

# Medicare's Limited Income Newly Eligible Transition (LI NET) Program

Medicare's Limited Income Newly Eligible Transition (LI NET) Program gives temporary Medicare Part D drug coverage to people with low income and with Medicare not already enrolled in a Medicare drug plan.

LI NET covers:

- **Full benefit dual eligibles (people with both Medicare and Medicaid):** Covered on a retroactive basis, for up to 36 months in the past.
- **People eligible for Supplemental Security Income (SSI):** Covered on a retroactive basis, for up to 36 months in the past.
- **People eligible for Low-Income Subsidy (LIS, also called Extra Help):** Covered at the pharmacy counter, and for up to 30 days in the past.
- **People eligible for Medicaid as a Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB), or a Qualifying Individual (QI), under a state's Medicare Savings Program:** Covered at the pharmacy counter, and for up to 30 days in the past.

LI NET covers all Part D-covered drugs, and there are no network pharmacy restrictions.

## How the LI NET program works

Currently, Humana administers LI NET. Medicare will automatically enroll a person into the LI NET program if they're LIS-eligible and their auto-enrollment into a Medicare drug plan (Part D) has not taken effect.

People who qualify for LI NET get temporary drug coverage (up to 2 months) until they choose to join another Medicare drug plan. If they don't choose a drug plan, Medicare selects and automatically enrolls them in one, unless the person opts out of joining another Part D plan.

A person's LI NET enrollment starts the first day of the month they're identified as LIS-eligible, and ends after 2 months.

In certain cases, people who qualify for LI NET may also be able to get retroactive Medicare drug coverage. Go to page 2 for more information on retroactive coverage.

## How a pharmacist knows if a person is eligible

If a pharmacy has reasonable assurance that a person is eligible for Medicaid or Extra Help, and the person has no other Medicare drug coverage (Part D), then the pharmacy can submit the claim to LI NET.

A pharmacy can confirm if a person qualifies for Extra Help either through submitting an E1 query to Medicare's online eligibility/enrollment system, or with one of these:

- A copy of the person's Medicaid card that includes their name and eligibility date
- A copy of a letter from their state or from the Social Security Administration showing LIS ("Extra Help") status
- The date that a verification call was made to the State Medicaid Agency, the name and phone number of the state staff person who verified the Medicaid period, and the Medicaid eligibility dates confirmed on the call
- A copy of a state document that confirms active Medicaid status
- A screen-print from the state's Medicaid systems showing Medicaid status
- Evidence at point-of-sale of recent Medicaid billing and payment in the pharmacy's patient profile

## If a person's eligibility can't be confirmed

If LI NET can't confirm that a person is eligible for Medicaid or Extra Help through a Medicare system, they'll send a notice to the person asking for proof of eligibility. If someone asks for your help with proving their eligibility for the program, you can fax confirmation of Medicaid or Extra Help eligibility to the LI NET program at 1-877-210-5592. A state or county Medicaid staff person can also call the program on behalf of a person who has Medicare at 1-800-783-1307, to verify the person qualifies for Medicaid or Extra Help.

If the person fails to provide confirmation, then the person (not the pharmacy) will have to pay out of pocket for the prescription.

## Retroactive Medicare drug coverage

In certain cases, people who qualify for LI NET may also be able to get retroactive Medicare drug coverage for up to 36 months. This means they can get reimbursed for any covered prescriptions they filled during the retroactive coverage period.

Retroactive coverage starts on the later of these dates:

- The date they're identified as eligible for LIS as a full-benefit dual eligible or an SSI benefit recipient
- 36 months before they enroll in Part D coverage

When Medicare records show a person's Medicare/Medicaid full benefit dual eligibility or SSI is retroactive for past months, their Extra Help is retroactive for the same period. When this happens, Medicare's LI NET gives retroactive drug coverage for any uncovered months in the past, the month Medicare is notified the person qualifies for Medicaid or SSI, and the month after. After that, unless the person opts out, they'll automatically get drug coverage from the Medicare drug plan that Medicare selected for them, or from the Medicare drug plan they chose.

