

# Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

December 2019: Issue 78

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## From the auditor's desk

### Importance of Responding to Claim Audits

Claim audits apply to all lines of business, including, but not limited to, Medicare, Medicaid and Commercial. A claim audit can be triggered due to various reasons, including, but not limited to:

- Request by Benefit Sponsor, Covered Person and/or government agency
- Identified billing issues
- Atypical quantities and excessive dosing

Prime monitors claims data to identify potential billing errors and/or compliance concerns. When Prime identifies potential pharmacy errors, Prime contacts the Participating Pharmacy who is instructed to correct the claim. This process is intended to educate Participating Pharmacies on Prime's billing requirements and help avoid future errors and the potential for on-site audits. Participating Pharmacies should provide all requested and supporting documentation for the claim(s) in question by the due date provided by Prime. If the Participating Pharmacy does not respond to Prime's requests or fails to correct improperly billed claims, impacted claims may result in recoupment and/or claim adjustment by Prime, in its sole discretion.

Participating Pharmacies are required to submit claims appropriately based on the prescription order received and the Covered Person's plan benefit. Please review the Prime Provider Manual located on Prime's website **PrimeTherapeutics.com** for situations that would be considered inappropriate billing practices.

A Prime auditor also reviews the pharmacy documentation and the submitted claims to verify that the claims have been submitted in compliance with the Pharmacy Participation Agreement and Prime Provider Manual.

Participating Pharmacies receive a claim adjustment report for those claims adjusted directly by Prime.

A Participating Pharmacy's failure to submit the requested documentation by the due date may result in full or partial recovery of the amount paid on impacted claims, escalation to an on-site audit or other contractual actions.

This information is intended to educate Participating Pharmacies on Prime's billing requirements.

If you have any questions, please contact the Pharmacy Audit department at **pharmacyaudit@primetherapeutics.com**.

### Pharmacy audit information

For more information regarding pharmacy audits, including common billing errors, pharmacy audit appeals and pharmacy audit guidelines, please visit Prime's website:

**PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy audits > Audit guidelines.**

## Medicare news/Medicaid news

### Medicare E1 Eligibility Query

An E1 Eligibility Query is a real-time transaction submitted by a Participating Pharmacy to RelayHealth, the Transaction Facilitator contracted by CMS to house Medicare eligibility information and respond to transaction requests. It helps determine a Covered Person's Medicare Part D coverage and payer order if the Covered Person has insurance through more than one Benefit Plan Sponsor.

Participating Pharmacies generally submit E1 Queries when Covered Persons do not have their Medicare Part D Identification Card.

Additional information on E1 Transactions can be found at <https://medifacd.mckesson.com/e1/>.

Participating Pharmacies should not submit an E1 Query for pharmaceutical manufacturer co-pay assistance coupon programs.

### CMS standardized pharmacy notice

CMS requires all Medicare Part D Benefit Plan Sponsors to use a single uniform exceptions and appeals process with respect to the determination of prescription drug coverage for a Covered Person under the plan. Medicare Part D claims will be rejected when a claim cannot be covered under the Medicare Part D Benefit Plan at Point of Sale (POS).

Pharmacy claims will be rejected with the following POS rejection message:

➡ NCPDP Reject Code 569

Participating Pharmacies are required to provide a Covered Person with the CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons when they receive National Council for Prescription Drug Programs (NCPDP) reject code 569. The CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons are posted on Prime's website: **PrimeTherapeutics.com > Resources > Pharmacy + provider > Medicare > More resources > Medicare Prescription Drug Coverage and Your Rights form.**

Home Infusion Participating Pharmacies receiving the NCPDP reject code 569 must distribute the CMS notice to the Covered Person either electronically, by fax, in person or by first-class mail within 72 hours of receiving the claim rejection.

Long Term Care (LTC) Participating Pharmacies receiving the NCPDP reject code 569 must contact the Prescribing Provider or LTC facility to resolve the rejected claim to ensure the Covered Person receives their needed medication or an appropriate substitute. If the Participating Pharmacy must distribute the CMS notice, they must fax or deliver the notice to the Covered Person, the Covered Person's representative, Prescribing Provider or LTC facility within 72 hours of receiving the claim rejection.

A copy of the CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons has been included on Page 3 of this publication.

Enrollee's Name: \_\_\_\_\_ (Optional)

Drug and Prescription Number: \_\_\_\_\_ (Optional)

## Medicare Prescription Drug Coverage and Your Rights

### Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an "exception"** if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

### What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

## Florida news

### Florida Blue utilization management programs

Utilization management program updates for the upcoming quarter, when available, will be posted at [PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy providers > UM program updates](#).

### Coverage for blood glucose test strips and meters is changing

As a reminder, as of July 15, 2019, blood glucose test strips and meters from Lifescan (i.e. OneTouch Ultra®, One Touch Verio®) are now considered preferred products for Medicare Part B coverage. All other glucose test strips are non-preferred and are only available through the Florida Blue CareCentrix durable medical equipment (DME) network.

To help ensure a smooth transition to preferred products, Participating Pharmacies are encouraged to help their Covered Persons get a new prescription for the chosen preferred brand blood glucose meter and test strips from their Prescribing Provider.

## HCSC news

### Coverage for blood glucose test strips and meters is changing

Effective Jan. 1, 2020, blood glucose test strips and meters from Lifescan (i.e., OneTouch® Verio, OneTouch® Verio Flex, OneTouch® Ultra2) will be the only preferred products for the below Medicare Advantage Plans. \*Other glucose test strips will be nonpreferred and, in most cases, will require a prior authorization (PA). To help ensure a smooth transition to preferred products, Participating Pharmacies are encouraged to help their Covered Persons get a new prescription for the chosen preferred brand blood glucose meter and test strips from their Prescribing Provider prior to the change.

\*This change affects the following BCBS Medicare plans, effective Jan. 1, 2020:

- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – Illinois
- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – Montana
- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – New Mexico
- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – Oklahoma
- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – Texas

## Horizon NJ news

### Coverage for blood glucose test strips and meters is changing

Effective Jan. 1, 2020, blood glucose test strips and meters from Ascensia (i.e. CONTOUR, CONTOUR NEXT, CONTOUR NEXT EZ, CONTOUR NEXT USB) and Lifescan (i.e. ONE TOUCH ULTRA, ONE TOUCH VERIO) will be the preferred products for Medicare Part B coverage. Other glucose test strips will be non-preferred and will be excluded from coverage.

To help ensure a smooth transition to preferred products, Participating Pharmacies are encouraged to help their Covered Persons get a new prescription for the chosen preferred brand blood glucose meter and test strips from their Prescribing Provider prior to the change.

## All clients

### Vaccine administration claims processing requirements

A Participating Pharmacy must submit vaccine claims to Prime electronically, and include the related ingredient cost submission and dispensing fee as one single claim transaction.

When a Participating Pharmacy bills for a vaccine, the National Council for Prescription Drug Programs (NCPDP) recommends that the Participating Pharmacy submits the days' supply with a value of "1." Participating Pharmacies are required to submit the NCPDP fields in accordance with the NCPDP D.0 Telecommunication Standard.

Please visit Prime's website at **PrimeTherapeutics.com** for detailed processing requirements.

### Provider directory information

Prime Therapeutics LLC ("Prime") recently completed an annual provider directory questionnaire as required to maintain accurate provider network directories. Section 438.10 of the Managed Care Federal Regulation requires that providers who provide health care services to Covered Persons enrolled in a Managed Care Organization must annually confirm compliance with requirements of cultural competency training. Participating Providers are required to complete this questionnaire annually and submit updates as changes occur within the Participating Pharmacy. The provider directory questionnaire is available on Prime's website, <https://www.PrimeTherapeutics.com/en/resources/pharmacists.html>, under Provider directory questionnaire.

