

# Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

Prime Perspective provides information and updates about Prime services

**December 2020: Issue 82**

## INSIDE

From the auditor's desk . . . . .	1
Medicare news/Medicaid news . . .2	
All clients . . . . .	4
Arkansas news . . . . .	4
Capital Health Plan news . . . . .	5
Florida news . . . . .	5
HCSC news . . . . .	6
Minnesota news . . . . .	6
New Plan Announcements . . . . .	7-12
Prime news . . . . .	13
MAC list updates . . . . .	13
How to reach Prime Therapeutics . . . . .	14

## From the auditor's desk

### Schedule II – quantity prescribed claim submission

On March 24, 2020, the National Council for Prescription Drug Programs (NCPDP) updated the NCPDP Telecommunication Standard vD.0, published August 2007, billing standards to include a “Quantity Prescribed” field. Effective Sept. 21, 2020, Prime requires Pharmacies to enter the field for Schedule II drug claim submissions for all lines of business, including, but not limited to, commercial, Medicare and Medicaid.

Prime monitors that Pharmacies have accurately entered the “Quantity Prescribed” field for Schedule II drugs and responded appropriately to any related system messaging.

A pharmacy 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

A Prime auditor will review the pharmacy documentation and the submitted claims to verify that the claims have been submitted with the appropriate “Quantity Prescribed,” based on the pharmacy documentation provided.

Prime monitors claims data to identify potential billing and compliance errors. Pharmacies should provide all requested and supporting documentation for the claim(s) requested. If the 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. Pharmacies receive a claim adjustment report for those claims adjusted directly by Prime. A 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 onsite audit or other contractual actions.

Pharmacies are required to submit claims appropriately based on the prescription order received and the member’s plan benefit. Please review the Prime Provider Manual located on Prime’s website at [www.PrimeTherapeutics.com](http://www.PrimeTherapeutics.com) for situations that would be considered inappropriate billing practices.

This information is intended to educate Pharmacies on Prime’s billing requirements. For additional information, please visit Prime’s website at [www.PrimeTherapeutics.com](http://www.PrimeTherapeutics.com) and navigate to:

**Resources > Pharmacy + provider > Pharmacy providers > Provider manual.**

If you have any questions, please contact the Pharmacy Audit department at [pharmacyaudit@primetherapeutics.com](mailto: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:

[www.PrimeTherapeutics.com](http://www.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 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.

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/>.

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

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:

[www.PrimeTherapeutics.com](http://www.PrimeTherapeutics.com) › [Resources](#) › [Pharmacy + provider](#) › [Medicare](#) › [More resources](#) › [Medicare Prescription Drug Coverage and Your Rights form](#).

Home Infusion 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) 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 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.

### National Plan/Provider Enumeration System — updates

To ensure pharmacy directory accuracy, starting January 2020, the National Plan/Provider Enumeration System (NPES) will allow Pharmacies to certify their National Provider Identifier (NPI) data. Please submit any changes to your Pharmacy's demographic information, including Pharmacy name, address, specialty and telephone number, as soon as you are aware of these changes.

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.

## All clients

### Medicare Advantage plans: changes to diabetic supplies

Effective Jan. 1, 2021, coverage for blood glucose test strips and meters is changing for some Medicare Advantage plans. The applicable Medicare Advantage plans will have preferred blood glucose test strips/meters and/or lancets/lancet devices for Medicare Part B coverage. Other glucose test strips/meters and/or lancets/lancet devices will be non-preferred and will require a coverage exception. To help ensure a smooth transition to preferred products, Pharmacies are encouraged to help their Covered Persons get a new prescription for the chosen preferred brand blood glucose meter and/or test strips from their Prescribing Provider prior to the change. There are also quantity limits in place on the preferred products.

This change affects the following BCBS Medicare plans, effective Jan. 1, 2021:

#### → **Capital Health Plan Medicare Advantage Plus, Preferred Advantage and Silver Advantage (HMO)**

Preferred products: Blood glucose tests strips, meters, lancets and lancet devices from Ascensia (i.e., CONTOUR, CONTOUR NEXT, CONTOUR NEXT EZ, CONTOUR NEXT USB) and Lifescan (i.e., ONE TOUCH ULTRA, ONE TOUCH VERIO)

#### → **Blue Cross Blue Shield of Alabama Medicare Advantage**

Preferred products: 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)

#### → **Blue Cross Blue Shield of North Carolina Medicare Advantage (including Special Needs Plan)**

Preferred products: 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)

## Arkansas news

### Medicare Part D plans: 100-day supply for home delivery or retail pharmacy

Effective Jan. 1, 2021, Arkansas Blue Cross Blue Shield will offer a 100-day supply for all Medicare Part D covered medications. Receiving the extended day supply may help Covered Persons:

- Get refills on time
- Save money with fewer fills
- Reduce the number of trips to the pharmacy

To support a smooth transition for impacted Covered Persons, Pharmacies are encouraged to assist their Covered Persons to get a new prescription from their Prescribing Provider.

