

# 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

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