# New Plan Announcement

Experience Health®



Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Experience Health.

## Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

### Experience Health Part D

BIN: -----020289

PCN: -----EHPARTD

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

## For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left.
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at **800-731-3575**.
- Prime's Medicare Part D payer specification sheets are available at: **PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet.**

Featured below is an example of the most common ID card used:

<b>Experience Health</b>	
Member Name <b>[JOHN DOE]</b>	MEDICARE ADVANTAGE   <b>HMO</b>
Member ID# <b>[EVEJ 123456789]</b>	
[Issuer (80840)]	
[Group No]	<b>[011900]</b>
[Benefits Effective]	<b>[mm-dd-yyyy]</b>
[Rx BIN]	<b>[020289]</b>
[Rx PCN]	<b>[EHPARTD]</b>
[Rx Group]	<b>[MAPDEH]</b>
[Contract# <b>H3777 001</b> ]	
<b>MedicareRx</b> Prescription Drug Coverage	

<b>Experience Health</b>	
<b>[ExperienceHealthNC.com]</b>	
North Carolina Hospitals or physicians file claims to: [PO Box 17509 Winston-Salem, NC 27116]	[Customer Service: <b>1-833-777-7394</b> ] [TTY: <b>711</b> ] [Provider Line: <b>1-877-397-4584</b> ] [Mental Health/SA: <b>1-866-397-4584</b> ]
Hospitals or physicians outside of North Carolina, file your claims to your local BlueCross and/or BlueShield Plan.	Members send Correspondence to: [Experience Health PO Box 17509 Winston-Salem, NC 27116]
No benefits available outside of the service area.	[An independent licensee of the Blue Cross and Blue Shield Association.]
Members: See your Evidence of Coverage (EOC) for covered services.	

® Marks of the Blue Cross and Blue Shield Association. Experience Health is an independent licensee of the Blue Cross and Blue Shield Association, serving North Carolina. Prime Therapeutics is an independent company providing pharmacy benefit management services on behalf of Experience Health.

# New Plan Announcement

## Important Action Required



Capital BlueCross

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing claims for Covered Persons of Capital BlueCross.

### Processing Requirements

When a health plan changes PBMs, sometimes system configurations need to be made at the pharmacy level or PBM level. To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

### Capital BlueCross

BIN: -----610455

PCN: -----CBC

RXGRP: -----RXCAP

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

### 2019 Outstanding Claim Reversals and Processing

- To prepare for this transition, Participating Pharmacies should complete all claims processing and reversals by close of business December 31, 2019.

### For more information

- Prime's Commercial payer specification sheets are available at: **PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Commercial D.O Pharmacy Payer Sheet**
- For assistance with claims that have a date of fill prior to
- January 1, 2020, please contact CVS Caremark at 800.345.5413
- Claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- Beginning January 1, 2020, if you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 888.878.0151

Featured below is an example of the most common ID card used:

<b>Capital BLUE</b>	
<b>MEMBER NAME</b>	Preauthorization <b>PPO</b>
<b>ID # YWP80000000000</b>	<b>Group # 00123456</b> Plan 361
RxBIN: 610455 RxPCN: CBC	Office Visit \$XX
RxGrp: RXCAP	Specialist \$XX
	Urgent Care \$XX
	Emergency Room \$XXX
BlueCross Dental <sup>SM</sup>	
BlueCross Vision <sup>SM</sup>	

<b>Capital BLUE</b>	
<b>Claim Filing:</b> Providers submit claims with local Blue Cross and/or Blue Shield Plan. When Medicare is primary, providers should submit claims to Medicare. If provider does not submit claims on your behalf, please visit capbluecross.com for claim filing forms and instructions.	<b>capbluecross.com</b> <b>Member Services:</b> 1-800-962-2242 <b>Preauthorization:</b> 1-800-471-2242 <b>Behavioral Health:</b> 1-866-322-1657 <b>BCBS Global Core:</b> 1-800-810-BLUE <b>BlueCross Dental:</b> 1-800-613-2624 <b>GRID &amp; GRID Plus:</b> 1-800-613-2624 <b>BlueCross Vision:</b> 1-800-905-4102
<b>Dental claims should be submitted to:</b> BlueCross Dental PO Box 1126 Elk Grove Village, IL 60009	Coverage issued by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company® and Capital Advantage Assurance Company®, independent licensees of the BlueCross BlueShield Association.



# New Plan Announcement

## Important Action Required



Capital BlueCross Medicare

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Capital BlueCross.

### Processing Requirements

When a health plan changes PBMs, sometimes system configurations need to be made at the pharmacy level or PBM level. To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code

### 2019 Outstanding Claim Reversals and Processing

- To prepare for this transition, Participating Pharmacies should complete all claims processing and reversals by close of business December 31, 2019.

### For more information

- Prime's Medicare payer specification sheets are available at: **PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.O Pharmacy Payer Sheet and Medicare Part B D.O Pharmacy Payer Sheet**
- For assistance with claims that have a date of fill prior to **January 1, 2020**, please contact CVS Caremark at 800.345.5413
- Claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined below
- Beginning January 1, 2020, if you have questions regarding claims processing, please contact Prime's Contact Center at 855.457.1209

### Processing Requirements continued:

Plan Sponsor	Plan Name	BIN	PCN	Group Number
Capital BlueCross	BlueJourney HMO	610455	CAPD	H3962
Capital BlueCross	BlueJourney HMO	610455	CAPDG	H3962
Capital BlueCross	BlueJourney HMO MA Only	610455	CAPBGM	N/A
Capital BlueCross	BlueJourney PPO	610455	CAPD2	H3923
Capital BlueCross	BlueJourney PPO	610455	CAPDG2	H3923
Capital BlueCross	BlueJourney PPO MA Only	610455	CAPBGM2	N/A
Capital BlueCross	SecureRx PDP	610455	CAPPDP	S8067
Capital BlueCross	SecureRx PDP	610455	CAPPDPG	S8067



# New Plan Announcement


Capital BlueCross Medicare (continued)

# Important Action Required

Featured below are examples of the most common ID cards used:


## BlueJourney HMO

<b>Capital BLUE</b> 		<b>Keystone</b>	BlueJourney HMO
Health Plan® Central			
<b>MEMBER NAME</b>		Preauthorization	
<b>ID # YWK80000000000</b>		<b>Group # 00123456</b>	Plan 361
<b>PROVIDER PRACTICE</b>			
717-123-4567 Lab XX			
RxBIN: 610455			
RxGrp: H3962			
		Primary Care Physician	\$XX
		Specialist Visit	\$XX
		Emergency Room	\$XXX
		RxPCN: CAPD	
		ISSUER(80840)	H3962-###
<b>MEDICARE ADVANTAGE HMO</b>		<b>MedicareRx</b> Prescription Drug Coverage	
BlueCross Dental <sup>SM</sup> BlueCross Vision <sup>SM</sup>			

