

Prescription Drug Extra Help Checklist



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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:

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们有免费的口译服务来回答您就我们的健康或药物计划提出的任何问题。如需口译员，只需拨打以下页面上的计划号码致电联系我们。会说中文普通话的人员可以协助您。此为免费服务。

Chinese Cantonese: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulongan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

Korean: 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

Russian: Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجانًا.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

Portugués: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan nimewo plan yo ki sou paj annapre yo. Yon moun ki pale Kreyòl Franse kapab ede ou. Se yon sèvis gratis li ye.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

Japanese: 当社の医療プランまたは処方薬プランについての質問にお答えする無料の通訳サービスをご利用いただけます。通訳サービスをご利用になるには、以降のページにおけるプランの番号までお電話ください。日本語を話すスタッフが対応いたします。これは無料のサービスです。

Hawaiian: Aia iā mākou he mau lawelawe māhele 'ōlelo manuahi e pane i nā 'ano nīnau āu no ka mākou papahana mālama olakino a ho'olako lā'au. No ka 'imi i mea māhele 'ōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau 'ao'ao e koe nei. Na kekahi māhele 'ōlelo Hawai'i e kōkua iā 'oe. He lawelawe manuahi kēia.

Ilocano: Addaankami kadagiti libre a serbisio ti panagipatarus tapno masungbatan dagiti aniaman a saludsodmo maipapan iti salun-at wenno plano iti agas. Tapno makaala iti tagaipatarus, tawagannakami laeng kadagiti numero ti plano kadagiti sumaganad a panid. Matulongannaka ti maysa a tao nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai a matou auaunaga fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numeraga o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se todogi.

We're Just a Phone Call Away

ARKANSAS

+ HMO, HMO D-SNP

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📄 Or visit www.wellcare.com/allwellAR

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☎ 1-800-431-9007

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+ HMO D-SNP, PPO D-SNP
☎ 1-833-853-0864

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+ HMO D-SNP
☎ 1-833-717-0806

📄 Or visit www.wellcare.com/allwellNV

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☎ 1-833-543-0246

+ HMO D-SNP
☎ 1-844-810-7965

📄 Or visit www.wellcare.com/allwellNM

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+ HMO, HMO-POS, HMO D-SNP
☎ 1-800-247-1447

📄 Or visit www.wellcare.com/fidelisNY

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☎ 1-855-766-1851

+ HMO D-SNP
☎ 1-866-389-7690

📄 Or visit www.wellcare.com/allwellOH

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☎ 1-833-853-0865

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☎ 1-833-853-0866

📄 Or visit www.wellcare.com/OK

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📄 Or visit www.wellcare.com/healthnetOR

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☎ 1-844-867-1156

📄 Or visit www.wellcare.com/trilliumOR

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+ HMO D-SNP
☎ 1-866-330-9368

📄 Or visit www.wellcare.com/allwellPA

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📄 Or visit www.wellcare.com/allwellSC

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TTY FOR ALL STATES: 711

HOURS OF OPERATION

📅 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

📅 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.