



**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.

**LINET** 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.

## Enrollment methods

### AUTO-ENROLLED

- Periodic enrollments by the Centers for Medicare & Medicaid Services (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/Extra Help = YES	Patient may be eligible for LINET, not yet enrolled	Submit claim to LINET using 4 Rx data
No plan information LICS/Extra Help = NO	Patient not eligible for LINET	Refer patient to 1-800-MEDICARE
Plan BIN/PCN #	Patient is enrolled in a Medicare 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 **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 form located on our website at [Humana.com/LINET](https://www.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:

LINET  
P.O. Box 14310  
Lexington, KY 40512-4310  
Fax: **877-210-5592**