<b>Capital BLUE</b> 		<b>CapitalBlueMedicare.com</b>
Member Services: 1-800-779-6962		
Tele-type (TTY): 711		
Preauthorization: 1-800-471-2242		
Behavioral Health: 1-800-216-9748		
BlueCross Dental: 1-877-387-9167		
BlueCross Vision: 1-800-905-4102		
<p>This card is for ID purposes only and is not proof of eligibility.</p> <p><b>Emergencies:</b> Seek immediate care or call 911.</p> <p><b>Claim Filing:</b> Keystone Health Plan® Central Providers (in area) should submit claims using normal procedures. All other providers should submit claims to their local Blue Cross and/or Blue Shield Plan Licensee. <b>If provider does not submit claims on your behalf, please visit CapitalBlueMedicare.com for claim filing forms and instructions.</b></p>		
<p>Issued by Keystone Health Plan® Central and/or Capital Advantage Assurance Company®. Independent licensees of the BlueCross BlueShield Association.</p> <p><b>Rx Claim Filing:</b> Submit claims to Attn: Pharmacy Services PO Box 20970 Lehigh Valley, PA 18002-0970</p>		


## BlueJourney HMO

<b>Capital BLUE</b> 		<b>Keystone</b>	BlueJourney HMO
Health Plan® Central			
<b>MEMBER NAME</b>		Preauthorization	
<b>ID # YWK80000000000</b>		<b>Group # 00123456</b>	Plan 361
<b>PROVIDER PRACTICE</b>			
717-123-4567 Lab XX			
RxBIN: 610455			
RxGrp: H3962			
		Primary Care Physician	\$XX
		Specialist Visit	\$XX
		Emergency Room	\$XXX
		RxPCN: CAPDG	
		ISSUER(80840)	H3962-###
<b>MEDICARE ADVANTAGE HMO</b>		<b>MedicareRx</b> Prescription Drug Coverage	
BlueCross Dental <sup>SM</sup> BlueCross Vision <sup>SM</sup>			

<b>Capital BLUE</b> 		<b>CapitalBlueMedicare.com</b>
Member Services: 1-800-779-6962		
Tele-type (TTY): 711		
Preauthorization: 1-800-471-2242		
Behavioral Health: 1-800-216-9748		
BlueCross Dental: 1-877-387-9167		
BlueCross Vision: 1-800-905-4102		
<p>This card is for ID purposes only and is not proof of eligibility.</p> <p><b>Emergencies:</b> Seek immediate care or call 911.</p> <p><b>Claim Filing:</b> Keystone Health Plan® Central Providers (in area) should submit claims using normal procedures. All other providers should submit claims to their local Blue Cross and/or Blue Shield Plan Licensee. <b>If provider does not submit claims on your behalf, please visit CapitalBlueMedicare.com for claim filing forms and instructions.</b></p>		
<p>Issued by Keystone Health Plan® Central and/or Capital Advantage Assurance Company®. Independent licensees of the BlueCross BlueShield Association.</p> <p><b>Rx Claim Filing:</b> Submit claims to Attn: Pharmacy Services PO Box 20970 Lehigh Valley, PA 18002-0970</p>		

## BlueJourney HMO MA Only

<b>Capital BLUE</b> 		<b>Keystone</b>	BlueJourney HMO
Health Plan® Central			
<b>MEMBER NAME</b>		Preauthorization	
<b>ID # YWK80000000000</b>		<b>Group # 00123456</b>	Plan 361
<b>PROVIDER PRACTICE</b>			
717-123-4567 Lab XX			
RxBIN: 610455			
		Primary Care Physician	\$XX
		Specialist Visit	\$XX
		Emergency Room	\$XXX
		RxPCN: CAPBGM	
		ISSUER(80840)	H3962-###
<b>MEDICARE ADVANTAGE HMO</b>		<b>MedicareRx</b> Prescription Drug Coverage	
BlueCross Dental <sup>SM</sup> BlueCross Vision <sup>SM</sup>			

<b>Capital BLUE</b> 		<b>CapitalBlueMedicare.com</b>
Member Services: 1-800-779-6962		
Tele-type (TTY): 711		
Preauthorization: 1-800-471-2242		
Behavioral Health: 1-800-216-9748		
BlueCross Dental: 1-877-387-9167		
BlueCross Vision: 1-800-905-4102		
<p>This card is for ID purposes only and is not proof of eligibility.</p> <p><b>Emergencies:</b> Seek immediate care or call 911.</p> <p><b>Claim Filing:</b> Keystone Health Plan® Central Providers (in area) should submit claims using normal procedures. All other providers should submit claims to their local Blue Cross and/or Blue Shield Plan Licensee. <b>If provider does not submit claims on your behalf, please visit CapitalBlueMedicare.com for claim filing forms and instructions.</b></p>		
<p>Issued by Keystone Health Plan® Central and/or Capital Advantage Assurance Company®. Independent licensees of the BlueCross BlueShield Association.</p> <p><b>Rx Claim Filing:</b> Submit claims to Attn: Pharmacy Services PO Box 20970 Lehigh Valley, PA 18002-0970</p>		


# New Plan Announcement

Capital BlueCross Medicare (continued)

## Important Action Required

### BlueJourney PPO

Capital BLUE 		BlueJourney PPO
<b>MEMBER NAME</b>	Preauthorization	
<b>ID # YWW8000000000</b>	<b>Group # 00123456</b>	Plan 361
	Office Visit	\$XX
	Specialist Visit	\$XX
	Emergency Room	\$XXX
RxBIN: 610455	RxPCN: CAPD2	
RxGrp: H3923	ISSUER(80840)	H3923-###
<b>MEDICARE ADVANTAGE PPO</b>	BlueCross Dental <sup>SM</sup> BlueCross Vision <sup>SM</sup>	<b>MedicareRx</b> Prescription Drug Coverage X

Capital BLUE 		CapitalBlueMedicare.com
This card is for ID purposes only and is not proof of eligibility.		<b>Member Services: 1-866-987-4213</b>
<b>Emergencies:</b> Seek immediate care or call 911.		<b>Tele-type (TTY): 711</b>
<b>Medicare limiting charges apply.</b>		<b>Preauthorization:</b> 1-800-471-2242
<b>Claim Filing:</b> Providers submit claims with local Blue Cross and/or Blue Shield plan. <b>If provider does not submit claims on your behalf, please visit CapitalBlueMedicare.com for claim filing forms and instructions.</b>		<b>Behavioral Health:</b> 1-800-216-9748
		<b>BlueCross Dental:</b> 1-877-387-9167
		<b>BlueCross Vision:</b> 1-800-905-4102
		<b>Rx Claim Filing:</b> Submit claims to Attn: Pharmacy Services PO Box 20970 Lehigh Valley, PA 18002-0970
		<small>Issued by Capital Advantage Insurance Company® and/or Capital Advantage Assurance Company®. Independent licensees of the BlueCross BlueShield Association.</small>

### BlueJourney PPO

Capital BLUE 		BlueJourney PPO
<b>MEMBER NAME</b>	Preauthorization	
<b>ID # YWW8000000000</b>	<b>Group # 00123456</b>	Plan 361
	Office Visit	\$XX
	Specialist Visit	\$XX
	Emergency Room	\$XXX
RxBIN: 610455	RxPCN: CAPDG2	
RxGrp: H3923	ISSUER(80840)	H3923-###
<b>MEDICARE ADVANTAGE PPO</b>	BlueCross Dental <sup>SM</sup> BlueCross Vision <sup>SM</sup>	<b>MedicareRx</b> Prescription Drug Coverage X

Capital BLUE 		CapitalBlueMedicare.com
This card is for ID purposes only and is not proof of eligibility.		<b>Member Services: 1-866-987-4213</b>
<b>Emergencies:</b> Seek immediate care or call 911.		<b>Tele-type (TTY): 711</b>
<b>Medicare limiting charges apply.</b>		<b>Preauthorization:</b> 1-800-471-2242
<b>Claim Filing:</b> Providers submit claims with local Blue Cross and/or Blue Shield plan. <b>If provider does not submit claims on your behalf, please visit CapitalBlueMedicare.com for claim filing forms and instructions.</b>		<b>Behavioral Health:</b> 1-800-216-9748
		<b>BlueCross Dental:</b> 1-877-387-9167
		<b>BlueCross Vision:</b> 1-800-905-4102
		<b>Rx Claim Filing:</b> Submit claims to Attn: Pharmacy Services PO Box 20970 Lehigh Valley, PA 18002-0970
		<small>Issued by Capital Advantage Insurance Company® and/or Capital Advantage Assurance Company®. Independent licensees of the BlueCross BlueShield Association.</small>

### BlueJourney PPO MA Only

Capital BLUE 		BlueJourney PPO
<b>MEMBER NAME</b>	Preauthorization	
<b>ID # YWW8000000000</b>	<b>Group # 00123456</b>	Plan 361
	Office Visit	\$XX
	Specialist Visit	\$XX
	Emergency Room	\$XXX
RxBIN: 610455	RxPCN: CAPBGM2	
	ISSUER(80840)	H3923-###
<b>MEDICARE ADVANTAGE PPO</b>	BlueCross Dental <sup>SM</sup> BlueCross Vision <sup>SM</sup>	<b>MedicareRx</b> Prescription Drug Coverage X

Capital BLUE 		CapitalBlueMedicare.com
This card is for ID purposes only and is not proof of eligibility.		<b>Member Services: 1-866-987-4213</b>
<b>Emergencies:</b> Seek immediate care or call 911.		<b>Tele-type (TTY): 711</b>
<b>Medicare limiting charges apply.</b>		<b>Preauthorization:</b> 1-800-471-2242
<b>Claim Filing:</b> Providers submit claims with local Blue Cross and/or Blue Shield plan. <b>If provider does not submit claims on your behalf, please visit CapitalBlueMedicare.com for claim filing forms and instructions.</b>		<b>Behavioral Health:</b> 1-800-216-9748
		<b>BlueCross Dental:</b> 1-877-387-9167
		<b>BlueCross Vision:</b> 1-800-905-4102
		<b>Rx Claim Filing:</b> Submit claims to Attn: Pharmacy Services PO Box 20970 Lehigh Valley, PA 18002-0970
		<small>Issued by Capital Advantage Insurance Company® and/or Capital Advantage Assurance Company®. Independent licensees of the BlueCross BlueShield Association.</small>

Capital BlueCross Medicare (continued)

## 11



# New Plan Announcement

## Important Action Required



Capital BlueCross Keystone – Capital Cares 4 Kids

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing claims for Covered Persons of Capital BlueCross CHIP.

### Processing Requirements

When a health plan changes PBMs, sometimes system configurations need to be made at the pharmacy level or PBM level. To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

### Capital BlueCross Keystone – Capital Cares 4 Kids

BIN: -----610455

PCN: -----PACAID

- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence



### 2019 Outstanding Claim Reversals and Processing


- To prepare for this transition, Participating Pharmacies should complete all claims processing and reversals by close of business December 31, 2019.

### For more information

- Prime's Medicaid payer specification sheets are available at: [PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Capital Blue Cross CHIP D.0 Payer Sheet](https://www.primetherapeutics.com/resources/pharmacy-provider-pharmacy-claim-processing/payer-sheet/capital-blue-cross-chip-d-0-payer-sheet)
- For assistance with claims that have a date of fill prior to January 1, 2020, please contact CVS Caremark at 800.345.5413
- Claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- Beginning January 1, 2020, if you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 888.878.0151

Featured below is an example of the most common ID card used:

<b>Capital BLUE</b>  <b>Keystone</b>		<b>Capital Cares 4 Kids</b>
Health Plan® Central		
<b>MEMBER NAME</b>	Preauthorization	<b>HMO</b>
<b>ID # YWV80000000000</b>	<b>Group # 00900006</b>	Plan 361
<b>PROVIDER PRACTICE</b>	Primary Care Physician	\$XX
717-123-4567 Lab XX	Urgent Care	\$XX
RxBIN: 610455 RxCN: PACAID	Emergency Room	\$XX
BlueCross Dental <sup>SM</sup> BlueCross Vision <sup>SM</sup>		

<b>Capital BLUE</b> 	<b>capbluecross.com</b>
<b>Claim Filing:</b> Providers submit claims with local Blue Cross and/or Blue Shield Plan. When Medicare is primary, providers should submit claims to Medicare. If provider does not submit claims on your behalf, please visit <a href="https://www.capbluecross.com">capbluecross.com</a> for claim filing forms and instructions.	<b>Member Services:</b> 1-800-543-7101 <b>Preauthorization:</b> 1-800-471-2242 <b>Behavioral Health:</b> 1-800-216-9748 <b>BCBS Global Core:</b> 1-800-810-BLUE <b>BlueCross Dental:</b> 1-800-613-2624 <b>BlueCross Vision:</b> 1-800-905-4102
<b>Dental claims should be submitted to:</b> BlueCross Dental PO Box 1126 Elk Grove Village, IL 60009	Coverage issued by Keystone Health Plan® Central under its parent company, Capital BlueCross, and/or its subsidiaries, Capital Advantage Insurance Company® and Capital Advantage Assurance Company® Independent licensees of the BlueCross BlueShield Association.

# New Plan Announcement

## BlueCross BlueShield of Texas Medicare Advantage (HMO)

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of BlueCross BlueShield of Texas.

### Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

### For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined below
- If you have questions regarding claims processing, please contact Prime's Contact Center at 855.457.1209
- Prime's Medicare Part D and B payer specification sheets are available at: **PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet and Medicare Part B D.0 Pharmacy Payer Sheet**

### Processing Requirements continued:

Plan Sponsor	Plan Name	BIN	PCN	Group Number
BCBSTX	Blue Cross Medicare Advantage (HMO)	011552	MAPDTX3	0001 or 0003
BCBSTX	Blue Cross Medicare Advantage (HMO) EGWP	011552	MAPDTXG2	0801 or 0802
BCBSTX	Blue Cross Medicare Advantage Dual Care (HMO SNP)	011552	TXSNP2	0002
BCBSTX	Blue Cross Group Medicare Advantage (HMO) Part B	011552	PARTBG2MA	N/A



# New Plan Announcement



## BlueCross BlueShield of Texas Medicare Advantage (HMO) (continued)


Effective January 1, 2020



Featured below are examples of the most common ID cards used:

### Blue Cross Medicare Advantage (HMO)



 <b>BlueCross BlueShield of Texas</b> Blue Cross Medicare Advantage (HMO)™	
Name: <b>SampleCard</b> ID: <b>ZGJ123456789</b> Plan (80840): 9101000260 Plan: BlueCrossMedicare AdvantageValue(HMO)	Office Visit: \$ Specialist: \$ <u>Emergency Room: \$</u>
RxBin: <b>RXBIN</b> RxPCN: <b>RXPCN</b> RxGrp: <b>RXGROUP</b> RxID: <b>RXID</b>	PCP: JohnSmithMD PCP Phone #: 972-123-4567 MedicalGroup
CMS H9706 001	 <b>MedicareRx</b> <small>Prescription Drug Coverage</small>



<a href="http://www.getbluetx.com/mapd">www.getbluetx.com/mapd</a>	
	
Submit Medical Claims to: ClaimsProcessing Address City,ST,Zip	Pharmacy Line: <b>1-877-277-7898</b> Customer Service: <b>1-877-774-8592</b> TTY: <b>711</b> Behavioral Health: <b>1-800-327-9251</b> Nurse Advice Line: <b>1-800-631-7023</b>
 <b>BlueCross BlueShield of Texas</b>	
HMO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent	
Licensee of the Blue Cross and Blue Shield Association. HISC is a Medicare Advantage Organization with a Medicare contract.	

