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

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

### E1 Query

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

**Claim submission information**
Electronic pharmacy claims should be submitted using the following information

<table>
<thead>
<tr>
<th>BIN</th>
<th>PCN</th>
<th>GROUP ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>015599</td>
<td>05440000</td>
<td>May be left blank</td>
</tr>
</tbody>
</table>

**CARDHOLDER ID**
Medicare claim number or Medicare number

**OPTIONAL FIELD: PATIENT ID**
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 Humana.com/LINET
- 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

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