

Medicare Advantage

Policy for Best Available Evidence of Low Income Subsidy

BlueCross BlueShield of South Carolina is required to update the premiums or cost sharing by the applicable subsidy amount for Low Income Subsidy (LIS)-eligible individuals. In accordance with this requirement, we must provide access to Part D drugs at the correct LIS cost-sharing level when presented with evidence of LIS eligibility, even if our systems and CMS' systems do not yet reflect that eligibility. We must also update our own systems to reflect the LIS status indicated by the best available evidence and, if necessary, submit a request to CMS so that CMS' systems can be updated as well. These requirements apply to all beneficiaries who are "deemed" subsidy eligible (including full benefit Medicare/Medicaid eligibles, partial dual eligibles, and people receiving SSI only).

What If You Believe You Have Qualified for "Extra Help"?

If you believe you have qualified for Extra Help and you believe that you are paying an incorrect cost-sharing amount when you get your prescription at a pharmacy, our plan has established a process that allows you to either request assistance in obtaining evidence of your proper copayment level, or, if you already have the evidence, to provide this evidence to us.

Please fax or mail us a copy of a State of South Carolina document that confirms active Medicaid status at the time you had your prescription filled at a pharmacy. We must receive this documentation within 60 days of the date of service for which you believe the copayment was wrong. Examples of acceptable documents are:

1. A printout from the State electronic enrollment file showing Medicaid status for the period in question
2. A screen print from the State's Medicaid systems showing Medicaid status for the period in question
3. A letter from the Social Security Administration (SSA) showing evidence of financial assistance during the period in question

Mail the documentation to:

Medicare Advantage
BlueCross BlueShield of South Carolina
P.O. Box 100191
Columbia, SC 29202-3191

Or fax it to: (803) 264-9581

When we receive the evidence showing your copayment level, we will update our system so you can pay the correct copayment when you get your next prescription at the pharmacy. If you overpay your copayment, we will reimburse you. Either we will

forward a check to you in the amount of your overpayment or we will offset future copayments. If the pharmacy hasn't collected a copayment from you and is carrying your copayment as a debt owed by you, we may make the payment directly to the pharmacy. If a state paid on your behalf, we may make payment directly to the state. Please contact Customer Service if you have questions.

For more information, please see the Centers for Medicare & Medicaid Services Best Available Evidence policy located on the Web at http://www.cms.hhs.gov/PrescriptionDrugCovContra/17_Best_Available_Evidence_Policy.asp#TopOfPage.