Four Steps – Using the LI NET Program

1. Request Individual's Part D Plan ID Card
   If an individual has a Part D Plan ID Card, or plan letter with 4Rx data, submit claims to that payer.

   If not available, go to Step 2.

2. Submit an E1 Transaction to Medicare's Online Eligibility/Enrollment System
   Plan enrollment data are available on dates of service within the last 90 days. If you are uncertain about how to submit an E1 query, please contact your software vendor. If the E1 query returns:
   - BIN/PCN, submit the claim to the plan indicated; or
   - Contract ID number and help desk number, contact plan for 4Rx data.

   If the E1 query does not return plan enrollment, go to Step 3.

3. Verify Individual has Medicaid or LIS, and Medicare

Medicaid/LIS (*one of the below*)		Medicare (*one of the below*)
• Medicaid ID Card • Copy of current Medicaid award letter with effective dates • State eligibility verification system (EVS) queries (interactive voice response, online) • Notice from Medicare or SSA awarding low-income subsidy	**AND**	• Medicare Card (red, white and blue) • E1 query to Medicare's online eligibility/ enrollment system • Recent Medicare Summary Notice (MSN) • Medicare pharmacy eligibility line 1-800-MEDICARE

If the individual cannot provide evidence of current eligibility for Medicare and Medicaid or the LIS, do NOT submit a claim to the LI NET Program. Instead, refer him/her to the State Health Insurance Assistance Program (SHIP) for help in obtaining such evidence.

If individual has Medicaid or LIS, and Medicare eligibility, go to Step 4.

4. Submit Claim to the LI NET Program
   Enter the claim through your claims system in accordance with the LI NET payer sheet, available at: http://www.humana.com/pharmacists/resources/li_net.asp.
   - **BIN = 015599**
   - **PCN = 05440000**
   - **Cardholder ID = Medicare Claim number on the red, white and blue Medicare Card (also called Health Insurance Claim Number or HICN)**
   - **Group ID may be left blank**
   - **Optional: Patient ID = Medicaid ID or Social Security Number**

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Common Reject Codes

User-friendly claims rejection messages will be returned to a pharmacy provider as secondary messages when an individual is determined to be ineligible.

Error Description	NCPDP Reject Code	Messaging and Pharmacy Guidance
Individual already enrolled in a Part D plan	41	*Submit Bill to Other Processor or Primary Payer* *<Custom Message With Patient and Plan Information>* Please submit claim to other Part D plan. If an unsuccessful attempt has been made to bill the other processor or payer, call 800-783-1307 for help.
Invalid Cardholder ID – Individual not Found with Medicare eligibility	52	*Non-matched Cardholder ID* *Unable to validate patient's eligibility for Medicare; verify Medicare ID#; for additional help call CMS at 1-800-MEDICARE* Enter Medicare Claim Number from red, white and blue Medicare Card into Cardholder ID field.
Claim older than 30 days with no established eligibility	52	*Non-matched Cardholder ID* *Elig Determination Reqd; Call 800-783-1307* Eligibility for program must be determined. You must contact Humana at 800-783-1307 <u>before you can process the claim.</u>

Additional Information

- The LI NET Program will reimburse qualified individuals who paid for Part D prescription drugs out-of-pocket during eligible periods. Individuals can send or fax copies of their receipts to the LI NET Program for review. Call **1-800-783-1307** for more information.
- Other edits include those for safety, duplication, Part B covered drugs, and Part D excluded drugs.
- If a pharmacist or beneficiary believes LI NET rejected a claim in error, they may request an Eligibility Review. They must provide proof of eligibility for the program. Call the LI NET Program at **1-800-783-1307** for assistance.
- For additional information on CMS' website, go to:
  http://www.cms.gov/LowIncSubMedicarePresCov/03_MedicareLimitedIncomeNET.asp

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Calling the LI NET Program: 1-800-783-1307 Menu Options

Pharmacy Provider: **Press 1, then for:**
- Claim Rejections: Press 1
- Part B vs. Part D Drug: Press 2
- Eligibility Verification: Press 3
- Repeat Options: Press 4

Physician/Prescriber: **Press 2**

Beneficiaries/Others: **Press 3**

Appendix
Additional Reject Codes

Error Description	NCPDP Reject Code	NCPDP Primary Message	Secondary Message (Customizable)
Not currently Medicare eligible	65	Patient is not covered	Unable to validate patient's eligibility for Medicare; verify Medicare ID#; for additional help call CMS at 1-800-MEDICARE
Patient is deceased	65	Patient is not covered	Patient is shown to be deceased; verify Medicare ID#; for additional help call CMS at 1-800-MEDICARE
Enrolled in a Medicare Part C plan	65	Patient is not covered	Enrolled in a Medicare Part C plan that does not allow enrollment in LI NET; contact other plan
Patient has subsidized employer plan	65	Patient is not covered	Patient has subsidized employer/union group retiree drug benefits; not eligible for LI NET; contact group plan
Patient has opted out of Part D auto-enrollment	65	Patient is not covered	Patient has opted out of Part D auto-enrollment; not eligible for LI NET; for additional help call 800-783-1307
Patient lives outside the 50 States or DC	65	Patient is not covered	Patient lives outside of 50 States or DC; not eligible for LI NET; verify address; for additional help call 800-783-1307
Claim older than 36 months	75	Prior Authorization Required	Elig Determination Reqd Call 800-783-1307 *Note: You will need to contact Humana at the number above before you can process the claim.*
Missing Required Fields	Various	Various	Required Field(s) Missing