All Covered Persons and their Prescribing Providers will be notified of this change.

If you have any questions regarding these coverage changes, please call the Prime Contact Center at **800.693.3815** to inquire about the prescription benefit available.

## Capital Health Plan news

### Medicare Advantage plans: 100-day supply for select drugs

Effective Jan. 1, 2021, Capital Health Plan (CHP) Medicare Advantage Prescription Drug Plan (MAPD) will cover 100-day supply fills for medications on Tier 6 of the formulary. Medications on Tier 6 include generic diabetes, hypertensive and hypercholesterolemia medications.

Receiving 100-day supplies can help Covered Persons save money because fewer refills are needed. This means that Covered Persons have fewer Copays. Also, Covered Persons are less likely to run out of medicine, which may have a positive impact on compliance. To support a smooth transition for CHP Medicare Advantage Prescription Drug Covered Persons, Pharmacies are encouraged to help them get new prescriptions from their Prescribing Providers.

CHP MAPD Covered Persons and their Prescribing Providers are being notified of this change.

This change affects the following Capital Health Plan Medicare plans, effective Jan. 1, 2021:

- Capital Health Plan Medicare Advantage Plus, Preferred Advantage and Silver Advantage (HMO)

## Florida news

### Florida Blue utilization management program

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

## HCSC news

### Medicare Advantage plans: 100-day supply for select drugs

Effective Jan. 1, 2021, Covered Persons will be able to get 100-day supply fills for medications on Tier 1 of the formulary.\*

Receiving 100-day supplies can help Covered Persons save money because fewer refills are needed. This means that Covered Persons will have fewer Copays. Additionally, Covered Persons are less likely to run out of medicine, which may have a positive impact on compliance. To support a smooth transition for impacted Covered Persons, Pharmacies are encouraged to help them get new prescriptions from their Prescribing Providers.

\* This change affects the following BCBS Medicare plans, effective Jan. 1, 2021:

- ➔ 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

### Point of Sale messaging to assist dispensing Pharmacies and Medicare members

Point of Sale (POS) messaging is a tool often used to assist dispensing Pharmacies as prescriptions are processed for Medicare Part D Covered Persons. Following the messaging can help Covered Persons save money because formulary products will typically process at a lower cost share tier than a nonformulary product. Using formulary products will often help the Covered Person avoid having to pursue a formulary exception request, which requires additional documentation from the Prescribing Provider. To support a smooth transition for impacted Covered Persons, Pharmacies are encouraged to help them get new prescriptions from their Prescribing Providers.

## Minnesota news

### BCBS MN Platinum Blue plans: diabetes test strip changes

Effective Jan. 1, 2021, there is a change in coverage of diabetes testing supplies. Diabetes testing supplies, made by Ascensia, will be covered at \$0 Copay for Blue Cross Blue Shield Minnesota Platinum Blue members. All other diabetes testing supplies will no longer be covered. Covered Persons may switch to the below preferred meters and test strips:

➔ Contour NEXT ONE, Contour NEXT EZ and Contour NEXT

Note: All Contour NEXT meters use Contour NEXT test strips

If you have any questions, please call: **800.401.8440** (TTY **711**); Or go online: **ContourNextFreeMeter.com** (Promo Code: BDC-MN)

Effective Jan. 1, 2021, non-covered testing supplies will require a coverage exception. To promote a smooth transition for impacted Covered Persons, Pharmacies are encouraged to assist their Covered Persons to get a new prescription for one of the covered products from their Prescribing Provider. All Covered Persons and their Prescribing Providers will be notified of this change.

If you have any questions regarding claims processing, please call the Prime Contact Center at **800.648.2778**.

# New Plan Announcement

## Alignment Health Plan Medicare HMO and DSNP

Effective Jan. 1, 2021

Effective Jan. 1, 2021, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Alignment Health Plan.

