

TRAINING

Statewide Health Insurance Benefits Advisors

November

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Useful Tools for Open Enrollment

Reminder:

- As a friendly reminder, please do not talk politics or religion with your clients. SHIBA is an unbiased program and we need to remain neutral on our opinions and viewpoints.

Tips:

- Every time you screen for LIS/MSP, please check the box in the Topics Discussed section.
- If you are filing a complaint, please completely fill out **Tab 5**.
 - Include the client's Medicare number, and what they want to happen as a result of the complaint.
 - You must close your CCR so the complaint can be seen in the Complaints Queue.
- Use of the copy function:
 - If you talk to a couple. You will need to make two CCRs – one for each person.
 - If you have a second (or third, etc.) contact with a client.
- Stay tuned for more information in the New Year!

Seniors and the Washington Healthplanfinder

Most individuals are expected to enroll in Medicare when they turn 65 but there are some exceptions. Certain individuals described in the chart below **MAY** use the Washington Healthplanfinder to enroll in a healthcare plan if NOT already enrolled in Medicare. Individuals eligible to use the Washington Healthplanfinder may have high premium costs unless they qualify for a tax credit which is based on their income, tax filing status and family size. If not eligible for tax credits, they should consider enrolling in Medicare **EVEN** if they are required to pay a premium for Part A. The best advice for individuals in this situation is to shop and compare their costs for Medicare versus their costs for a private plan on the Washington Healthplanfinder.

A CLIENT IN THIS SITUATION:	Medicare-Eligible	Eligible for Washington Healthplanfinder	May Qualify for Tax Credit
<ul style="list-style-type: none"> Age 65 and has earned 40 credits to receive Medicare <u>Part A premium-free</u> <i>(Includes US citizens and legal residents in US at least 5 years)</i> 	Yes	No	No
<ul style="list-style-type: none"> Age 65 but has <u>NOT</u> earned 40 credits to qualify for Medicare <u>Part A premium-free</u> <i>(Includes US citizens and legal residents in US at least 5 years)</i> 	Yes (BUT will have to pay premiums unless eligible for MSP*)	Yes	Yes
<ul style="list-style-type: none"> Under 65 and has been receiving Social Security Disability Income (SSDI) for <u>at least 24 months</u> <i>(No waiting period for those with ESRD and ALS)</i> 	Yes	No	No
<ul style="list-style-type: none"> Under 65 but has been receiving Social Security Disability Income (SSDI) for <u>less than 24 months</u> 	No	Yes	Yes
<ul style="list-style-type: none"> Legal immigrant who has lived in the US for <u>less than 5 years</u> <i>(May be eligible for a private plan but NOT Medicaid)</i> 	No	Yes	Yes

*MSP = Medicare Savings Program

This Document is for SHIBA Training Purposes ONLY
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Program eligibility

Individuals must not be enrolled in any other Medicare Part D prescription drug plan and must have either Medicare and Medicaid, or Medicare and the Low-Income Subsidy (LIS).

Two ways to submit a claim

1. Use the 4Rx data in the patient's enrollment confirmation letter, and use the Medicare claim number (on the red, white and blue Medicare card).
2. If the patient does not have a letter, use the entire Medicare claim number (on the red, white and blue Medicare card) and the 4Rx data below:

BIN = 015599

PCN = 05440000

Group ID = May be left blank

Cardholder ID = Medicare claim number (include letters)

Optional field:

Patient ID = Medicaid ID or Social Security number

Questions?

Call the Help Desk at 1-800-783-1307, or visit: www.humana.com/linet



Visit these program websites:

www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNet.html

This website provides:

- Tip sheet – Immediate need
- Tip sheet – Retroactive coverage
- Four steps for pharmacy providers
- Payer sheet

www.humana.com/linet

This website provides:

- Four steps for pharmacy providers
- Payer sheet
- Continuing education credits (Education on demand study modules are available for pharmacists and pharmacy technicians)

Call the Help Desk at 1-800-783-1307

- | | |
|--|----------------------|
| If you are a pharmacy provider | Press 1, then |
| for claim rejections: | Press 1 |
| for Medicare Part B vs. Part D drug: | Press 2 |
| for eligibility verification: | Press 3 |
| to repeat options: | Press 4 |
| If you are a physician/prescriber | Press 2 |
| If you are a beneficiary/other | Press 3 |

Medicare's Limited Income NET Program

administered by Humana®

TIPS FOR PHARMACY PROVIDERS



About Medicare's Limited Income NET Program

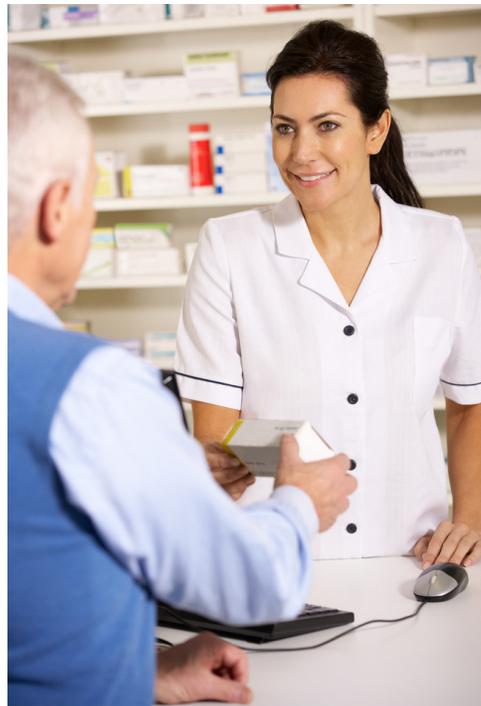
The Centers for Medicare & Medicaid Services (CMS) created this program to provide:

