



## ELIGIBILITY ISSUES – BEST AVAILABLE EVIDENCE POLICY

### DO YOU BELIEVE YOU HAVE QUALIFIED FOR EXTRA HELP AND THAT YOU ARE PAYING AN INCORRECT CO-PAYMENT AMOUNT?

If you believe you are paying an incorrect co-payment amount when you get your prescription at a pharmacy because you have qualified for extra help, SilverScript is here to help you confirm your eligibility. SilverScript follows Medicare's **Best Available Evidence policy** so if you have the necessary documentation, we can help you sort out your eligibility issues. **Call Member Services at 1-866-552-6106, our highly-trained representatives are always ready to help.**

#### What is BAE?

BAE stands for **Best Available Evidence** and is used to determine the Medicaid eligibility status for members when it is not readily available in other applications. Medicare has outlined what is considered BAE and acceptable by Part D plan sponsors.

#### Part D plan sponsors are required to:

- Accept any of the following forms of evidence to establish the subsidy status of a full benefit dual eligible beneficiary when provided by the beneficiary or the beneficiary's pharmacist, advocate, representative, family member or other individual acting on behalf of the beneficiary:
  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 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; or,
  6. For individuals who are not deemed eligible, but who apply and are found LIS eligible, a copy of the SSA award letter.
- Accept any one of the following forms of evidence from beneficiaries or pharmacists to establish that a beneficiary is institutionalized and qualifies for zero cost-sharing:
  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; or
  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.
- As soon as one of the forms of BAE listed above is presented, provide the beneficiary 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 eligibles (in 2008, this level was \$2.25 per generic or preferred brand name drug; \$5.60 per brand name drug), or at zero cost-sharing if the BAE also verifies the beneficiary's institutional status.

### **Why is there BAE?**

Best available evidence policy is used when the low-income subsidy information in CMS' systems is not correct. CMS relies on monthly files from the states and Social Security to establish an individual's low-income subsidy deemed eligibility and appropriate cost-sharing level. In certain cases, CMS systems do not reflect a beneficiary's correct LIS deemed status. 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. CMS implemented the policy requiring Part D plan sponsors to use "best available evidence" under these circumstances to substantiate a beneficiary's correct cost-sharing level.

### **Where can I get more information about BAE?**

You can visit the CMS website at:

[www.cms.hhs.gov/PrescriptionDrugCovContra/17\\_Best\\_Available\\_Evidence\\_Policy.asp](http://www.cms.hhs.gov/PrescriptionDrugCovContra/17_Best_Available_Evidence_Policy.asp)

If you would like to speak with a Medicare associate for further information you can reach CMS at 1-800-633-4227.

If you do not receive Medicaid and would like to apply for extra help based on your income please contact the Social Security Administration at 1-800-772-1213.

For additional assistance and where to send your documents, please call Member Services at 1-866-552-6106.