

Prescription Drug Extra Help Checklist

WHEN IT COMES TO PAYING YOUR PRESCRIPTION DRUG COSTS, YOU COULD BE ELIGIBLE FOR A PROGRAM CALLED “EXTRA HELP,” ALSO KNOWN AS LOW INCOME SUBSIDY ASSISTANCE.

Maybe you got Extra Help in the past to pay your copays and/or premiums, and would like to enroll in the program again. Or maybe you already get Extra Help, but your costs are higher than you thought they would be. In either case, you can update the amount of Extra Help you get by going through a process called recertification. As part of this process, you will send us copies of your *Best Available Evidence* (BAE).

Recertification means that we use the information you send us to make sure you are still eligible for Extra Help. BAE is items that support you being in the program. We will share the information you send us with Medicaid / Medicare. Then, we'll be able to update how much Extra Help you get.

Things that show you qualify for Extra Help are listed below. Please send a copy of one or more items from the checklist below. Mark the documents you send on the checklist. **Be sure to include the checklist when you send us your BAE.**

- A Medicaid card that has your name and eligibility date during a month after June of the previous calendar year.
- A copy of a state document that confirms your active Medicaid status during a month after June of the previous calendar year.
- A Social Security Administration (SSA) award letter to determine eligibility for a full or partial subsidy.
- A printout from the state electronic enrollment file showing your Medicaid status during a month after June of the previous calendar year.
- A printout from the state Medicaid system showing your Medicaid status during a month after June of the previous calendar year.
- Other state documentation showing your Medicaid status during a month after June of the previous calendar year.
- A state document that shows that Medicaid made a payment on your behalf to a facility for a full calendar month after June of the previous calendar year.

- A printout from the state Medicaid system that shows your 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.
- A remittance from a facility showing Medicaid payments for a full calendar month during a month after June of the previous calendar year.
- A letter from Social Security showing that you receive SSI.
- An application filed by deemed eligible confirming that the beneficiary is “... automatically eligible for ‘Extra Help.’”
- A Notice of Action, Notice of Determination, or Notice of Enrollment from the state that has your name and HCBS (Home and Community Based Services) eligibility date during a month after June of the previous calendar year.
- A HCBS Service Plan from the state that has your name and effective date beginning during a month after June of the previous calendar year.
- A prior authorization approval letter from the state for HCBS that has your name and effective date beginning during a month after June of the previous calendar year.
- Other documentation from the state showing HCBS eligibility status during a month after June of the previous calendar year.
- A document from the state, such as remittance advice, that confirms payment for HCBS and has your name and the dates of HCBS.

Fax or mail copies of your Best Available Evidence and this checklist to us using the contact information below. Please include your name, subscriber ID, and phone number so that we can contact you with any questions.



**FAX DIRECTLY TO OUR
ENROLLMENT TEAM TOLL-FREE:**

Non-Urgent: 1-866-889-8241

Urgent: 1-877-844-8531







OR MAIL TO:

Wellcare and Wellcare by ‘Ohana

Attn: LISOVR

P.O. Box 31392

Tampa, FL 33631-3392

-  For more information, please see the “Medicare & You” publication at:
[medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf](https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf)
-  Or view the Centers for Medicare & Medicaid Services’ BAE page at:
[cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Best_Available_Evidence_Policy.html](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Best_Available_Evidence_Policy.html)
-  Prescription Drug Plan members may call toll-free at **1-888-550-5252** (TTY: **711**). From Oct. 1 to March 31, you can call us seven days a week, from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Friday, from 8 a.m. to 8 p.m. A messaging system is used after hours, on weekends, and on federal holidays. Visit us anytime at **[wellcare.com/PDP](https://www.wellcare.com/PDP)** for more information.
-  If you have any questions or are a member of a plan with Part B medical benefits, please call Member Services toll-free at the number listed on the back of your member ID card. From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours as well as on weekends and federal holidays.

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting www.myplan.healthy.la.gov/en/find-provider or <https://www.louisianahealthconnect.com>. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at <https://ldh.la.gov/medicaid> and select the “Learn about Medicaid Services” link. To request a written copy of our Medicaid Provider Directory, please contact us.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits.

Washington residents: “Wellcare” is issued by Wellcare of Washington, Inc.

Washington residents: “Wellcare” is issued by WellCare Health Insurance Company of Washington, Inc.

