



Limited Income NET Program (LINET) is a Medicare program that provides temporary prescription coverage for Medicare beneficiaries who qualify for the low-income subsidy (LIS) and have no prescription drug coverage.

- **Qualifying patients must be eligible** for Medicare Part D and Medicaid, LIS or Supplemental Security Income (SSI).
- **The program provides immediate prescription coverage** at the pharmacy counter; enrollment is processed by claim submission.
- **The pharmacy network has limited restrictions.**
- **Patients have no premiums**, only an LIS-based copay.
- **Coverage** usually lasts about two months.
- **Retroactive reimbursement** may be available for out-of-pocket expenses.

Beneficiaries are enrolled in the LINET program in one of three ways:

- **Auto-enrolled:** Periodic enrollments by the Centers for Medicare & Medicaid Services
- **Point of sale:** Enrollment by claim submission
- **Retroactive:** Reimbursement request

Confirming eligibility

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

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 800-MEDICARE (800-633-4227)
Plan BIN/PCN #	Patient is enrolled in a D plan	Submit claim to plan using 4 Rx data
Plan phone number	Patient is enrolled in a D plan/issues	Call phone number provided

Claim submission information

Electronic pharmacy claims should be submitted using the following information.

BIN	PCN	Group ID	Cardholder ID	Optional field: Patient ID
015599	0544000	May be left blank	Medicare number	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 at **Humana.com/LINET**.
- Attach a copy of receipt or printout from the pharmacy and proof of payment.
- Mail or fax completed form with receipt to:
Limited Income NET Program
P.O. Box 14310
Lexington, KY 40512-14310
Fax: **877-210-5592**

Questions?

For help and information, please call the LINET help desk at **800-783-1307**.