

Medicare's Limited Income NET Program (LINET)



Qualifying patients must be eligible for Medicare Part D and Medicaid, LIS or Supplemental Security Income (SSI)

Provides immediate prescription coverage at the pharmacy counter; enrollment is processed by claim submission

Limited pharmacy network restrictions

No premiums—LIS-based copay

Coverage usually lasts about two months

Retroactive reimbursement may be available for out-of-pocket expenses

LINET is a CMS demonstration program that provides temporary prescription coverage for Medicare beneficiaries who qualify for low-income subsidy (LIS) and have no prescription drug coverage

Enrollment methods

AUTO-ENROLLED

- Periodic enrollments by CMS

POINT OF SALE

- Enrolled by claim submission

RETROACTIVE

- Reimbursement request

Beneficiary chooses a plan? Y/N

YES: Enrolled into plan chosen by beneficiary

NO: Enrolled into benchmark plan by CMS



Confirming eligibility

LINET eligibility can be confirmed by submitting an E1 query (Eligibility Transaction)

E1 Query

E1 Results	Status	Action
Contract ID X0001	Patient currently enrolled in LINET	Submit claim to LINET using 4 Rx data
No plan information LICS/LIS = YES	Patient may be eligible for LINET – Not yet enrolled	Submit claim to LINET using 4 Rx data
No plan information LICS/LIS = NO	Patient not eligible for LINET	Refer patient to 1-800-MEDICARE
Plan BIN/PCN #	Patient is enrolled in a Part D plan	Submit claim to plan using 4 Rx data
Plan phone number	Patient is enrolled in a Part D plan/issues	Call phone number provided



Questions?

Call the Help Desk at **1-800-783-1307**
Or visit: **Humana.com/LINET**



Claim submission information

Electronic pharmacy claims should be submitted using the following information

<u>BIN</u> 015599	<u>PCN</u> 05440000	<u>GROUP ID</u> May be left blank
<u>CARDHOLDER ID</u> Medicare claim number or Medicare number		
<u>OPTIONAL FIELD: PATIENT ID</u> Medicaid ID or Social Security number		

How can a beneficiary request retroactive reimbursement?

- Complete the Direct Member Reimbursement (DMR) form located in the LINET welcome letter or on our [website](#)
- Attach copy of receipt or printout from the pharmacy and proof of payment
- Mail or fax completed form with receipt

Send information to:

Medicare's Limited Income NET Program
P.O. Box 14310
Lexington, KY 40512-4310

Fax: 1-877-210-5592