LI NET
LIMITED INCOME NET PROGRAM

LI NET is a Medicare program that provides immediate prescription drug coverage for Medicare beneficiaries who qualify for Medicaid or Extra Help and have no prescription drug coverage.

Qualifying patients must be eligible for Medicare Part D and Medicaid or Extra Help.

This program **provides immediate prescription coverage** at the pharmacy counter; enrollment is processed by claim submission.

There are **limited pharmacy network restrictions**.

There are **no premiums**.

Coverage usually lasts about two months.

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

Enrollment methods

AUTO-ENROLLED	POINT OF SALE	ENROLLMENT FORM	RETROACTIVE
Periodic enrollments by the Centers for Medicare & Medicaid Services (CMS)	Enrolled by claim submission	Eligibility in process has more than 3 days of medication	Reimbursement request

Beneficiary chooses a plan? Yes/No

YES: enrolled into plan chosen by beneficiary
NO: enrolled into benchmark plan by CMS

470208ALL0524   GHHKCVYEN

Confirming eligibility

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

E1 query

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

Questions?

Call the help desk at **800-783-1307** or visit **Humana.com/LINET.**

Claim submission information

Electronic pharmacy claims should be submitted using the following information:

BIN	PCN	GROUP ID
015599	05440000	May be left blank

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 form located on our website at **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:
LI NET
P.O. Box 14310
Lexington, KY 40512-4310

Fax: **877-210-5592**