 <b>BlueCross BlueShield of Texas</b> Blue Cross Medicare Advantage (HMO)™	
Name: <b>SampleCard</b> ID: <b>ZGJ123456789</b> Plan (80840): 9101000260 Plan: BlueCrossMedicare AdvantageValue(HMO)	Office Visit: \$ Specialist: \$ <u>Emergency Room: \$</u>
RxBin: <b>RXBIN</b> RxPCN: <b>RXPCN</b> RxGrp: <b>RX_GROUP</b> RxID: <b>RX_ID</b>	PCP: JohnSmithMD PCP Phone #: 972-123-4567 MedicalGroup
CMS H9706 003	 <b>MedicareRx</b> <small>Prescription Drug Coverage</small>

<a href="http://www.getbluetx.com/mapd">www.getbluetx.com/mapd</a>	
	
Submit Medical Claims to: ClaimsProcessing Address City,ST,Zip	Pharmacy Line: <b>1-877-277-7898</b> Customer Service: <b>1-877-774-8592</b> TTY: <b>711</b> Behavioral Health: <b>1-800-327-9251</b> Nurse Advice Line: <b>1-800-631-7023</b>
 <b>BlueCross BlueShield of Texas</b>	
HMO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an independent	
Licensee of the Blue Cross and Blue Shield Association. HISC is a Medicare Advantage organization with a Medicare contract.	

### Blue Cross Medicare Advantage Dual Care (HMO SNP)

 <b>BlueCross BlueShield of Texas</b> Blue Cross Medicare Advantage Dual Care (HMO SNP)™	
Name: <b>SampleCard</b> ID: <b>ZGJ123456789</b> Plan (80840): 9101000260 Plan: Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)	Office Visit: \$ Specialist: \$ <u>Emergency Room: \$</u>
RxBin: <b>RXBIN</b> RxPCN: <b>RXPCN</b> RxGrp: <b>RXGROUP</b> RxID: <b>RXID</b>	PCP: JohnSmithMD PCP Phone #: 972-123-4567 MedicalGroup
CMS H9706 002	 <b>MedicareRx</b> <small>Prescription Drug Coverage</small>

<a href="http://www.getbluetx.com/mapd">www.getbluetx.com/mapd</a>	
	
Submit Medical Claims to: ClaimsProcessing Address City,ST,Zip	Pharmacy Line: <b>1-877-277-7898</b> Customer Service: <b>1-877-895-6437</b> TTY: <b>711</b> Behavioral Health: <b>1-800-327-9251</b> Nurse Advice Line: <b>1-800-631-7023</b>
 <b>BlueCross BlueShield of Texas</b>	
HMO Special Needs Plan provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and BlueShield Association.	
HISC is a Medicare Advantage Organization with a Medicare contract and a contract with the Texas Medicaid program.	

# New Plan Announcement

## Blue Cross & Blue Shield of Rhode Island – Healthmate for Medicare

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Blue Cross & Blue Shield of Rhode Island – Healthmate.

### Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

#### BCBS RI Healthmate for Medicare (PPO) Part D

BIN: ----- 610455

PCN: ----- BCRIMA

#### BCBS RI Healthmate Coast to Coast for Medicare Group (PPO) Part D

BIN: ----- 610455



PCN: ----- BCRIMAG

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

### For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 855.457.1207
- Prime's Medicare Part D payer specification sheets are available at: [PrimeTherapeutics.com](https://www.PrimeTherapeutics.com) > **Resources** > **Pharmacy + Provider** > **Pharmacy claim processing** > **Payer sheet** > **Medicare Part D D.O Pharmacy Payer Sheet**

Featured below is an example of the most common ID card used:

	Healthmate for Medicare (PPO)
FIRSTNAME LASTNAME MEMBERID	
RxBIN 610455	PCHM Visit \$0
Issuer 80840	Non-PCHM Visit \$10
RxPCN BCRIMA	Specialist Visit \$25
RxGrp BCRIMA2	Emergency Room \$75
CMS H3557 001	
Issued 08/08/19	
	MedicareRx Prescription Drug Coverage X
MEDICARE ADVANTAGE	DENTAL

BCBSRI.com/Medicare	
	
	Concierge Team: (401) 277-2958 1-800-267-0439
Members: If you need care when you are outside the service area, your health care coverage is limited. See your Evidence of Coverage for benefit information.	TTY: 711
	Pharmacist Call: 1-855-457-1207
	Dentists Call: 1-800-831-2400
All Providers: File claims with your local Blue Cross and Blue Shield plan. Medicare charge limitations may apply.	Member submit Medical claims to: Blue Cross & Blue Shield of RI
Underwritten by Blue Cross & Blue Shield of Rhode Island.	Attn: Claims Dept 500 Exchange Street Providence, RI 02903
An independent licensee of the Blue Cross and Blue Shield Association.	This card is for identification purposes only and does not constitute proof of eligibility.
	371-0







# New Plan Announcement

## Blue Cross & Blue Shield of Rhode Island – Healthmate for Medicare (*continued*)

Effective January 1, 2020

Featured below are examples of the most common ID cards used:

	Healthmate Coast to Coast for Medicare Group (PPO)
<b>FIRSTNAME</b>	
<b>LASTNAME</b>	
<b>MEMBERID</b>	
RxBIN <b>610455</b>	PCHM Visit <b>\$0</b>
Issuer <b>80840</b>	Non-PCHM Visit <b>\$10</b>
RxPCN <b>BCRIMA2</b>	Specialist Visit <b>\$25</b>
RxGrp <b>BCRIMAG</b>	Emergency Room <b>\$75</b>
CMS <b>H3557 801</b>	
Issued 08/08/19	
	MedicareRx 
MEDICARE ADVANTAGE	

BCBSRI.com/Medicare	
	
	Concierge Team: <b>(401) 277-2958</b> <b>1-800-267-0439</b>
Members: If you need care when you are outside the service area, your health care coverage is limited. See your Evidence of Coverage for benefit information.	TTY: <b>711</b>
	Pharmacist Call: <b>1-855-457-1207</b>
	Dentists Call: <b>1-800-831-2400</b>
All Providers: File claims with your local Blue Cross and Blue Shield plan. Medicare charge limitations may apply.	Member submit Medical claims to: <b>Blue Cross &amp; Blue Shield of RI</b>
Underwritten by Blue Cross & Blue Shield of Rhode Island.	Attn: Claims Dept 500 Exchange Street Providence, RI 02903
An independent licensee of the Blue Cross and Blue Shield Association.	This card is for identification purposes only and does not constitute proof of eligibility.
	372-0

# New Plan Announcement

## Regence BlueCross BlueShield of Oregon Align HMO NoRX

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Advantage (MA) Part B claims for Covered Persons of Regence BlueCross BlueShield of Oregon Align HMO NoRX.

### Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

### Regence BlueCross BlueShield of Oregon Align HMO NoRX

BIN: ----- 610623



PCN: ----- CBPARTB


- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

### For more information

- MA Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 844.765.6826
- Prime's Medicare Part B payer specification sheets are available at: [PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Pharmacy Payer Sheet](https://www.primetherapeutics.com/resources/pharmacy-provider-pharmacy-claim-processing-payer-sheet-medicare-part-b-d0-pharmacy-payer-sheet)

Featured below is an example of the most common ID card used:

	
<b>Align HMO NoRX</b>	
<b>SUBSCRIBER</b> SAMPLE	<b>RX BIN 610623 PCN CBPARTB</b> Issuer (80840)
<b>ID NO ABC123456789</b>	<b>Card Issue Date: MM/DD/YYYY</b>
<b>00 SUBSCRIBER SAMPLE</b>	<b>M D RX V</b> <b>Y Y N Y</b>
<b>Group No. 26500012</b>	
<b>PCP Name Provider Name</b>	
<b>PCP/SPEC Copay \$5/\$40</b>	
<b>CMS-H6237-006</b>	
	

	
<b>www.regence.com/medicare</b>	
<b>Hospitals or Physicians: File claims with local Blue Cross and/or Blue Shield plan/ANSI 837 transaction.</b>	<b>Members Call 1 (800) 541-8981</b>
	<b>TTY/TDD Line 711</b>
	<b>24 Hour Nurseline 1 (800) 267-6729</b>
	<b>MDLIVE 1 (888) 725-3097</b>
	<b>Providers Call 1 (877) 508-7362</b>
<b>MEDICARE LIMITING CHARGES APPLY</b>	<b>VSP Vision Care 1 (844) 872-6065</b>
<b>This card is for information only and does not certify eligibility or guarantee benefits.</b>	<b>Send inquiries to Mail Administrator: Regence BlueCross BlueShield of Oregon PO BOX 1827 Medford, OR 97501</b>
<b>Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association.</b>	

# New Plan Announcement

Regence BlueCross BlueShield of Oregon Align HMO NoRX (*continued*)

Effective January 1, 2020

Featured below are examples of the most common ID cards used:

 <b>Regence</b>	<b>Align HMO NoRX</b>
<b>SUBSCRIBER SAMPLE</b>	<b>RX BIN 610623 PCN CBPARTB</b>
<b>ID NO ABC123456789</b>	<b>Issuer (80840)</b>
<b>00 SUBSCRIBER SAMPLE</b>	<b>Card Issue Date: MM/DD/YYYY</b>
<b>Group No. 26500015</b>	<b>M D RX V</b>
<b>PCP Name Provider Name</b>	<b>Y Y N Y</b>
<b>PCP/SPEC Copay \$5/\$40</b>	
	<b>CMS-H6237-006</b>
	<b>MEDICARE ADVANTAGE HMO</b>

 <b>Regence</b>	<b>www.regence.com/medicare</b>
<b>Hospitals or Physicians: File claims with local Blue Cross and/or Blue Shield plan/ANSI 837 transaction.</b>	<b>Members Call 1 (800) 541-8981</b>
<b>MEDICARE LIMITING CHARGES APPLY</b>	<b>TTY/TDD Line 711</b>
<b>This card is for information only and does not certify eligibility or guarantee benefits.</b>	<b>24 Hour Nurseline 1 (800) 267-6729</b>
	<b>MDLIVE 1 (888) 725-3097</b>
	<b>Providers Call 1 (877) 508-7362</b>
	<b>VSP Vision Care 1 (844) 872-6065</b>
	<b>Send inquiries to Mail Administrator: Regence BlueCross BlueShield of Oregon PO BOX 1827 Medford, OR 97501</b>
<b>Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association.</b>	

# New Plan Announcement

BlueCross BlueShield of New Mexico –  
Medicare Advantage Dual Care (HMO SNP)

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of BlueCross BlueShield of New Mexico.

## Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

### BCBSNM Part D - Medicare Advantage Dual Care (HMO SNP)

BIN: ----- 011552

PCN: ----- NMSNP2



- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

## For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 877.277.7898
- Prime's Medicare Part D payer specification sheets are available at: [PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet](https://www.primetherapeutics.com/resources/pharmacy-provider-pharmacy-claim-processing-payer-sheet-medicare-part-d-d0-pharmacy-payer-sheet)

Featured below is an example of the most common ID card used:

	<b>BlueCross BlueShield of New Mexico</b>	Blue Cross Medicare Advantage Dual Care (HMO SNP)™
Name: <b>SAMPLECARD</b> ID: <b>YIJ123456789</b> Plan (80840): 9101000237 Plan: BlueCross Medicare Advantage Dual Care Plus (HMO SNP)		Office Visit: \$ Specialist: \$ Emergency Room: \$
RxBin: <b>RXBIN</b> RxPCN: <b>RXPCN</b> RxGrp: <b>RX_GROUP</b> RxID: <b>RX_ID</b>		PCP: JohnSmithMD PCP Phone #: 505-123-4567 Medical Group
CMS H3251 029		

<a href="https://www.getbluenm.com/dsnp">www.getbluenm.com/dsnp</a>	
	
Provider: File medical claims with your local BCBS Plan	Pharmacy Line: <b>1-877-277-7898</b> Customer Service: <b>1-877-688-1813</b> TTY/TDD: <b>711</b> Medical Group: <b>1-855-793-9360</b> Nurse Advice Line: <b>1-800-973-6394</b>
	
HMO Special Needs Plan provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program.	

# New Plan Announcement

BlueCross BlueShield of Nebraska



Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of BlueCross BlueShield of Nebraska.

## Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

### BCBSNE PPO Part D

BIN: ----- 610455

PCN: ----- ENEH8181

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

## For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 855.457.1351
- Prime's Medicare Part D payer specification sheets are available at: [PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.O Pharmacy Payer Sheet](https://www.primetherapeutics.com/resources/pharmacy-provider-pharmacy-claim-processing-payer-sheet-medicare-part-d-d.o-pharmacy-payer-sheet)

Featured below is an example of the most common ID card used:

		Blue Cross and Blue Shield of Nebraska MA Access™	
Enrollee Name <b>VALUED CUSTOMER</b>		Plan H8181_001	
Enrollee ID <b>Y2MN999999999</b>		Rx BIN 610455 Rx PCN ENEH8181 Rx Group PARTDNE	
Health Plan (80840)		Issued: 10/2019	
Group Number <b>68280</b>			
DENTAL, VISION & HEARING		 MedicareRx Prescription Drug Coverage	

Members: <a href="https://www.medicare.nebraskablue.com">medicare.nebraskablue.com</a>	
	
Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.	
Use of this card is subject to terms of applicable contracts, conditions and user agreements. Medicare limiting charges apply. Providers outside of Nebraska, file claims with your local plan.	
Mail provider claims to: PO Box 3248 Omaha, NE 68180-0001	
Mail pharmacy claims to: PO Box 20970 Lehigh Valley, PA 18002-0970	
Customer Service: 888-488-9850 Customer Rx inquiries: 855-457-1349 TTY/TDD: 711 Misuse may result in prosecution. If you suspect fraud call: 877-632-2583 To locate participating providers outside of Nebraska: 800-810-2583 Provider services: 888-505-2022 Facility prenotification: 877-399-1671 Pharmacy services: 855-457-1351	

# New Plan Announcement

## BlueCross BlueShield of Kansas Preferred Blue Medicare Advantage

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of BlueCross BlueShield of Kansas Preferred Blue Medicare Advantage

### Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

### BCBSKS Preferred Blue Medicare Advantage

BIN: ----- 610455

PCN: ----- KSPARTD

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

### For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 866.325.5231
- Prime's Medicare Part D and Part B payer specification sheets are available at: [PrimeTherapeutics.com](https://www.PrimeTherapeutics.com) > [Resources](#) > [Pharmacy + Provider](#) > [Pharmacy claim processing](#) > [Payer sheet](#) > [Medicare Part D D.o Pharmacy Payer Sheet and Medicare Part B D.o Pharmacy Payer Sheet](#)

