# Compass MED D - LI NET (Limited Income Newly Eligible Transition) Program

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**Description:** The document assists when addressing issues from the beneficiary regarding LI NET.

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| General Information |

**Call Handling:**

* For all non-SilverScript (X9110) clients - refer to [Compass - Transferring Calls to Dedicated and Designated Client Teams](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4c87518d-83f5-4884-8631-1f427b77da7d)

**What is LI NET (Limited Income Newly Eligible Transition)?**

Medicare's Limited Income NET Program is a permanent program that provides immediate and retroactive Part D prescription drug coverage for eligible low-income beneficiaries who do not yet have prescription drug coverage.

Eligibility requirements of the LI NET program include**:**

* Medicare and Part D eligibility
* Eligible for Extra Help, including any of the following**:**
  + **Full-benefit dual-eligible beneficiaries:** Those with Medicare and full Medicaid benefits
  + **SSI-only beneficiaries:** Those with Medicare who receive Supplemental Security Income (SSI) but do not have Medicaid
  + **Partial-benefit dual-eligible beneficiaries:** Those with Medicare who qualify for Medicare Savings Programs (MSP) but not full Medicaid, i.e., QMB Only, SLMB Only and QI
  + **Extra Help applicants:** Those who have applied for, and have been awarded, Extra Help through SSA or their state
* Have no other prescription coverage, including:
  + Part D plan coverage
  + Retiree drug subsidy (RDS) plan
  + VA coverage
* Not enrolled in a Part C plan, which does not allow accompaniment enrollment in a Part D plan
* Not opted out of auto-enrollment
* Have a permanent address in the 50 states or DC

The majority of beneficiaries are enrolled in LI NET through auto-or facilitated enrollment process by CMS and may be automatically enrolled using the same process into a Part D plan once LI NET coverage ends.

This includes beneficiaries who**:**

* Have selected a Part D plan but whose enrollment has not taken effect
* Are enrolled by CMS into LI NET unless the beneficiary affirmatively has declined enrollment in Part D

**Retroactive LI NET coverage** begins on the first day of the month a beneficiary is identified as eligible for a low-income subsidy as a full-benefit dually eligible or an SSI benefit recipient, or 36 months prior to the date such individual enrolls in (or opts out of) Part D coverage, whichever is later. The retroactive effective date in LI NET cannot be prior to the individual’s Part D eligibility date.

**Humana** is the Part D Sponsor appointed by CMS to administer the LI NET program.

Humana will have a MED D Contract ID (X0001) to use for enrolling beneficiaries into the LI NET plan. In most cases, beneficiaries will be automatically assigned and prospectively enrolled by CMS to a Part D Plan within 60 days or the second full month after becoming LI NET eligible.

**Example:** An individual becomes Medicare Part D eligible in May 2010. That same month, the individual applies for Medicaid. In August 2010, the State Medicaid Agency awards Medicaid eligibility effective February 1, 2010 (Medicaid eligibility may be retroactive to three months before the month of application) and includes the person on a state MMA file in August. In this scenario, Medicaid prescription drug coverage is effective February 1 – April 30, 2010. CMS auto-enrolls the beneficiary into LI NET retroactive to May 1, 2010, and randomly auto-enrolls the person into a qualifying PDP effective October 1, 2010.

* For **all** **LI NET** beneficiaries, the benefit is the same**:**
  + Open Formulary (Part D Covered Drugs)
  + No Prior Authorization Required
  + No Network Pharmacy Restrictions
  + There are standard safety and abuse edits such as **refills too soon** and **therapy duplication**.