- 1. Point-of-sale prescription drug coverage** for individuals with Medicare's Low-Income Subsidy (LIS, also called "Extra Help") who are not yet enrolled in a Medicare Part D prescription drug plan.
- 2. Retroactive prescription drug coverage** for new "dual eligibles" — those individuals who are newly eligible for both Medicare and Medicaid, or Medicare and Supplemental Security Income (SSI).



Temporary coverage

All enrollees are **temporarily** covered by Medicare's Limited Income NET Program until CMS enrolls them in a standalone Medicare Part D prescription drug plan.



Note:

Use the 4Rx data on the temporary card provided in the patient's enrollment confirmation letter for Medicare's Limited Income NET Program.

If the patient does not have an enrollment confirmation letter for Medicare's Limited Income NET Program, follow the "Four steps for Pharmacy Providers" shown at right.

Four steps for pharmacy providers

- 1. Request plan ID card**
If the patient has a Medicare Part D plan ID card or a Medicare Part D plan letter with 4Rx data, submit claims to the Part D payer. *If not, go to step 2.*
- 2. Submit an E1 transaction**
Submit a query to Medicare's online eligibility query system.
 - If the E1 query returns BIN/PCN, submit the claim to that Medicare Part D plan.
 - If the E1 query returns a Contract ID and help desk numbers, contact that Medicare Part D plan for the 4Rx data.
 - If the E1 query returns a telephone number for Contract ID "X0001," the patient is enrolled in the Medicare's Limited Income Net Program. Use the 4Rx data located in this brochure's Quick Reference Guide. *If the query does not return plan enrollment, go to step 3.*
- 3. Verify eligibility for Medicare and either Medicaid or Low-Income Subsidy (LIS)**
If the patient cannot provide proof of eligibility, don't submit the claim. Refer the patient to his or her State Health Insurance Assistance Program (SHIP). *If the patient is eligible for Medicare's Limited Income NET Program, go to step 4.*
- 4. Submit claim**
Enter claim using the 4Rx data found in this brochure's Quick Reference Guide. For more information, see the program payer sheet: www.humana.com/linet

Information partners can use on:

Medicare's Limited Income NET Program for people at the pharmacy counter

Medicare's Limited Income NET Program

Medicare's Limited Income NET provides immediate prescription drug coverage for people with Medicare who are at the pharmacy counter and qualify for Extra Help, but aren't enrolled in a Medicare Prescription Drug Plan. Medicare's Limited Income NET Program covers all Part D covered drugs, and there are no network pharmacy restrictions during the time period covered by this program. The person will be charged the reduced copayment based on the level of Extra Help they get.

Medicare's Limited Income NET Program also covers prescriptions that eligible people filled within the last 30 days. See "Medicare's Limited Income NET Program for People with Retroactive Medicaid & SSI Eligibility" tip sheet in the "Publications for Partners" section on cms.gov for more details about how Medicare's Limited Income NET Program works.

How does the pharmacist know if a person is eligible?

If a pharmacy has reasonable assurance that a person is eligible for Medicaid or Extra Help (and they have no other Part D drug coverage), the pharmacy can submit the claim to Medicare's Limited Income NET Program.

How does the pharmacist know if a person is eligible? (continued)

A pharmacy can confirm if a person qualifies for Extra Help either through an E1 query to Medicare's online eligibility/enrollment system (TrOOP Facilitator), or with one of these:

- A copy of the person's Medicaid card that includes his/her name and effective eligibility date
- Documentation that shows Medicaid status, such as a copy of a state document, a printout from the state electronic enrollment file, or a screen print from the state's Medicaid system
- A copy of one of these Extra Help letters from Social Security:
 - "Notice of Award"
 - "Notice of Change" indicating an award increase
 - "Notice of Planned Action" indicating an award reduction
 - "Notice of Important Information" indicating no change to the person's award

What if a person's eligibility can't be confirmed?

If Medicare's Limited Income NET Program can't confirm if a person is eligible for Medicaid or Extra Help through a Medicare system, they'll send a notice to the person asking for proof of eligibility. Proof of Medicaid or Extra Help eligibility can be faxed to Medicare's Limited Income NET Program at 1-877-210-5592. A state or county Medicaid staff person can also call Medicare's Limited Income NET Program on behalf of a person with Medicare at 1-800-783-1307 to verify the person qualifies for Medicaid or Extra Help.

If the person fails to provide proof, then the person (not the pharmacy) will have to pay out-of-pocket for the prescription.

For more information

- To learn more about Medicare's Limited Income NET Program, call 1-800-783-1307. TTY users should call 711. Someone will be available to take your call from 8 a.m. – 8 p.m. in each U.S. time zone (may be different in Alaska and Hawaii).
- Call 1-800-MEDICARE (1-800-633-4227) to get the phone number for your State Medical Assistance (Medicaid) office. TTY users should call 1-877-486-2048. Or, visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts).