| **If the client is…** | **Then…** |
| * Blue MedicareRx (NEJE) | For **all** calls, CCR should:   * **Transfer** to the Senior Team. * Inform the Senior CCR that the caller has an urgent need of a medication and is stating they have Extra Help (LIS) and should receive medication at a lower cost share.   Refer to [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) and [Compass - Basic Call Handling](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6W3WSAI1/TSRC-PROD-016401).  **Senior CCR Note:** Refer to the [Senior CCR - Process](#_Senior_CCR_and). |

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| CCR Only - Checking LIS Levels, LIS Level Incorrect, and/or Accepting BAE |

The CCR may receive calls from beneficiaries (it is possible for a Retail or Long Term Care Pharmacy to contact Care on behalf of a beneficiary) stating that their LIS level may be incorrect and/or they have subsidy and may have paid a higher copay when obtaining medication at the pharmacy. The beneficiary may or may not have documentation of BAE.

To confirm if the enrollee has subsidy, the CCR will perform the following steps:

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| **Step** | **Action** | | |
| **1** | From the **Member Snapshot Landing** **Page**, navigate to the **Client and Processing Information** panel to review the **Carrier**. | | |
| **If the client is…** | **Then…** | |
| * Blue MedicareRx (NEJE) | What kind of documentation can you provide that shows the subsidy level or status?  Determine if the beneficiary has documentation of subsidy level or status.   * See the [Acceptable Forms of Best Available Evidence (BAE)](#_Acceptable_Forms_of) section of this document. | |
| **If...** | **Then...** |
| Beneficiary has documentation | How would you like to send the documentation to the plan?  Based on beneficiary’s response, provide the requested option:   * **NEJE:**   + Email: [JELISBAEResearch@caremark.com](mailto:JELISBAEResearch@caremark.com)     - The **subject** line should say Low Income Subsidy (Extra Help).     - Provide BAE, such as Medicaid card, award letter, screen shot of state Medicaid portal etc.   + Fax: 866-342-7048   + Mail: P.O. BOX 30001, Pittsburgh, PA 15222-0330   Once we receive your documentation, we will submit the request to review your LIS level. We will notify you once we have the outcome of the review within 10 business days.  Proceed to next step. |
| Beneficiary does NOT have documentation | * We will be requesting CMS to review if you qualify for subsidy and/or confirm your LIS level. * You will be notified once we have the outcome of the review within 10 business days.   Submit Support Task **immediately**.  **Click Create Support Task** button.  **Task Type:** Enrollment – LIS - Low Income Subsidy  Complete all required fields marked with an (\*).  **Notes:**   * Indicate NEJE * Beneficiary has more than 3 days’ supply (non-urgent) of medication. * Document one of the following:   + Beneficiary has evidence   + Beneficiary does not have evidence   + Beneficiary is stating they have a different LIS level.   + Beneficiary has been informed to submit BAE documentation or has been advised CMS will conduct a review on if they qualify for subsidy.   Proceed to next step. |
| **2** | Ask if there are any other benefit questions. | | |
| **If…** | **Then…** | |
| Yes | Address any additional Benefit issues.  Document and close the call according to existing policies and procedures.  Refer to [Compass - Call Documentation (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).  **Resolution Time:**  4 Business Days | |
| No | Document and close the call according to current policies and procedures.  Refer to [Compass - Call Documentation (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).  **Resolution Time:**  4 Business Days | |

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| Senior CCR - Process |

Upon receiving the call, the Senior CCR will:

