

Medicare's Limited Income NET Program

administered by Humana®

Medicare's Limited Income Newly Eligible Transition Program cover sheet

Please review the various forms of best available evidence acceptable for low-income subsidy eligibility verification:

1. A copy of the beneficiary's Medicaid card that includes the beneficiary's name and an eligibility date between July 1 and Dec. 31 of the previous calendar year.
2. A copy of a state document that confirms active Medicaid status between July 1 and Dec. 31 of the previous calendar year.
3. A printout from the state electronic enrollment file showing Medicaid status between July 1 and Dec. 31 of the previous calendar year.
4. A screen print from the state's Medicaid systems showing Medicaid status between July 1 and Dec. 31 of the previous calendar year.
5. Other documentation provided by the state showing Medicaid status between July 1 and Dec. 31 of the previous calendar year.
6. A letter from the Social Security Administration showing the individual receives Supplemental Security Income.
7. An application filed by Deemed Eligible confirming that the beneficiary is "...automatically eligible for extra help..." ([SSA publication HI 03094.605](#)).



The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.

Medicare's Limited Income NET Program

administered by Humana®

Medicare's Limited Income Newly Eligible Transition Program claim submission form for immediate need

Fax to: **1-502-580-6644**

Please provide all of the following information. Incomplete requests may result in processing delays.

Beneficiary information

Medicare number: _____

First name: _____

Middle initial: ____

Last name: _____

Date of birth: _____

Gender: ____

Street address: _____

City: _____ State: _____ ZIP code: _____ Claim date

Claim date of service: _____

Pharmacy information

Pharmacy name: _____

Phone number: _____

Contact person: _____

If you have questions, please contact Medicare's Limited Income NET help desk at Humana at 1-800-783-1307, Monday through Friday from 8 a.m. to 8 p.m. local time.



The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.