**Example:** Social Security notified Medicare in February 2024 that Bob Smith was eligible for SSI starting in November 2023. Mr. Smith didn't have Medicare drug coverage. Medicare's LI NET Program gives Mr. Smith retroactive Medicare drug coverage from November 2023 through March 2024. After March 2024, he'll get Medicare drug coverage from the plan Medicare selected for him, since he didn't select a plan on his own.

## How to find out if a person qualifies for retroactive coverage through Medicare's LI NET Program

Medicare sends a yellow notice in the mail to everyone newly eligible for Medicaid or SSI. This notice lets them know they automatically get Medicare drug coverage, and it includes their coverage effective date. The yellow notice also tells them if they're eligible for retroactive Medicare drug coverage through LI NET.

There are 2 versions of the yellow auto-enrollment notice:

- **Retroactive coverage through Medicare's LI NET Program (Notice 11429)**  
People with retroactive coverage get a yellow auto-enrollment notice in the mail with "CMS Product No. 11429 - YELLOW" printed in the bottom right corner. This notice lists the name and phone number of the Medicare drug plan that will give their future drug coverage. It also includes LI NET Program contact information for dates of retroactive coverage. People with retroactive coverage also get a separate notice from the program with coverage details and steps they can take to get reimbursed for any covered prescriptions they filled during their retroactive coverage period.
- **No retroactive coverage through Medicare's LI NET Program (Notice 11154)**  
People who don't qualify for retroactive coverage get a yellow auto-enrollment notice in the mail with "CMS Product No. 11154 - YELLOW" printed in the bottom right corner. This notice lists the name and phone number of the Medicare drug plan that will give their future drug coverage. People who get this notice will still get temporary coverage through Medicare's LI NET Program until their Medicare drug plan coverage starts.

**Note: Medicare may not always have the most current information about a person's Medicaid or SSI eligibility.**

People may get "CMS Product No. 11154 - YELLOW," when they should've gotten "CMS Product No. 11429 - YELLOW." A person may qualify for retroactive coverage through Medicare's LI NET Program as long as they qualified for both Medicare drug coverage and either Medicaid or SSI on the date they filled the prescription. They can visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048. Or, they can contact their State Health Insurance Assistance Program (SHIP) for free, personalized help by visiting [shiphelp.org](https://www.shiphelp.org).

## Reimbursing people with retroactive LI NET coverage

If a person paid for Medicare-covered drugs when they qualified for retroactive drug coverage through Medicare's LI NET Program, they may be able to get reimbursed for their out-of-pocket costs for those drugs.

For qualifying drugs, Medicare's LI NET Program will reimburse the money the person paid out of pocket, minus any applicable copayments. For more information on filing for reimbursement, people should read the materials they get in the mail from the program, or call Humana at 1-800-783-1307. TTY users can call 711.

Once the program gets a written reimbursement request, it has 14 calendar days to reply with a coverage decision. If the claim is eligible for reimbursement, the program will mail a check no later than 30 days after their coverage decision. If the drug isn't covered, the person who made the reimbursement request will get a letter explaining why the program denied their request.

## For more information

- For more information about Medicare's LI NET Program or retroactive coverage, visit [humana.com/member/medicare-linet-pharmacy-resources](https://humana.com/member/medicare-linet-pharmacy-resources) or call the LI NET help desk at 1-800-783-1307. TTY users can call 711. Someone will be available to take your call from 8 a.m. – 11 p.m. Eastern time (ET).
- To get the phone number for your State Medical Assistance (Medicaid) office, visit [Medicaid.gov/about-us/beneficiary-resources/index.html#statemenu](https://Medicaid.gov/about-us/beneficiary-resources/index.html#statemenu).



**Medicare**

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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