### Processing requirements

To ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to Jan. 1, 2021:


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

### For more information

- Medicare Part D and Part B claims with a fill date on or after Jan. 1, 2021 must be submitted with the BIN/PCN noted below. If you have questions regarding claims processing, please call Prime's Pharmacy Help Desk at **844.227.7615**.
- Prime's Medicare Part D payer specification sheets are available at: [www.PrimeTherapeutics.com](http://www.PrimeTherapeutics.com) > **Resources** > **Pharmacy + provider** > **Pharmacy claim processing** > **Payer sheet** > **Medicare Part D D.O Pharmacy Payer Sheet**.

Plan Sponsor	Plan Name	BIN	PCN	Rx Group Number
Alignment Health Plan of Nevada	Platinum Plan (HMO) NVPlus (HMO) AVA (HMO)	610455	AHPPARTD	H9686
Alignment Health Plan of North Carolina	NC Premier (HMO) NCPlus (HMO) Platinum (HMO-POS)	610455	AHPPARTD	H5296
Alignment Health Plan	CalPlusDuals (HMO D-SNP)	610455	AHPPARTD	H3815

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



**[PLAN NAME]**  
Member: <John Doe>  
Member ID: <000123456789>  
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 <2019>


Eff Date: <01/01/20>  
RxGrp: <H3815>  
RxBin: <610455>  
RxPCN: <AHPPARTD>  
RxID: <000123456789>  
Plan Code: <020>

**MedicareRx**  
Prescription Drug Coverage

Primary Care: <\$> | Specialist: <\$> | ER: <\$> | Urgent Care: <\$>

**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**

**MultiPlan.**  
Medicare Advantage

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)



# New Plan Announcement

## Blue Cross and Blue Shield of Illinois — Blue Medicare Advocate Health (HMO)

Effective Jan. 1, 2021

Effective Jan. 1, 2021, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of a new Blue Cross and Blue Shield of Illinois plan.

### Processing requirements

To ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to Jan. 1, 2021:

### BCBSIL Part D — Blue Medicare Advocate Health (HMO)

BIN: ----- 011552


PCN: ----- MAPDIL2

- Covered Person ID Number
- Date of Birth
- Gender
- Rx 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 Jan. 1, 2021 must be submitted with the BIN/PCN outlined on the left for Covered Persons on the new plan.
- If you have questions regarding claims processing, please call Prime's Pharmacy Help Desk at **877.277.7898**.
- Prime's Medicare Part D payer specification sheets are available at: [www.PrimeTherapeutics.com](http://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:

 <b>BlueCross BlueShield</b> Blue Cross Medicare Advantage (HMO) of Illinois	
Name: SAMPLECARD ID: XOJ123456789 Plan (80840): 9101000211	Office Visit: \$ Specialist: \$ Emergency Room: \$
RxBIN: RXBIN RxPCN: RXPCN RxGrp: RXGROUP RxID: RXID	Plan: Blue Medicare Advocate Health (HMO) PCP: JohnSmithMD PCP Phone #: 312-123-4567
H8547 001	MEDICARE ADVANTAGE HMO MedicareRx Prescription Drug Coverage

[www.getblueil.com/mapd](http://www.getblueil.com/mapd)

	
Submit Medical Claims to: ClaimsProcessing Address City, St, Zip	Pharmacy Line: 1-877-277-7898 Customer Service: 1-877-774-8592 TTY/TDD: 711 Medical Group: Phone Number Nurse Advice Line: 1-800-631-7023
 <b>BlueCross BlueShield</b> of Illinois	
HMO and HMO-POS plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plans provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCSIC). HCSC and ILBCSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCSIC are Medicare Advantage organizations with a Medicare contract.	



# New Plan Announcement

## Blue Cross and Blue Shield of North Carolina Senior Health DSNP

Effective Jan. 1, 2021

Effective Jan. 1, 2021, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Blue Cross and Blue Shield of North Carolina.

### Processing requirements

To ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to Jan. 1, 2021:

### Blue Cross NC — Senior Health DSNP

BIN: ----- 015905


PCN: ----- DSNPNC


- Covered Person ID Number
- Date of Birth
- Gender
- Rx 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 Jan. 1, 2021 must be submitted with the BIN/PCN outlined on the left.
- If you have questions regarding claims processing, please call Prime's Pharmacy Help Desk at **800.725.7710**.
- Prime's Medicare Part D payer specification sheets are available at: [www.PrimeTherapeutics.com](http://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:

 BlueCross BlueShield of North Carolina		HealthyBlue+Medicare
<FormattedMemberName>		Healthy Blue + Medicare (HMO D-SNP)
Member ID:		
Group:	NCMCRWP0	Dual Eligible Member Pays \$0 for Plan covered medical services Provider: Dual Member Cost Share should be billed to member's Medicaid
Plan:	332	
RxBIN:	015905	
RxPCN:	DSNPNC	
Issuer (80840):	9101000302	
RxGRP:	WM2A	
RxID:		CMS H9147-001-000
MEDICARE ADVANTAGE HMO		MedicareRx Prescription Drug Coverage

