

# First Plan of Minnesota

Effective January 1, 2006

### First Plan Blue MSHO

Prime Therapeutics began processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through First Plan of Minnesota. Medicare Part D members utilize the Prime Medicare Rx Network for claims processing.

### Processing Requirements

BIN ..... 610455  
 PCN ..... MPDFH  
 Unique member ID ..... 1234567890  
 Date of birth ..... MM/DD/YYYY  
 Gender ..... M/F  
 DEA number ..... AB9999991  
 U&C required

### Geographic Area

Minnesota Counties: Carlton, Cook, Koochiching, Lake, St. Louis

### For More Information

For up-to-date information, please visit our web site at [www.primetherapeutics.com](http://www.primetherapeutics.com).

For assistance with claims processing, please call the Prime Contact Center at 800.821.4795.

*Minnesota Counties*

#### FRONT OF MEMBER ID CARD

	<b>MSHO</b>		
<small>It is administered by First Plan of Minnesota, an independent licensee of the Blue Cross Blue Shield Association</small>			<b>H2424001</b>
RxBIN <b>610455</b>	RxPCN <b>MPDFH</b>		
GRP <b>FPG05-ZA</b>			
ISSUER <b>80840</b>			
ID <b>XZT 999999999</b>			
NAME <b>00 ELIZABETH M SAMPLENAME</b>			
CARE TYPE <b>MN HEALTH CARE PROGRAMS</b>			
SVC TYPE	Rx Netwrk	Brand Name	Generic Name
	<b>SELECT</b>	<b>3.00</b>	<b>1.00</b>
PCP <b>PROVIDER NAME PRINTS HERE XXXX</b>			
<b>DELTA COMMUNITY DENTAL CARE NETWORK</b>			

#### BACK OF MEMBER ID CARD

Prior to receiving non-emergency services, contact the PCP listed on the front of this card. In an emergency, contact your PCP within 48 hours, or as soon as possible after receiving care. For medical, pharmacy, mental health and/or substance abuse call 1-800-635-4159; TTY call (218) 727-9870. Submit medical electronic claims to BCBSMN Clearinghouse; paper claims to First Plan, 525 S. Lake Ave., Suite 222, Duluth, MN 55802. Include the alpha prefix that precedes the member's ID number. DELTA DENTAL 1-800-774-9049 dental claims: P.O. Box 1328, Mpls., MN 55440-1328; Pharmacy claims: Prime Therapeutics, P.O. Box 64812, Eagan, MN 55164. Pharmacy Help Desk 1-800-821-4795 (For Pharmacist use only) Appeals or grievances - Appeals Unit, MN DHS P.O. Box 64249, St. Paul, MN 55164-0249 or call 1-800-657-3729.