BAE – Best Available Evidence
SOP

Definitions:

Appeal: A request from a member, member's authorized representative, or member's provider for review of the coverage or payment determination on prescription medications

Best Available Evidence (BAE) - Documents provided by the member or their authorized representative that prove their low-income subsidy level is incorrect, proving that their copays are incorrect.

Centers for Medicare and Medicaid Services (CMS) - A federal agency within Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards.

Health Rules Payer (HRP): Core Administrative processing system used for all LOB.

Low Income Subsidy (LIS): LIS is provided to those who need extra help with their Medicare premiums, deductibles and copayments. LIS is determined by Social Security based on their income level.

Market Prominence: System we currently use for Medicare LOB to process all Medicare transaction including submission to CMS.

MARx: Medicare Advantage & Prescription Drug (MARx) System Transaction Processing. System CMS uses to process current enrollment and beneficiary-level payments.

Salesforce: An application that documents all interactions between AvMed and members, agents, and providers.

Procedure:
1. Upon receipt of a member's evidence / documentation regarding their current LIS status, the correspondence unit will create a general inquiry case on salesforce under the respective member ID and attach the documentation to the case. Acceptable forms of evidence listed below:
    a. A copy of the beneficiary's Medicaid card that includes the beneficiary's name and an eligibility date during a month after June (Jul-Dec) of the previous calendar year;
    b. A copy of a state document that confirms active Medicaid status during a month after June (Jul-Dec) of the previous calendar year;
    c. A print out from the State electronic enrollment file showing Medicaid status during a month after June (Jul-Dec) of the previous calendar year;
    d. A screen print from the State's Medicaid systems showing Medicaid status during a month after June (Jul-Dec) of the previous calendar year;
    e. Other documentation provided by the State showing Medicaid status during a month after June (Jul-Dec) of the previous calendar year; or,
    f. For individuals who are not deemed eligible, but who apply and are found LIS eligible, a copy of the SSA award letter.
2. The correspondence unit will route the case to the Medicare Enrollment Queue
3. Enrollment will verify the member's current LIS level:
    a. Log into MARx UI application

       i. Logon with selected role

      ii. Click on Beneficiaries tab

     iii. Click on Eligibility

     iv. Type in Beneficiary ID

      v. Select find

     vi. Take screen shot of results

  b. If the LIS level is showing as active in (Market Prominence) and the LIS level shown in MP (Market Prominence) and HRP is correct (verified through MARx), then the following steps should be taken:

       i. Send response back to correspondence unit from the salesforce case submitted and update with the research finding to advise the final outcome.

  c. If there is no LIS level listed in MP (Market Prominence) or MARx, the following documentation is needed:

       i. Non-institutionalized Members: A Copy of (1) One of the Documentation listed below that was received by the member or the member's representative dated after June of the previous year:

- Medicaid card with member name and eligibility date
- State document confirming active Medicaid status
- Print out from the state electronic enrollment file showing Medicaid status
- Screen print from the State's Medicaid system (DMAS portal) showing Medicaid status
- Other documentation provided by the state showing Medicaid status
- One of the following letters from Social Security Administration showing Extra Help:
  - a. Important Information
  - b. Award Letter
  - c. Notice of Change
  - d. Notice of Action

      ii. Institutionalized Members: A Copy of (1) One of the Documentation listed below that was received by the member or the member's representative dated after June of the previous year:

- A remittance from the long-term care facility showing Medicaid Payment for a full calendar year
- Copy of a state document that confirms Medicaid payment on your behalf to the long-term care facility for a full calendar month
- Screen print from the State's Medicaid system showing your institutionalized status/EDCD Waiver

     iii. If information is received/verified, go to step 5.

     iv. If information is not received/verified, go to step 4 to check DMAS portal.

  d. If the member is currently enrolled with a LIS level but believes their LIS level should be different from what is stated in Market Prominence and MARx:

       i. If member/Case Manager has evidence about being institutionalized or EDCD waiver or you can see in MARx that level has dropped, then go to step 5

      ii. If there is no additional information or change in level listed then the member would need to get in touch with their case worker and initiate an appeal.

4. If there is no level in MARx, Market Prominence or HRP and we have received a copy of the documentation or verified Medicaid status Enrollment Department will update LIS to lowest level based on documentation.

5. Enrollment will email the Medicare Compliance Coordinator and the Quality Assurance Manager to initiate a BAE request with CMS via a CTM and the email will include the following information:

  a. Email includes:

  b. Subject Line: Urgency level – BAE Request – Member First and Last Name

  c. Source of the request - short explanation of why BAE is being requested

  d. Member ID number

    e.   Member's First and Last Name
    f.   Member's Address
    g.   Member's Phone Number
    h.   Member's DOB
    i.   Medicare Beneficiary Identifier (MBI)
    j.   Copy of Social Security Award Letter or other documentation (if applicable), including screen shots from MARx,
    k.   BAE Urgency level
        i.   Immediate Need - If the beneficiary has less than 3 days of medication remaining
        ii.   Urgent Need - If the beneficiary has 3-14 days of medication remaining
        iii.   No Issue - For all other situations

6. The Medicare compliance coordinator will reply to enrollment with the CTM number
7. Once Enrollment has CMS' determination and the member's LIS level has been updated, Enrollment will reply to the corro unit, through the salesforce case, advising of the executed internal updates along with attaching the member written notice document mailed to the member advising of the LIS Status resolution.

* For urgent / expedite cases where a member is unable to wait for the LIS correction to be updated, with EPS and ME compliance approval, an email will be sent to Pharmacy for a request for a member cost share manual override.

References:

Medicare Prescription Drug Benefit Manual: Chapter 13 – Premium and Cost-Sharing Subsidies for Low-Income Individuals Sec. 70.5