

Help With Your Drug Costs

Do you qualify for extra help and feel you were charged incorrectly for your prescription drug?

If you have evidence to show that you qualify for extra help with your prescription drug costs and you believe you were charged a different amount than expected at the pharmacy, our Plan has a process in place to ensure that you receive your prescription drug at the correct cost share while our records are being updated.

At the pharmacy counter, present one or more of the following forms or proof of eligibility:

1. A copy of your Medicaid card which includes your name and eligibility date
2. A copy of a state document that confirms your active Medicaid status
3. A screen print from the state's Medicaid system showing your Medicaid status
4. A print out from the state's electronic enrollment file showing your Medicaid status
5. Other documentation from the state showing your Medicaid status
6. A Supplemental Security Income (SSI) Notice of Award with the effective date
7. An "Application Filed by Deemed Eligible" notice confirming you are automatically eligible for extra help (SSA publication HI 3094.605)

If you qualify for extra help and you are institutionalized or qualify for zero cost-sharing, you can also present one of the following forms of proof to SecureRx PDP or to your pharmacist:

1. A copy of a state document confirming that Medicaid has made payment(s) to the facility for a full calendar month during a month after June of the previous calendar year
2. A screen print from the state's Medicaid payment systems showing your institutional status based on at least a full calendar month stay during a month after June of the previous calendar year
3. A copy of the remittance from the facility showing Medicaid payment for a full calendar month during a month after June of the previous calendar year
4. Effective as of a date specified by the secretary, but no earlier than January 1, 2012, a copy of one of the following:
 - a. A state-issued Notice of Action, Notice of Determination, or Notice of Enrollment that includes your name and Home and Community-Based Services (HCBS) eligibility date during a month after June of the previous calendar year

- b. A state-approved HCBS service plan that includes your name and effective date beginning during a month after June of the previous calendar year
- c. A state-issued Prior Authorization approval letter for HCBS that includes your name and effective date beginning during a month after June of the previous calendar year
- d. Other documentation provided by the state showing HCBS eligibility status during a month after June of the previous calendar year
- e. A state-issued document, such as a remittance advice, confirming payment for HCBS, including your name and the dates of HCBS

After we receive the evidence showing your extra help eligibility status, we will update our records so you will pay the correct amount when you fill your next prescription at the pharmacy. Please be assured that if you pay more than your required cost share, we will reimburse you for our share of the drug minus your normal cost share. If the pharmacy hasn't collected your cost share from you, we may make the payment directly to the pharmacy. If the state made payment on your behalf, we will reimburse the state directly. Please contact Customer Service if you have questions.

For more information regarding Best Available Evidence, please refer to the CMS website at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Best_Available_Evidence_Policy.html

SecureRx[®] PDP is offered by Avalon[®] Insurance Company, a Federally-Qualified Medicare Contracting Prescription Drug Plan. Enrollment in SecureRx PDP depends on contract renewal.

Avalon[®] complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

If you, or someone you're helping, has questions about your health plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-562-6298 (TTY: 711).

Spanish—Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de su plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-562-6298 (TTY: 711).

Chinese—如果您，或是您正在協助的對象，有關於您的健康計劃方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話在此插入數字 1-800-562-6298 (TTY: 711)。