

Limited Income Newly Eligible Transition (NET) Program

Four Steps for Pharmacy Providers, Effective January 1, 2010

The program previously known as the WellPoint Point-of-Sale Facilitated Enrollment (POS FE) process has been redesigned by CMS. Effective 1/1/2010, it will become the Limited Income NET Program, administered by Humana.

Background:

The Limited Income NET Program (or LI NET) is designed to eliminate any gaps in coverage for low-income individuals transitioning to Medicare Part-D drug coverage.

Immediate need prescription drug coverage: The LI NET Program will ensure that individuals with Medicare's low-income subsidy (LIS), or "extra help," who are not yet enrolled in a Part-D prescription drug plan are still able to obtain immediate prescription drug coverage. This includes:

- Beneficiaries with Medicare and Medicaid, also known as "dual eligibles;" and
- Those with Medicare who also receive Medicare's low-income subsidy.

This "Four Steps" document describes how pharmacy providers can bill the LI NET Program for immediate need prescription drug coverage. If an individual is later determined to be ineligible because he/she does not receive the LIS, the individual will be financially responsible for any claims already paid on his/her behalf.

Retroactive coverage: The LI NET Program will also provide retroactive coverage for new dual eligibles. Medicare automatically enrolls these individuals into LI NET with an effective date back to the start of their full dual status, or their last enrollment in a Medicare Part-D plan. These individuals are covered by LI NET temporarily while Medicare enrolls them in a standard Medicare Part-D plan for the future.

Pharmacy providers will need to bill the beneficiary-specific 4Rx data for these individuals. The 4Rx data are printed at the top of the beneficiary's confirmation letter from LI NET (if available). They may also be obtained through a query to Medicare's on-line eligibility/enrollment query system. A query will return the 4Rx data; if a phone number for contract "X0001" is returned, the beneficiary is enrolled but the 4Rx data are not yet available on Medicare's system. In this case, use the following:

- **BIN = 610649**
- **PCN = 05440000**
- **Cardholder ID = Beneficiary HICN**
- **Group ID may be left blank**

You should continue to perform an E1 query on these individuals on a monthly basis because they will be enrolled by CMS into a regular Part-D plan within two months.

Four Steps – Using the LI NET Process

1. Request Patient's Part-D Plan ID Card

If a patient has a Part-D Plan ID Card, or plan letter with 4RX data (including enrollment in LI NET), submit claims to that payer.

If not available, go to Step 2.

2. Submit an E1 Transaction to Medicare's 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:

- a BIN/PCN, submit the claim to the plan indicated; or
- a 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 Patient has Medicaid or LIS, and Medicare

Medicaid/LIS (<i>one of the below</i>)	AND	Medicare (<i>one of the below</i>)
<ul style="list-style-type: none">• 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		<ul style="list-style-type: none">• E1 query to Medicare's online eligibility/enrollment system• Recent Medicare Summary Notice (MSN)• Medicare pharmacy eligibility line 1-866-835-7595

If the individual cannot provide evidence of current eligibility for Medicare and Medicaid or the LIS, do NOT submit a claim to the Limited Income NET Program. Instead, refer them to their 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 Limited Income NET Process

Enter the claim through your claims system in accordance with the Limited Income NET payer sheet, available at:

http://www.humana.com/pharmacists/resources/li_net.asp.

- **BIN = 610649**
- **PCN = 05440000**
- **Cardholder ID = Beneficiary HICN**
- **Group ID may be left blank**
- **Patient ID = Medicaid ID or Social Security Number**

Questions? Go to the LI NET Pharmacy portal at http://www.humana.com/pharmacists/resources/li_net.asp or **Call 1-800-783-1307**

Reject Codes

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

Error Description	NCPDP Reject Code	NCPDP Primary Message	Secondary Message (Customizable)
Found current Part-D plan	41	Submit Bill To Other Processor or Primary Payer	<Custom Message With Patient and Plan Information>
Not Found on Part A/B	52	Non-matched Cardholder ID	Unable to validate patient's eligibility for Medicare; verify Medicare ID#; for additional help call CMS at 866-835-7595
Claim older than 30 days with no established eligibility	52	Non-matched Cardholder ID	Elig Determination Req'd Call 800-783-1307 <i>Note: You will need to contact Humana at the number above <u>before you can process the claim.</u></i>
Found on Part A/B but not effective	65	Patient is not covered	Unable to validate patient's eligibility for Medicare; verify Medicare ID#; for additional help call CMS at 866-835-7595
Found on Part A/B but patient is deceased	65	Patient is not covered	Patient is shown to be deceased; verify Medicare ID#; for additional help call CMS at 866-835-7595
Contract Number Not Eligible	65	Patient is not covered	Enrolled in Part C plan that does not allow enrollment in LI NET; contact Part C plan
Patient has employer subsidy	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 Req'd Call 800-783-1307 <i>Note: You will need to contact Humana at the number above <u>before you can process the claim.</u></i>
Claim older than 7 days for unconfirmed beneficiary	81	Claim Too Old	7 day filing limit, no LIS on CMS' systems. If proof of LIS or Medicaid available, call 800-783-1307.
Missing Required Fields	Various	Various	Required Field(s) Missing

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.
- Pharmacy providers with questions about claims submitted to the former POS FE process submitted prior to 1/1/2010 will need to call the NextRx Pharmacy Benefits Line at **1-800-957-5147**.
- For additional information on CMS' website, go to:
http://www.cms.hhs.gov/LowIncSubMedicarePresCov/03_MedicareLINET.asp#TopOfPage.

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