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| **Step** | **Action** | | | | |
| **1** | Perform the following: | | | | |
| **If…** | **Then…** | | | |
| **SSI/NEJE** | Perform the following: | | | |
| **Step** | **Action** | | |
| **1** | When offering a TEMPORARY LIS level adjustment, it is necessary to **inform the beneficiary/requestor** that if they do not **qualify** for subsidy, they will be responsible to **re-pay all copays or cost-sharing** back to plan.     * At this time, we can apply a temporary LIS adjustment for the period of one month. * If CMS indicates that you do not qualify for subsidy you will be responsible to **re-pay all copays or cost-sharing** back to plan. * Would you like us to apply the adjustment?   If the caller is a pharmacy, ask the pharmacy to run the claim again and remain on the line for the claim to pay at the appropriate cost share. | | |
| **If…** | | **Then...** |
| Yes | | Apply a temporary eligibility update (LIS 1 level) in RxClaim. Refer to [MED D - Senior Team - LICS Updates in RxClaim](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=446740fd-43bf-457a-81c5-685bf29b8d8b).  Proceed to the next step. |
| No | | Proceed to the next step. |
| **2** | What kind of documentation can you provide that shows the subsidy level or status?  Determine if the beneficiary has documentation of subsidy level or status.   * See the [Acceptable Forms of Best Available Evidence (BAE)](#_Acceptable_Forms_of) section of this document. | | |
| **If…** | **Then…** | |
| Beneficiary has documentation | How would you like to send the documentation to the plan?  Based on beneficiary’s response, provide the requested option:   * **NEJE:**   + Email: [JELISBAEResearch@caremark.com](mailto:JELISBAEResearch@caremark.com)     - The **subject** line should say Low Income Subsidy (Extra Help).     - Provide BAE, such as Medicaid card, award letter, screen shot of state Medicaid portal etc.   + Fax: 866-342-7048   + Mail: P.O. BOX 30001, Pittsburgh, PA 15222-0330.      * Once we receive your documentation, we will submit the request to review your LIS level. * We will notify you once we have the outcome of the review within 10 business days   Proceed to [next step](#SeniorStep1StapActionStep3). | |
| Beneficiary does NOT have documentation | * We will be requesting CMS to review if you qualify for subsidy and/or confirm your LIS level. * You will be notified once we have the outcome of the review within 10 business days.   Proceed to [next step](#SeniorStep1StapActionStep3). | |
| **3** | Submit **Support Task** to indicate that beneficiary has been informed to submit BAE documentation or have been advised CMS will conduct a review on if they qualify for subsidy:  Click **Create Support Task** button.  **Task Type:** Enrollment – LIS - Low Income Subsidy  Complete all required fields marked with an (\*).  **Notes:**   * Indicate NEJE * Beneficiary has 3 day supply or less of medication * Beneficiary accepted or denied temporary LIS * Document one of the following:   + Beneficiary has evidence   + Beneficiary does not have evidence   + Beneficiary is stating they have a different LIS level.   + Beneficiary has been informed to submit BAE documentation or has been advised CMS will conduct a review on if they qualify for subsidy.   Proceed to [Step 2](#SeniorStep2). | | |
| **2** | Document and close the call according to current policies and procedures.  Refer to [Compass - Call Documentation (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0). | | | | |

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| Acceptable Forms of Best Available Evidence (BAE) |

**Notes:**

* If a beneficiary calls and states he/she has Low Income Subsidy (LIS) or Extra Help and the LIS information displayed in MARx does not reflect LIS or displays a different level, advise the caller that we will need the acceptable form of documentation (**Example:** Reward letter) to submit to CMS to confirm they are eligible for Extra Help.
* If the beneficiary states they do not have the required documentation, then advise the caller that we will contact CMS on their behalf to confirm if they are eligible for Extra Help.

If the account information in Compass/Client and Information panel contradicts what the beneficiary was expecting to pay, please ask the beneficiary to **submit a copy** of **one** of the following proper documentation:

1. A copy of the beneficiary’s Medicaid card that includes the beneficiary’s name and an 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 year.
3. A printout from the State 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 year.
6. A letter from SSA showing that the individual receives SSI; or,
7. An Application Filed by Deemed Eligible confirming that the beneficiary is …automatically eligible for extra help…
8. A Notice of Award letter from SSA indicating the enrollee is eligible for Extra Help (low income subsidy)

Accept any one of the following forms of evidence from beneficiaries or pharmacist **to establish that a beneficiary is institutionalized and qualifies for zero cost**:

1. 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.
2. 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.
3. 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.
4. Effective as of a date specified by the Secretary, but no earlier than January 1, 2012, a copy of:
   1. A State-issued Notice of Action, Notice of Determination, or Notice of Enrollment that includes the beneficiary’s name and Home and Community Based Services (HCBS) eligibility date during a month after June of the previous calendar year.
   2. A State-approved HCBS Service Plan that includes the beneficiary’s name and effective date beginning during a month after June of the previous calendar year.
   3. A State-issued prior authorization approval letter for HCBS that includes the beneficiary’s name and effective date beginning during a month after June of the previous calendar year.
   4. Other documentation provided by the State showing HCBS eligibility status during a month after June of the previous calendar year; or,
   5. A state-issued document, such as a remittance advice, confirming payment for HCBS, including the beneficiary’s name and the dates of HCBS.

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| Related Documents |

[MED D - Approved Referral Guidelines to Medicare and Social Security](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6W3WSAI1/CMS-2-026165)

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/6W3WSAI1/CMS-2-017428)

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