

Part D Best Available Evidence Policy

The Centers for Medicare & Medicaid Services (CMS) created the “best available evidence” policy to require that Medicare Advantage Plans, such as Champion Health Plan, establish the appropriate cost-sharing for low-income members when presented with evidence that the member’s information was not accurate.

Champion Health Plan’s Member Services, Enrollment and Pharmacy Help Desk departments are staffed with trained individuals prepared to assist members when they have experienced a change in low-income subsidy status. Additionally, Champion Health Plan’s staff works with pharmacies and/or pharmacists in receiving the documentation (e.g. by fax or email) so that system updates can be made to correct a member’s cost-sharing levels and be implemented as soon as possible. Champion Health Plan notifies the pharmacy when changes will be made if they cannot make necessary system changes immediately upon confirming and/or receiving the appropriate documentation.

Champion Health Plan accepts **any one of the following forms of evidence** from members or pharmacists to make a change to a member’s low-income status:

- A copy of the member’s Medicaid card which includes the member’s name and an eligibility date during the discrepant period;
- A report of contact including the date a verification call was made to the State Medicaid Agency and the name, title and telephone number of the state staff person who verified the Medicaid status during the discrepant period;
- A copy of a state document that confirms active Medicaid status during the discrepant period;
- A print out from the State electronic enrollment file showing Medicaid status during the discrepant period;
- A screen print from the State’s Medicaid systems showing Medicaid status during the discrepant period; or
- Other documentation provided by the State showing Medicaid status during the discrepant period.

In addition, Champion Health Plan accepts any one of the following forms of evidence from members or pharmacists to establish that a beneficiary is institutionalized and qualifies for zero cost-sharing:

- A remittance from the facility showing Medicaid payment for a full calendar month for that individual during the discrepant period;
- A copy of a state document that confirms Medicaid payment to the facility for a full calendar month on behalf of the individual; or

- A 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 the discrepant period.

Please contact our Members Services for assistance with any changes in your low-income subsidy status at 1-800-885-8000 (TTY users call 711). Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – September 30. This call is free.