Featured below is an example of the most common ID card used:



The image shows a sample Medicare Advantage ID card for BlueCross BlueShield of Kansas. The card is divided into several sections. At the top, it features the BlueCross BlueShield logo and the text 'Kansas Preferred Blue Medicare Advantage Network'. Below this, it identifies the 'Valued Member' with their Member Identification Number 'M3A123456789'. It also lists 'Health', 'Dental', 'Hearing', and 'Vision' coverage. The card includes the 'Group No.' '15050' and the 'Card Print Date' '01/01/2009'. It specifies the 'Plan' as '<XXXX XXX>', with 'RXBIN: 610455', 'RXPCN: KSPARTD', 'RXGRP: H7063', and 'RXID: #####'. The 'Benefit Plan' is listed as 'Blue Medicare Advantage (PPO)'. At the bottom, it provides contact information for 'Customer Service' (800-222-7645), 'Provider Service' (800-240-0577), 'Dental' (800-222-7645), 'Pharmacy' (866-230-7265), 'Vision' (866-292-9825), 'Hearing' (833-725-6521), 'Fitness' (888-423-4632), and 'Nervous/Mental Health' (877-589-1635). It also includes a barcode and a note about the card's use.

BlueCross BlueShield  
**Kansas**  
Kansas Preferred Blue  
**Medicare Advantage**  
Network

**Valued Member**  
Member Identification Number  
**M3A123456789**

Health  
Dental  
Hearing  
Vision

Group No. **15050**  
Card Print Date **01/01/2009**

Plan **<XXXX XXX>**  
RXBIN: **610455**  
RXPCN: **KSPARTD**  
RXGRP: **H7063**  
RXID: **#####**

Benefit Plan  
**Blue Medicare Advantage (PPO)**

MedicareRx  
Prescription Drug Coverage

MA PPO  
MEDICARE ADVANTAGE

Members: See your contract for covered services. Possession of this card does not guarantee eligibility for benefits. Use of this card is subject to the terms of applicable contracts, conditions and use agreements.

Hospitals or physicians: File claims with your local Blue Cross and/or Blue Shield Plan.

For member correspondence, please send to:  
Blue Cross and Blue Shield of Kansas  
PO BOX 261367  
Plano, TX 75026-1367

An independent licensee of the Blue Cross Blue Shield Association.

Customer Service: **800-222-7645**  
TTY: **711**  
Provider Service: **800-240-0577**  
Dental: **800-222-7645**  
Pharmacy: **866-230-7265**  
Vision: **866-292-9825**  
Hearing: **833-725-6521**  
Fitness: **888-423-4632**  
Nervous/Mental Health: **877-589-1635**

BlueCross BlueShield  
**Kansas**  
bcbsks.com/medicare



# New Plan Announcement

Regence BlueShield of Idaho SLHP Align NoRX



Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Advantage (MA) Part B claims for Covered Persons of Regence BlueShield of Idaho SLHP Align NoRX.

## Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

## Regence BlueShield of Idaho SLHP Align NoRX

BIN: ----- 610623

PCN: ----- CBPARTB

- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

## For more information

- MA Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 844.765.6826
- Prime's Medicare Part B payer specification sheets are available at: [PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.O Pharmacy Payer Sheet](https://www.primetherapeutics.com/resources)

Featured below is an example of the most common ID card used:

		<b>SLHP Align NoRX</b>	
<b>SUBSCRIBER</b>		<b>RX BIN 610623</b>	<b>PCN CBPARTB</b>
<b>SAMPLE</b>		<b>Issuer (80840)</b>	
<b>ID NO ABC123456789</b>		<b>Card Issue Date: MM/DD/YYYY</b>	
<b>00 SUBSCRIBER SAMPLE</b>		<b>M D RX V</b>	
<b>Group No. 26500016</b>		<b>Y Y N Y</b>	
<b>PCP Name Provider Name</b>			
<b>PCP/SPEC Copay \$5/\$40</b>			
		<b>CMS-H1969-006</b>	

		<b>www.regence.com/medicare</b>	
<b>Hospitals or Physicians: File claims with local Blue Cross and/or Blue Shield plan/ANSI 837 transaction.</b>		<b>Members Call</b>	<b>1 (800) 541-8981</b>
<b>MEDICARE LIMITING CHARGES APPLY</b>		<b>TTY/TDD Line</b>	<b>711</b>
<b>This card is for information only and does not certify eligibility or guarantee benefits.</b>		<b>24 Hour Nurseline</b>	<b>1 (800) 267-6729</b>
		<b>MDLIVE</b>	<b>1 (888) 725-3097</b>
		<b>Providers Call</b>	<b>1 (877) 508-7362</b>
		<b>VSP Vision Care</b>	<b>1 (844) 872-6065</b>
		<b>Send inquiries to Mail Administrator:</b>	
		<b>Regence BlueShield of Idaho</b>	
		<b>PO BOX 1827</b>	
		<b>Medford, OR 97501</b>	
<b>Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association.</b>			



# New Plan Announcement

## Alignment Health Plan Medicare PPO & HMO

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Alignment Health Plan.

### For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the right
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 844.227.7615
- Prime's Medicare Part D payer specification sheets are available at: **PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.O Pharmacy Payer Sheet**

### Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.


### Alignment Health Plan PPO Part D

BIN: ----- 610455

PCN: ----- AHPPARTD

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence


Featured below is an example of the most common ID card used:

**PPO**

**[PLAN NAME (PPO)]**  
A Medicare Health Plan with Prescription Drug Coverage

**<MEMBER NAME>**  
**Member ID:** <XXXXXXXXXXXX>  
**Plan Code:** <XXX>  
**RxGRP:** <H4961>  
**RxBIN:** <610455>  
**RxPCN:** <AHPPARTD>  
**RxID:** <XXXXXXXXXXXX>

**Member Since:** [XXXX]  
**In-Network**  
Office Visit: <XX>  
Specialist: <XX>  
Hospital: <XX>  
Emergency: <XX>  
**Out-of-Network**  
Office Visit: <XX>  
Specialist: <XX>  
Hospital: <XX>  
Emergency: <XX>

  
Prescription Drug Coverage

**All Claims must be mailed to:**  
Alignment Health Plan  
P.O. Box 14010, Orange, CA 92863

**Pharmacy Technical Help Desk:** (844) 227-7615  
**Member Pharmacy Help:** (844) 227-7616  
**Eligibility Verification:** (888) 517-2247  
**Dental Benefits:** (866) 454-3008


For information regarding special added benefits such as vision, hearing, etc. contact Concierge or Member Services. Pre-authorization is required for all non-emergent hospital admissions, please call 1-866-646-2247, Opt 4.

[www.alignmenthealthplan.com](http://www.alignmenthealthplan.com)



**PLAN NAME [HMO]**  
Member: John Doe  
Member ID: 00012345678  
PCP Name: Doctor Name  
PCP Phone: (800) 100-1000  
Med Grp: Medical Group  
Med Grp #: (405) 888-8888  
Member Services: (866) 634-2247/TTY 711  
Member Since [XXXX]

Eff Date: 01/01/20  
Rx Grp: H3815  
RxBIN: 610455  
RxPCN: AHPPARTD  
RxID: 00012345678  
Plan Code: XXX

  
Prescription Drug Coverage

Primary Care: \$0 | Specialist: \$0 | ER: \$0 | Urgent Care: \$0

**Member Services:** 1-866-634-2247 (TTY 711)  
**Eligibility Verification:** 1-888-517-2247 (TTY 711)  
**Pharmacy Technical Help Desk:** 1-844-227-7615  
**Member Pharmacy Help:** 1-844-227-7616

**Claims:**  
<PO Box XXXXX>  
<Street Address>  
<City, ST, ZIP>

Medicare limiting charges apply  
Please visit us at <www.website.com>

# New Plan Announcement

## Regence BlueShield Align HMO NoRX

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Advantage (MA) Part B claims for Covered Persons of Regence BlueShield Align HMO NoRX.

### Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

### Regence BlueShield Align HMO NoRX

BIN: ----- 610623


PCN: ----- CBPARTB


- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

### For more information

- MA Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 844.765.6826
- Prime's Medicare Part B payer specification sheets are available at: [PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Pharmacy Payer Sheet](https://www.primetherapeutics.com/resources/pharmacy-provider-pharmacy-claim-processing-payer-sheet-medicare-part-b-d-0-pharmacy-payer-sheet)

Featured below is an example of the most common ID card used:

		<b>Align HMO NoRX</b>	
<b>SUBSCRIBER</b>		<b>RX BIN 610623</b>	<b>PCN CBPARTB</b>
<b>SAMPLE</b>		<b>Issuer (80840)</b>	
<b>ID NO ABC123456789</b>		<b>Card Issue Date: MM/DD/YYYY</b>	
<b>00 SUBSCRIBER SAMPLE</b>		<b>M D RX V</b>	
<b>Group No. 26500014</b>		<b>Y Y N Y</b>	
<b>PCP Name Provider Name</b>			
<b>PCP/SPEC Copay \$5/\$40</b>			
		<b>CMS-H1997-008</b>	
		<b>ALIGNHMO</b>	

		<b>www.regence.com/medicare</b>	
<b>Hospitals or Physicians: File claims with local Blue Cross and/or Blue Shield plan/ANSI 837 transaction.</b>		<b>Members Call</b>	<b>1 (800) 541-8981</b>
		<b>TTY/TDD Line</b>	<b>711</b>
		<b>24 Hour Nurseline</b>	<b>1 (800) 267-6729</b>
		<b>MDLIVE</b>	<b>1 (888) 725-3097</b>
		<b>Providers Call</b>	<b>1 (877) 508-7362</b>
<b>MEDICARE LIMITING CHARGES APPLY</b>		<b>VSP Vision Care</b>	<b>1 (844) 872-6065</b>
<b>This card is for information only and does not certify eligibility or guarantee benefits.</b>		<b>Send inquiries to Mail Administrator:</b>	
		<b>Regence BlueShield</b>	
		<b>PO BOX 1827</b>	
		<b>Medford, OR 97501</b>	
<b>Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association.</b>			

## Prime news

### Vaccine coverage

As a reminder, the following Plan Sponsors use Prime's Commercial Vaccine Network:

→ BridgeSpan Health Oregon	→ BCBS of Oklahoma
→ BridgeSpan Health Idaho	→ BSBS of Rhode Island
→ BridgeSpan Health Utah	→ BCBS of Texas
→ BridgeSpan Health Washington	→ BCBS of Wyoming
→ BCBS of Alabama	→ Capital BlueCross
→ BCBS of Illinois	→ Capital Health Plan
→ BCBS of Kansas	→ Florida Blue
→ BCBS of Minnesota	→ Horizon BCBS of New Jersey
→ BCBS of Montana	→ Regence BlueCross BlueShield of Oregon
→ BCBS of Nebraska	→ Regence BlueShield of Idaho
→ BCBS of New Mexico	→ Regence BlueCross BlueShield of Utah
→ BCBS of North Carolina	→ Regence BlueShield
→ BCBS of North Dakota	

### Pharmacy licensure

Participating Pharmacies with independent contracts must provide Prime with the following on an annual basis:

- Certificate of Insurance with proof of general and professional liability insurance

To update our records, please visit our website at: <https://www.PrimeTherapeutics.com/en/resources/pharmacists/ac.html>.

Choose **Pharmacy Certificate of Insurance Renewal** from the options, and follow the instructions to upload and submit a PDF of your current or renewed Certificate of Insurance.

## MAC list updates

If a Participating Pharmacy would like access to Prime's Maximum Allowable Cost (MAC) lists, weekly MAC changes, the sources used to determine MAC pricing and the appeals process, please refer to Prime's website for registration instructions. After network participation is verified, the Participating Pharmacy will receive a secure user name and password via email.

## How to reach Prime Therapeutics

As a service to Participating Pharmacies, Prime publishes *Prime Perspective* quarterly to provide important information regarding claims processing. Prime values your opinion and participation in our network. If you have comments or questions, please contact us:

→ By phone: Prime Pharmacy Contact Center **800.821.4795**  
(24 hours a day, seven days a week)

→ By email: [pharmacyops@primetherapeutics.com](mailto:pharmacyops@primetherapeutics.com)

The corporate headquarters of Prime Therapeutics LLC has relocated effective October 15, 2018 to:

2900 Ames Crossing Road  
Eagan, MN 55121

### Where do I find formularies?

For Commercial formularies, access either the Blue Cross Blue Shield plan website or [PrimeTherapeutics.com](https://www.primetherapeutics.com) › [Resources](#) › [Pharmacy + provider](#) › [Pharmacy providers](#) › [Formularies – Commercial](#).

For Medicare Part D formularies access [PrimeTherapeutics.com](https://www.primetherapeutics.com) › [Resources](#) › [Pharmacy + provider](#) › [Pharmacy providers](#) › [Formularies – Medicare Part D](#).

### Keep your pharmacy information current

Prime uses the National Council for Prescription Drug Programs (NCPDP) database to obtain key pharmacy demographic information. To update your pharmacy information go to [www.ncdpd.org](https://www.ncdpd.org) › [NCPDP Provider ID](#) (on the left side).

### Report Compliance, Privacy, or Fraud, Waste and Abuse concerns

Prime offers the following hotlines to report compliance, privacy, and Fraud, Waste and Abuse (FWA) concerns:

#### Compliance

Report suspected compliance concerns:

→ Phone: **612.777.5523**

→ Email: [compliance@primetherapeutics.com](mailto:compliance@primetherapeutics.com)

#### Privacy

Report privacy concerns or potential protected health information (PHI) disclosures to Prime:

→ Privacy Hotline: **888.849.7840**

→ Email: [privacy@primetherapeutics.com](mailto:privacy@primetherapeutics.com)

#### Fraud, Waste and Abuse

If you suspect Fraud, Waste or Abuse (FWA) by a Covered Person, Prescribing Provider, Participating Pharmacy or anyone else, notify Prime:

→ Phone: **800.731.3269**

→ Email: [fraudtiphotline@primetherapeutics.com](mailto:fraudtiphotline@primetherapeutics.com)

#### Anonymous Reporting

Report a compliance concern or suspected Fraud, Waste or Abuse anonymously by contacting Prime's 24-hour anonymous compliance hotline:

→ Phone: **800.474.8651**

→ Email: [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com)

→ Third-party vendor's website:  
[www.lighthouse-services.com/prime](https://www.lighthouse-services.com/prime)

Product names listed are the property of their respective owners.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Prime Therapeutics LLC**  
P.O. Box 64812  
St. Paul, MN 55164-0812

PRESORTED  
STANDARD MAIL  
U.S. POSTAGE PAID  
PRIME THERAPEUTICS LLC

## Time Sensitive

## Information from Prime Therapeutics

- Claims processing instructions
- Utilization management updates from Blue Cross and Blue Shield plans
- Prime audit requirements
- Medicare Part D and Medicaid requirements