

Prescription Drug Extra Help Checklist



wellcare™

Did you get Extra Help - Low Income Subsidy Assistance - paying for your prescription drug costs in 2022? To get assistance again this year, you must apply for recertification. Or maybe you already get Extra Help in 2023, but your co-pays and premiums are higher than expected. In either case, you can submit copies of your Best Available Evidence (BAE) to us.

Best Available Evidence includes documents that show you qualify for Extra Help. Once we validate the Best Available Evidence with Medicaid/Medicare, we will update your Low Income Subsidy Assistance status as quickly as possible.

Documents that show you qualify are listed below. Please send a copy of one or more documents from the checklist below, and mark the documents you send. (Include this checklist as well.)

To view examples, please find your plan's website on the following pages.

- ✓ Medicaid card that includes name and eligibility date during a month after June of the previous calendar year
- ✓ Copy of a state document that confirms active Medicaid status during a month after June of the previous calendar year
- ✓ Social Security Administration (SSA) award letter to determine eligibility for full or partial subsidy
- ✓ A print out from the State electronic enrollment file showing Medicaid status during a month after June of the previous calendar year
- ✓ Screen print from your state's Medicaid systems showing Medicaid status during a month after June of the previous calendar year
- ✓ Other documentation provided by your state showing Medicaid status during a month after June of the previous calendar year
- ✓ 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
- ✓ 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

(continued on next page)

- ✓ A remittance from the facility showing Medicaid payment 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 “...automatically eligible for “Extra Help””
- ✓ A State-issued Notice of Action, Notice of Determination, or Notice of Enrollment that includes the beneficiary’s name and HCBS (Home and Community Based Services) eligibility date during a month after June of the previous calendar year
- ✓ 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
- ✓ 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
- ✓ Other documentation provided by the State showing HCBS eligibility status during a month after June of the previous calendar year; or
- ✓ A state-issued document, such as a remittance advice, confirming payment for HCBS, including the beneficiary’s name and the dates of HCBS



For more information, please visit the “Medicare & You” Publication website at:

<https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf>

Or, use the following link to view CMS’s BAE page:

https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Best_Available_Evidence_Policy.html



If you have any questions, or need assistance with submitting documents, please call Member Services toll-free at the number listed on the following pages for your state and plan:



Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?

Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Gender identity
- Race
- Sexual orientation
- Color
- Marital status
- Religion
- Disability
- National Origin
- Sex

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Trillium will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns or to get more information, please contact Member Services at **1-541-485-2155**; Toll Free: **1-877-600-5472**; TTY: **1-877-600-5473**, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

If you believe you have been discriminated against, you may also contact:

Emily Farrell, Non-Discrimination Coordinator

555 International Way, Building B
Springfield, OR 97477

Phone: **1-541-214-3948**

Toll-free: **1-844-867-1156** (TTY **711**)

Email: **emilyann.farrell@TrilliumCHP.com**

Web: **<https://wellcare.trilliumadvantage.com/legal/nondiscrimination-notice.html>**

You have a right to file a civil rights complaint with these organizations:

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

Web: **<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>**

Phone: **1-800-368-1019, 1-800-537-7697** (TDD)

Email: **OCRComplaint@hhs.gov**

Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Oregon Health Authority (OHA) Civil Rights

Web: **www.oregon.gov/OHA/OEI**

Phone: **1-844-882-7889**, (TTY **711**)

Email: **OHA.PublicCivilRights@state.or.us**

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

Phone: **1-971-673-0764**

Email: **crdemail@boli.state.or.us**

Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. Call **1-844-867-1156** (TTY/TDD **711**).

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-844-867-1156**; TTY: **1-877-600-5473**

Español (Spanish)

ATENCIÓN: Si no habla Inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-867-1156**; TTY: **1-877-600-5473**

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị không nói tiếng Anh, có các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-844-867-1156**; TTY: **1-877-600-5473**

繁體中文 (Chinese)

注意：如果您不會講英語，我們有提供免費的語言協助服務。請致電 **1-844-867-1156**；TTY：**1-877-600-5473**

Русский (Russian)

ВНИМАНИЕ! Если вы не говорите по-английски, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-867-1156**; TTY: **1-877-600-5473**

한국어 (Korean)

주의: 영어 외 다른 언어를 사용하시는 분은 무료로 언어 지원 서비스를 이용할 수 있습니다. 전화: **1-844-867-1156**; TTY: **1-877-600-5473**

Українська (Ukrainian)

УВАГА: якщо ви не володієте англійською мовою, вам доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером **1-844-867-1156**; TTY: **1-877-600-5473**

日本語 (Japanese)

注意：英語を話さない方は、無料で言語支援サービスを利用できます。**1-844-867-1156** (TTY: **1-877-600-5473**) までお電話ください。

العربية (Arabic):

ملاحظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل بالرقم **1-844-867-1156**؛ الهاتف النصي: **1-877-600-5473**

Română (Romanian)

ATENȚIE: Dacă nu vorbiți limba engleză, aveți la dispoziție gratuit servicii de asistență lingvistică. Apelați numărul de telefon **1-844-867-1156**; TTY: **1-877-600-5473**

ខ្មែរ (Cambodian)

ចំណាំ: ប្រសិនបើអ្នកមិននិយាយភាសាអង់គ្លេសទេ នោះមានសេវាជំនួយផ្តល់ភាសាជាយុត្តិធម៌សម្រាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ **1-844-867-1156**; TTY: **1-877-600-5473**

Afaan Oromoo (Oromo)

XIYYEEFFANNO: Afaan Ingiliffaa hin dubbattu taanan, gargaarsi tajaajiloota afaanii, kan kaffaltii irraa bilisaa siif jira.

1-844-867-1156 irratti bilbila; TTY: **1-877-600-5473**

Deutsch (German)

ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung.

Rufen Sie dazu folgende Nummer an: **++1-844-867-1156**; TTY: **++1-877-600-5473**

(Farsi) فارسی

توجه: اگر به زبان انگلیسی صحبت نمی‌کنید، خدمات کمک‌زبانی به صورت رایگان در اختیار شما قرار می‌گیرد. با

شماره **1-844-867-1156** تماس بگیرید؛ شماره برای ناشنویان: **1-877-600-5473**

Français (French)

ATTENTION : si vous ne parlez pas anglais, des services d'assistance linguistique gratuits sont à votre disposition.

Appelez le **1-844-867-1156** ; TTY : **1-877-600-5473**.

ภาษาไทย (Thai)

หมายเหตุ: หากคุณใช้ภาษาอังกฤษไม่ได้ เรามีความช่วยเหลือด้านภาษาฟรีพร้อมให้บริการแก่คุณ โทร **1-844-867-1156**; TTY:

1-877-600-5473