 BlueCross BlueShield of North Carolina		<a href="http://bcbsdirect.com/nc/login">bcbsdirect.com/nc/login</a>
<b>Member:</b> Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services. <b>Provider:</b> Do not bill FFS Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card. Medicare limiting charges apply. Possession of this card does not guarantee eligibility for benefits. Medical Claims & Inquiries: Healthy Blue + Medicare P.O. Box 61010, Virginia Beach, VA 23466-1010 Rx Claims: BCBSCNC DSNP P.O. Box 20970, Lehigh Valley, PA 18002-0970 Dental Claims: P.O. Box 26110 Santa Ana, CA 92799		Member Service: 1-833-713-1078 TTY/TDD Line: 711 Member Pharmacy Svcs: 1-800-725-7710 Help for Pharmacists: 1-866-230-7268 Provider Service: 1-844-895-8160 Dental Customer Service: 1-888-700-0992 24/7 NurseLine: 1-833-713-1078 Silver & Fit 1-888-797-8052
Issue Date:		

# New Plan Announcement

## Blue Cross and Blue Shield of Nebraska Retiree Group Medicare Advantage PPO

Effective Jan. 1, 2021

Effective Jan. 1, 2021, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Blue Cross and Blue Shield of Nebraska.

### Processing requirements

To ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to Jan. 1, 2021:

#### BCBSNE (PPO) EGWP Part D

BIN: ----- 610455

PCN: ----- ENEH8181G


- Covered Person ID Number
- Date of Birth
- Gender
- Rx 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 Jan. 1, 2021 must be submitted with the BIN/PCN outlined on the left.
- If you have questions regarding claims processing, please call Prime's Contact Center at **855-457-1351**.
- Prime's Medicare Part D payer specification sheets are available at: [www.PrimeTherapeutics.com](http://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:

		BCBSNE Retiree Group MA PPO	
Enrollee Name <b>VALUED CUSTOMER</b>		Plan H8181_801	
Enrollee ID <b>Y2MN99999999</b>		Rx BIN 610455 Rx PCN ENEH8181G Rx Group PARTDNEG	
Health Plan (80840)			
Group Number: <b>68291</b>		Issued: <b>10/2020</b>	
DENTAL, VISION & HEARING		 <b>MedicareRx</b> Prescription Drug Coverage	

Members: <a href="http://medicare.nebraskablue.com">medicare.nebraskablue.com</a>	
	
<small>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.</small>	
<b>Mail provider claims to:</b> PO Box 3248 Omaha, NE 68180-0001	<b>Customer Service:</b> 888-488-9850 <b>Customer Rx inquiries:</b> 855-457-1349 <b>TTY/TDD:</b> 711 <small>Misuse may result in prosecution. If you suspect fraud call: 877-632-2583 To locate participating providers outside of Nebraska: 800-810-2583</small>
<b>Mail pharmacy claims to:</b> PO Box 20970 Lehigh Valley, PA 18002-0970	<b>Provider services:</b> 888-505-2022 <b>Facility prenotification:</b> 877-399-1671 <b>Pharmacy services:</b> 855-457-1351

# New Plan Announcement

## Braven Health Medicare

Effective Jan. 1, 2021

Effective Jan. 1, 2021, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Braven Health.

### Processing requirements

To ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to Jan. 1, 2021:

- Covered Person ID Number
- Date of Birth
- Gender
- RX 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 Jan. 1, 2021 must be submitted with the BIN/PCN noted on the next page.
- If you have questions regarding claims processing, please call Prime's Pharmacy Help Desk at **855.457.0222**.
- Prime's Medicare Part D payer specification sheets are available at: [www.PrimeTherapeutics.com](http://www.PrimeTherapeutics.com) › **Resources** › **Pharmacy + provider** › **Pharmacy claim processing** › **Payer sheet** › **Medicare Part D D.0 Pharmacy Payer Sheet**.

