

## **Center for Health Care Rights LIS Adjustment Protocol**

The Low Income Subsidy Program (LIS) provides financial assistance for Medicare Part D. Persons eligible for LIS include those who are “deemed eligible” – full dual eligibles and persons in the Medicare Savings Programs (QMB, SLMB and QI-1). Also eligible are those who must affirmatively apply for LIS- persons below 150% of the federal poverty level (FPL) and less than \$10,210 in assets.

### **There are different levels of assistance under the LIS program:**

- Full dual eligibles are “deemed eligible” for full LIS and pay no premium if they are enrolled in a benchmark plan, pay no deductible, and pay \$1.10-\$3.35 copays.
- Full dual eligibles who reside in a LTC facility are “deemed eligible” for full LIS and pay no premium if they are enrolled in a benchmark plan, pay no deductible, and pay \$0 copays.
- Persons in the Medicare Savings Programs (QMB, SLMB, QI-1) are “deemed eligible” for full LIS and pay no premium if they are enrolled in a benchmark plan, pay no deductible, and pay \$2.15-\$5.35 copays.
- Persons who apply for and receive the full LIS (below 135% of the FPL, less than \$6,120 in resources), pay no premium if they are enrolled in a benchmark plan, pay no deductible, and pay \$2.15-\$5.35 copays..
- Persons who apply for and receive the partial LIS (135-150% of FPL, less than \$10,210 in resources), pay a premium on a sliding scale, pay a \$53 deductible, and pay copays of 15% of the cost of their drugs.

### **Missing LIS Information:**

Clients with LIS may be charged incorrect costsharing by their Part D plan because their LIS information is missing from the plan and/or CMS' systems.

### **Potential Case Scenarios of LIS Adjustments:**

- A full dual eligible client who switched Part D plans is not shown as having LIS by her new part Part D plan and is being charged \$30 copays for covered medications.
- A client who applied for and was awarded full LIS effective January 1, 2007, is told he must meet the deductible before his Part D plan will begin paying for his drugs.
- A client with LIS goes to the pharmacy and is told that she is in the donut hole and must pay the full cost of her medications.
- A full dual eligible client enrolled in a benchmark PDP is being sent premium payment notices by his plan.

### **Actions to Take at Intake:**

1. Confirm the client's LIS status by calling the Medicare SHIP line.
2. If the SHIP line is unable to confirm LIS status, check AEVS if the client is a dual eligible. If the client applied for and was found eligible for LIS, ask the client for a copy of their LIS award letter.
3. File a complaint with the SHIP line that the LIS information is missing.
4. Determine what kind of information the client can provide for the plan to update the system and provide the information to the plan. CMS has stated that plans must adjust a person's LIS status if they are provided with proof of appropriate LIS status.
  - **Proof of LIS status:**
    - a. Copy of Medi-Cal card with eligibility date.
    - b. Copy of SSA letter confirming LIS status.
    - c. Verification call to Medi-Cal
    - d. Copy of document from the State verifying status.
    - e. Screen print from the State's Medi-Cal system showing eligibility
    - f. POS evidence of recent Medi-Cal billing and payment in pharmacy records.
5. Call the government liaison for the plan and report that the LIS information is missing.
6. **If the plan will not update their system to show correct LIS information and states they are waiting for CMS:**
  - a. **Immediately speak to a supervisor about submitting an urgent LIS adjustment request to CMS.**
  - b. **Draft the urgent LIS adjustment (see attached template).**
  - c. **Contact the client's doctor and/or pharmacy and ask them to provide the client with samples. Ask for a 14-day supply.**
  - d. **Provide information for county clinics and hospitals.**
  - e. **If the client has been paying out-of pocket for medications, advise the client to save their receipts for possible reimbursement.**
7. For non-urgent LIS adjustment requests when the plan does update the client's LIS adjustment request and submit to a supervisor.
8. Open case.

### **Follow Up on LIS Adjustment Requests:**

- The assigned counselor should immediately contact the client to see if there are any access to care issues. Even if the client's plan adjusted the client's LIS information at the intake level, this adjustment may only be a temporary fix, and the plan may eventually revert back to the incorrect LIS information if no action is taken by CMS.

- When the case is assigned, a pull date will be set for 30 days from the date the LIS adjustment is sent to CMS. If this is an urgent issue, the pull date will be set for two weeks. If there is no response from CMS by the pull date, the assigned counselor should notify a supervisor.
- A supervisor will follow up on urgent LIS adjustment requests with CMS on a weekly basis.

### **LIS Adjustment Template:**

#### **Indicate if Urgent**

Ms. D

Address

Phone number

HICN:

Medi-Cal ID:

Part D Plan Name:

Part D Plan Member ID:

Assigned Counselor: Name

Assigned Counselor Tel.: (213) 383-4519, ext.

#### **1. Describe problem and indicate correct level of LIS:**

- Example: Ms. D should have \$1-3 co-payments as a full dual eligible, and she should not be charged any monthly premiums. However, she is not showing up on the Humana system as dual eligible or LIS eligible and is being charged copays of \$30 per prescription at the pharmacy.

#### **2. Actions taken by the client to resolve the issue:**

- Example: Ms. D called Humana to fix the problem and provided Humana with her Medi-Cal information. However Humana told Ms. D that they could not update her LIS information until Medicare updated her records.

#### **3. Actions taken by CHCR (include information obtained from the plan and 1-800-Medicare/SHIP line):**

- Example: CHCR called the Medicare SHIP line which confirmed that Ms. D is enrolled in Humana Standard and is a full dual eligible who has been deemed eligible for the full LIS. CHCR requested that a complaint be filed on Ms. D's behalf. CHCR then contacted Humana and provided Humana with Ms. D's Medi-Cal information and requested that the plan update Ms. D's LIS status. Humana stated that the CMS system has not advised them that Ms. D is LIS-eligible and that they cannot fix Ms. D's information until CMS does so.

**4. Impact of missing LIS information:**

- Example: Due to this error, Ms. D has been charged monthly premiums since January 2006. Ms. D is also experiencing serious access to care issues due to inappropriately high co-pays for her medications. Ms. D is unable to fill her prescriptions at these erroneous rates and is currently out of medication.

**5. Requested Resolution (include correct level of LIS):**

- Example: We are requesting an adjustment to Ms. D's record with CMS and Humana to reflect her LIS status as a full dual eligible beneficiary with both Medicare and Medi-Cal.