

Limited Income NET

administered by HUMANA.

Introducing the Limited Income NET Program, *Effective January 1, 2010*: Tip Sheet for Pharmacy Providers

The Centers for Medicare & Medicaid Services (CMS) has redesigned the program known as the WellPoint Point-of-Sale Facilitated Enrollment (POS FE) process. The program will now be known as the Limited Income Newly Eligible Transition Program, or Limited Income NET, and will be administered by Humana effective January 1, 2010.

CMS created the Limited Income NET Program to simplify Part D prescription drug coverage for Medicare beneficiaries who are also eligible for Medicaid (dual eligibles) or the Medicare Low-Income Subsidy (LIS).

What LI NET covers

Immediate need prescription drug coverage for those LIS eligibles who are not yet enrolled in a Part D prescription drug plan so they are able to obtain immediate prescription drug coverage.

Retroactive coverage for new dual eligibles. Medicare automatically enrolls these individuals into Limited Income 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 Limited Income NET temporarily while Medicare enrolls them in a standard Medicare Part D plan for the future.

We want to make this process as easy and reliable as possible for pharmacies to use in those rare cases where LIS eligible individuals are not yet reflected in CMS' systems when they first present at a pharmacy. This document highlights important changes that will be implemented as of January 1, 2010.

Minimal Claim Reversals to Pharmacies

Claims reversals to pharmacies will be minimal under the Limited Income NET Program. We continue to require the front-end edits to ensure that claims are rejected immediately for individuals who are not Medicare-eligible or who have an existing Part D plan enrollment. We will continue to recover funds from Medicare beneficiaries who use the Limited Income NET process and are ultimately determined ineligible for the program, making reversal to the pharmacies very rare. Finally, Humana will have a temporary Medicare Part D Contract ID (X0001) to use for enrolling individuals in this program. The individuals will then be automatically assigned by CMS to their permanent Medicare Part D contract within two months. The pharmacies will experience reversals for duplicate claims.

Eligibility Determinations for Claims Over 30 Days

For claims that must be submitted more than 30 days after the date of service for which there is no plan of record, CMS has implemented a new query for Humana to use in determining eligibility. If you need to submit a claim greater than 30 days old for an individual, you should call Humana at 1-800-783-1307 for an immediate eligibility determination. You can also submit the request using the fax form at the end of this document. If a claim is submitted within 30 days of the date of service, it can be submitted online and the claim will be processed without intervention.

Individuals Later Determined Ineligible

For any individuals receiving services under the Limited Income NET program, Humana will perform subsequent validation of the individual's eligibility. If state systems do not confirm Medicaid eligibility in the given service month and LIS eligibility cannot be confirmed through CMS, Humana will request proof of Medicaid/LIS eligibility from the individual. If no documentation is provided within 60 days, **Humana will seek reimbursement from the individual for the costs of the claims.**

Before Submitting a Claim to LI NET

As a reminder, before processing Limited Income NET claims, pharmacy providers need to verify the following:

- The beneficiary's Medicare eligibility;
- That the beneficiary has no active Part D plan enrollment; and
- The beneficiary's Medicaid or LIS eligibility.

Note: If the beneficiary has both Medicare and Medicaid, *please transmit both the Medicare and Medicaid numbers.*

Problems?

If you are unable to process a Limited Income NET claim, contact the Limited Income NET Program pharmacy benefits manager at the Humana help desk: 1-800-783-1307, then select option #1

Questions?

For more information about the Limited Income NET process, please see the "Limited Income Newly Eligible Transition (NET) Program: Four Steps for Pharmacy Providers," available at www.humana.com/pharmacists/resources/li_net.asp.

**Pharmacy Fax Request to Humana
For Limited Income Newly Eligible Transition Claims Over 30 Days Old**

Fax to: Humana Fax Number: 1-877-210-5592

Please provide all of the following beneficiary and pharmacy information. Note: Incomplete requests may result in processing delays.

Beneficiary Information:

Beneficiary Medicare Number _____

Beneficiary First Name _____

Beneficiary Middle Initial _____

Beneficiary Last Name _____

Date of Birth _____ / _____ / _____ Gender _____

Street Address _____

City _____ State _____ ZIP Code _____

Claim Date of Service _____

Pharmacy Information:

Pharmacy Name _____

Pharmacy NPI _____

Pharmacy Phone Number _____

Contact Person _____

Pharmacy E-mail Address _____

If you have questions, please contact the Limited Income NET help desk at Humana at 1-800-783-1307.

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 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 	AND	<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.

If individual has Medicare and Medicaid or LIS 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.cms.hhs.gov/LowIncSubMedicarePresCov/03_MedicareLINET.asp#TopOfPage.

- **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. This editing is provided by RelayHealth, Inc.

Error Description	NCPDP Reject Code	NCPDP Primary Message	Secondary Message (Customizable)
Not Found on Part A/B	65	Patient is not covered	Unable to validate patient's eligibility for Medicare, please call CMS at 866-835-7595.
Found on Part A/B but not effective	65	Patient is not covered	Unable to validate patient's eligibility for Medicare, please call CMS at 866-835-7595
Found on Part A/B but patient expired	65	Patient is not covered	Unable to validate patient's eligibility for Medicare, please call CMS at 866-835-7595
Found current Part D plan	41	Submit Bill To Other Processor or Primary Payer	<Custom Message With Patient and Plan Information>
Patient has employer subsidy	65	Patient is not covered	Patient has subsidized employer group retiree drug benefits, not eligible for LI NET
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
Patient lives outside the 50 States and DC	65	Patient is not covered	Patient lives outside of fifty States or District of Columbia, not eligible for LI NET
Missing Required Fields	Various	Various	Required Field(s) Missing
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 before you can process the claim.</i>
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 before you can process the claim.</i>

Additional Information

- The Limited Income 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.

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