Plan Sponsor	Plan Name	BIN	PCN	Rx Group Number
Braven Health	Braven Medicare Choice (PPO) Braven Medicare Freedom (PPO)	016499	PPOBH	RXBRVN
Braven Health	Braven Medicare Group w/Rx Braven Medicare Group w/Rx Idea Braven Medicare Group w/Rx Complete	016499	PPOBHG	RXBRVN
Braven Health	Braven Medicare Plus (HMO)	016499	HMOBH	RXBRVN
Braven Health	Braven Medicare Access Group w/Rx Braven Medicare Access Group w/Rx Value	016499	HMOPOSBHG	RXBRVN
Braven Health	Braven Medicare Group (PPO) Braven Medicare Access Group (HMO-POS)	016499	PARTBBHMA	N/A

continued

# New Plan Announcement

## Braven Health Medicare (continued)

Effective Jan. 1, 2021

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

### Braven Medicare Freedom (PPO)

Braven HEALTH		Braven Medicare Freedom (PPO)	
Member Name	J D DOE JR	OFFICE VISIT:	\$0
Member ID Number	B7U3HZN12345678	SPECIALIST:	\$20
GROUP NUMBER	00-12345	EMERGENCY ROOM:	\$90
EFFECTIVE DATE	280/780		
BC/BS PLAN CODES	280/780		
ISSUER (80840)			
		CMS-H0885-002	
		MedicareRx Prescription Drug Coverage	
		MA PPO	

Braven HEALTH		BravenHealth.com	
Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.		Member Services:	1-833-272-8360
PROVIDERS MUST NOT BILL MEDICARE.		Pharmacy Services:	1-855-457-0222
MEDICARE LIMITING CHARGES APPLY.		Dental Services:	1-855-648-1405
MA PPO products are provided by Braven Health, an independent licensee of the Blue Cross and Blue Shield Association.		24/7 Nurse Line:	1-888-444-0036
Insured by Braven Health.		Emergency Services:	911
		Medical/Pharmacy TTY:	711
		Provider Services:	1-800-624-1110
		Utilization Management:	1-800-664-2583
		Behavioral Health:	1-888-444-0422
		For services rendered in NJ, submit medical claims to: Horizon Healthcare of NJ, Inc. PO Box 820 Newark, NJ 07101-0820 Submit Rx claims to: Prime Therapeutics LLC: P.O. BOX 20970 Lehigh Valley, PA 18002-0970	

### Braven Medicare Plus (HMO)

Braven HEALTH		Braven Medicare Plus (HMO)	
MEMBER NAME	I BILLSXUAT	OFFICE VISIT:	\$0.00
MEMBER ID NUMBER	B7T3HZN71105500	SPECIALIST:	\$25.00
GROUP NUMBER	00-682J0	EMERGENCY ROOM:	\$90.00
EFFECTIVE DATE	280/780		
BC/BS PLAN CODES	280/780		
ISSUER (80840)			
		CMS-H4675-001	
		MedicareRx Prescription Drug Coverage	
		MA HMO	

Braven HEALTH		BravenHealth.com	
For services rendered in NJ, submit medical claims to: Braven Health PO Box 820 Newark, NJ 07101-0820		Member Services:	1-833-272-8360
Submit Rx claims to: Prime Therapeutics LLC: PO Box 20970 Lehigh Valley, PA 18002-0970		Pharmacy Services:	1-855-457-0222
		Dental Services:	1-855-648-1405
		24/7 Nurse Line:	1-888-444-0036
		Emergency Services:	911
		Medical/Pharmacy TTY:	711
		Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan. PROVIDERS MUST NOT BILL MEDICARE. MA HMO products are provided by Braven Health, an independent licensee of the Blue Cross and Blue Shield Association. Outside of New Jersey, the member only has coverage for urgent and emergent care. Insured by Braven Health.	
		AN INDEPENDENT COMPANY ADMINISTERING PHARMACY BENEFITS.	

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

### Pharmacy licensure

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:

**[www.PrimeTherapeutics.com/en/resources/pharmacists/ac.html](http://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 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 Pharmacy will receive a secure username and password via email.

## How to reach Prime Therapeutics

As a service to Pharmacies, Prime publishes the *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's Pharmacy Contact Center **800.821.4795**  
(24 hours a day, seven days a week)

→ By email: **pharmacyops@primetherapeutics.com**

→ By mail: 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 **www.PrimeTherapeutics.com** >

**Resources > Pharmacy + provider > Pharmacy providers > Formularies – Commercial.**

For Medicare Part D formularies, access

**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.ncdp.org** (Pharmacy Login located top right).

## 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**

### Privacy

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

→ Privacy Hotline: **888.849.7840**

→ Email: **privacy@primetherapeutics.com**

### Fraud, Waste and Abuse

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

→ Phone: **800.731.3269**

→ Email: **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**

→ Third-party vendor's website:

**www.lighthouse-services.com/prime**

Product names listed are the property of their respective owners.