

Extra Help and LINET

The Centers for Medicare & Medicaid Services (CMS) created the Limited Income Newly Eligible Transition Program (LINET) to provide immediate medication access for Medicare beneficiaries with Extra Help (also known as the Low-income Subsidy or LIS) not yet enrolled in a Part D plan or a Medicare Advantage (Part C) plan with prescription drug coverage. CMS awarded the LINET program contract to Humana. The prescription below details LINET eligibility requirements and enrollment processes which vary slightly for or those deemed and those that apply.



LINET PRESCRIPTION

FOR: Extra Help Beneficiaries with no Part D plan

RE: Immediate prescription fills at pharmacy counter



Awarded Extra Help

Deemed eligible

- Full dual = receives Medicaid or SSI and automatically enrolled in LINET
- Partial dual = receives MSP and must enroll in LINET at pharmacy
- Receives CMS [purple letter no. 11166](#)

Applied eligible

- Applied for Extra Help
- Must enroll in LINET at pharmacy
- Receives [Notice of Award letter](#) from Social Security



No Part D plan



Best Available Evidence (BAE)

Beneficiary must provide the [BAE](#) to pharmacy staff for immediate prescription fills and LINET enrollment, including one of the following:

- Social Security Administration (SSA) or CMS Extra Help letter (award letter, notice of change, notice of planned action or notice of important information),
- State Medicaid award letter or printed screenshot confirming eligibility with effective dates, or
- State eligibility verification system inquiries (online or interactive voice response).



What if the LINET claim system does not recognize the beneficiary's information when the pharmacy submits it?

If this occurs, then ask for an override for each medication, fax BAE to Humana at 1-877-210-5592, and call the Humana help desk at 1-800-783-1307:

1. Pharmacy providers press 1, then claim rejection (press 1), Part B vs. Part D drug (press 2), eligibility verification (press 3), and repeat options (press 4)
2. Physician or prescriber, press 2
3. Beneficiary or other, press 3

Which drugs are on the LINET formulary and are there restrictions?

LINET has an open formulary and contains all Part D drugs. LINET does not cover drugs excluded from the Part D program. There are limits on some drugs for safety reasons, including quantity limits or prior authorization.

Does LINET have a pharmacy network?

All pharmacies can submit claims to LINET following the instructions below. Pharmacies may not know about LINET and may need a copy of the *Four Steps for Pharmacy Providers* or *LINET Program Brochure* available at the [Humana LINET website](#).

How does enrollment at the pharmacy counter work?

Pharmacy staff start the point-of-sale enrollment when they submit a claim to the CMS LINET online enrollment system with these details:

- Cardholder ID= Medicare claim number from Medicare card
- BIN = 015599
- PCN = 05440000
- Group ID = may be left blank
- Patient ID (Optional) = Medicaid ID or Social Security number

Is LINET retroactive?

If full Medicaid or SSI eligibility is retroactive, then LINET is retroactive and the beneficiary will receive a [CMS yellow letter no. 11429](#) (counts as BAE). The beneficiary must provide

BAE to Humana LINET within 90 days of award to get retroactive coverage.

Not all LINET is retroactive. Beneficiaries that receive a [CMS yellow letter no. 11154](#) do not get retroactive coverage.

How long can a beneficiary keep LINET?

CMS enrolls all Extra Help beneficiaries in Part D plans within one or two months. Full duals with full Medicaid or SSI are automatically and randomly enrolled the first day of the following month after award and notified by a CMS [yellow letter no. 11429](#).

All other Extra Help beneficiaries have a random and facilitated enrollment two months after their Extra Help award date and receive notice in a CMS [green letter no. 11191](#).

What other assistance can I offer a beneficiary new to Extra Help?

Help the beneficiary make a Part D comparison on the Medicare Plan Finder at www.medicare.gov and enroll in a plan with the best coverage and costs. Even though CMS enrolls beneficiaries with Extra Help in a Part D plan, the plan is chosen at random and doesn't ensure that the beneficiary's specific prescriptions are covered on the plan's formulary which means they are responsible for the full cost of the drug. Likewise, some plans may require restrictions like step therapy, quantity limits or prior authorization that limit access to the drug.

References

Centers for Medicare & Medicaid Services Medicare Prescription Drug Benefit Manual
[Chapter 3](#) Eligibility, Enrollment and Disenrollment
[Chapter 13](#) Premium and Cost-Sharing Subsidies for Low-Income Individuals

Centers for Medicare & Medicaid Services [Medicare LINET Program webpage](#)

[Humana LINET webpage](#)