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| Customer Care Process |

When addressing issues from the beneficiary regarding **LI NET** the CCR will follow the steps outlined below**:**

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| **Step** | **Action** | | |
| **1** | Follow current claims research in order to attempt to locate the claim in question.  **Note:** The CCR should check the beneficiary’s enrollment dates in MARx to assist the beneficiary with what plan the claim may have processed under. If the CCR sees contract **X0001** in MARx that indicates the beneficiary is or was enrolled in LI NET and the dates of enrollment.  **Note:** The beneficiary might **not** mention the term **LI NET**.   * Questions may be regarding claims in general. * The beneficiary may mention receiving a letter stating they have coverage. * The letter indicating they can apply for extra assistance before their plan starts will come from Medicare. | | |
| **If claim is…** | **Then…** | |
| Located | Address any claims question according to current policies and procedures. | |
| **NOT** located | Ask the beneficiary if they were at one time enrolled in **LI NET** or the Humana **LI NET** MED D plan?  **Note:**  The CCR should check the beneficiary’s enrollment dates in MARx. If the CCR sees contract **X0001** in MARx that indicates the beneficiary is or was enrolled in LI NET and the dates of enrollment. | |
| **If…** | **Then…** |
| Yes | Advise the beneficiary to contact **LI NET** regarding claims, which were submitted during his/her **LI NET** coverage time at **800-783-1307.** |
| No | * I am unable to locate any claim history regarding that medication. * Please review your records for any other prescription coverage you may have had previously. * You can also review your Explanation of Benefits (EOB) to determine how your claim was processed. |

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| FAQs |

The following table will assist the CCR in addressing Frequently Asked Questions regarding **LI NET:**

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| **Question** | **Answer** |
| **How does a beneficiary access LI NET?** | There are three ways a beneficiary can access LI NET**:**   1. Auto-Enrollment by CMS    * CMS has performed Auto-Enrollment of Full Duals on a daily to monthly basis since the start of the Part D Program. 2. POS Use (Retail Pharmacy)    * A beneficiary presents at the pharmacy with an immediate prescription drug need.    * 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.    * 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 through BAE (Best Available Evidence).   For additional information on BAE, see [Compass MED D - Low Income Subsidy (LIS) Dispute & Best Available Evidence (BAE) - Process for Urgent Need of Medication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3271eca6-c391-4b37-89a4-6f3cd797f335).   1. Submitting a Receipt & Claim Form    * For prescriptions already paid for out-of-pocket during eligible periods. |
| **How can I submit a claim form for prescriptions prior to my new effective date with a MED D plan?** | * You can contact **LI NET** directly at **800-783-1307**   TTY**:** **711**  **OR**   * You can submit your claim(s) to:   **Medicare Limited Income NET Program**  **PO BOX 14310**  **Lexington, KY 40512-4310**  **FAX: 877-210-5592**   * You will need to use the Humana **LI NET** claim form when submitting claims. * You can view and print the form from the Humana **LI NET** website**:** <https://www.humana.com/provider/pharmacists/linet>. * If you do not have access to the internet, you can request one from Humana **LI NET** Customer Care. * The Humana **LI NET** Customer Care number is **800-783-1307 and they are available from** 8am until 8pm (Monday - Friday) in all time zones. |
| **What are the primary filing requirements for LI NET claims submission?** | * For individuals who are already enrolled in **LI NET**, there are generally no timeline filing limits on claims incurred during periods of enrollment. * For individuals ***not*** already enrolled in **LI NET**, generally claims must be filed within 30 days following date of service, depending on the beneficiary's LIS status. * Individuals must ask for reimbursement **within** 180 days (six months) after their coverage with **LI NET** ends. * Dual Eligibles may have claims covered up to 36 months in the past, but they must first contact **LI NET** for immediate eligibility determination. |
| **Callers may reference LI NET and feel they should be retro enrolled to a different effective date or they received a letter from LI NET stating they had a claim denied and were determined to be ineligible for LI NET.** | Claims adjudicated during the time period the beneficiary was with **LI NET** should be referred back to **LI NET** at **800-783-1307** as well as any questions about claims denied while under the **LI NET** program. |

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| Related Documents |

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/AppData/Local/Temp/CMS-2-017428)

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