

Prescription Drug Extra Help Checklist

Did you get Extra Help—Low Income Subsidy Assistance—paying for your prescription drug costs in 2014? To get assistance again this year, you must apply for recertification. Or maybe you already get Extra Help in 2015, but your co-pays and premiums are higher than expected. In either case, you can submit copies of your Best Available Evidence 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. Please send a **copy** of one or more documents from the checklist, and mark the documents you send. (Include this checklist as well.) To view examples, please visit www.wellcare.com/medicare.

- Medicaid card that includes name and eligibility date
- Social Security Administration (SSA) award letter to determine eligibility for full or partial subsidy
- A state document or electronic enrollment file that confirms active Medicaid status
- Screen print from your state's Medicaid system showing Medicaid status
- Other documentation provided by your state showing Medicaid status
- State document showing Medicaid payment for a full calendar month
- Screen print from your state's Medicaid system that shows Medicaid paid for a stay of at least a full calendar month at an institution
- An Important Information letter from SSA confirming automatic eligibility for Extra Help
- A remittance from the facility showing Medicaid payment for a full calendar month
- A copy of a state document that confirms Medicaid payment to the institution for a full calendar month
- A state-issued Notice of Action, Notice of Determination, or Notice of Enrollment that includes the beneficiary's name and HOME AND COMMUNITY BASED SERVICES (HCBS) eligibility date during a month after June of the previous calendar year
- A state-approved HOME AND COMMUNITY BASED SERVICES (HCBS) 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 HOME AND COMMUNITY BASED SERVICES (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 HOME AND COMMUNITY BASED SERVICES (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 HOME AND COMMUNITY BASED SERVICES (HCBS), including the beneficiary's name and the dates of HOME AND COMMUNITY BASED SERVICES (HCBS)

Fax or mail the **copies** of your Best Available Evidence along with this checklist to us. Please include your name, subscriber ID and phone number so we may contact you directly with any questions on the documentation.

Fax directly to our enrollment team toll-free at 1-866-889-8241 or mail to:

OR MAIL TO:

WellCare
Attn: LISOVR
P.O. Box 31392
Tampa, FL 33631-3392

If you have already submitted copies of your Best Available Evidence and believe you are eligible for even more Extra Help, please call Customer Service. For more information, please visit pages 114-115 of the “Medicare and You” 2015 publication listed on the following Web site:

www.medicare.gov/publications/pubs/pdf/10050.pdf

If you have any questions, please call Customer Service toll-free at the number listed below for your state and plan.

For these plans only, please call:

WellCare Access (HMO)
WellCare Comp Access (HMO)
WellCare Select (HMO)
WellCare Liberty (HMO)

All other plans, please call:

Arkansas	1-800-316-2273	Arkansas	1-800-316-2273
Connecticut	1-866-635-7047	Connecticut	1-866-579-8006
Florida	1-866-637-8041	Florida	1-888-888-9355
Georgia	1-866-482-3361	Georgia	1-866-334-7730
Illinois	1-866-439-1190	Illinois	1-866-334-6876
Kentucky	1-877-560-3206	Kentucky	1-877-560-2766
Louisiana	1-866-530-9488	Louisiana	1-866-804-5926
Mississippi	1-800-316-2273	Mississippi	1-800-316-2273
	N/A	New Jersey	1-866-687-8570
New York	1-866-482-3363	New York	1-800-278-5155
New York: Liberty	1-866-491-5746		N/A
Ohio	1-866-530-9487	Ohio	1-866-687-8815
South Carolina	1-800-316-2273	South Carolina	1-800-316-2273
Tennessee	1-800-316-2273	Tennessee	1-800-316-2273
Texas	1-866-530-9495	Texas	1-866-687-8878

TTY for all states
1-877-247-6272

Monday–Friday 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 8 a.m. to 8 p.m.

Sincerely,
WellCare Health Plans

WellCare (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in WellCare (HMO) depends on contract renewal.