From the auditor’s desk

New preliminary audit report

In September 2017, Prime implemented a change in their audit reporting. Participating Pharmacies now receive a preliminary audit report prior to a final audit report. This is a change from their previous process of issuing one report that, if not appealed, became the final report. Issuing a preliminary and a final audit report gives Participating Pharmacies an opportunity to provide additional documentation to support their pharmacies’ audit results without initiating an appeal. This process improves communication and education for Participating Pharmacies during the audit process.

With the new process, once Prime issues a preliminary audit report, Participating Pharmacies have 14 calendar days to respond and submit additional supporting documentation. At the end of the 14-day period, Prime issues a final audit report, taking into consideration any additional documentation provided. After Prime distributes the final audit report, Participating Pharmacies have the right to appeal their audit findings.

Proof of payment — collection of a Covered Person’s cost share

As a reminder, Participating Pharmacy providers must charge and collect the Covered Person cost-sharing amount. This amount is determined by the benefit sponsor and can include deductible, cost-sharing amount or coinsurance.

Participating Pharmacies cannot waive, discount, reduce or increase the Covered Person cost share communicated to the pharmacy unless required by law. Documentation of the collection of the copayment must be maintained by the Participating Pharmacy.

Participating Pharmacies are not permitted to increase a Covered Person’s cost share due to audit recoveries. Prime may request register receipts or other proof of payment for prescription drug services at any time.
Proof of delivery — signature and delivery logs

As a reminder, Participating Pharmacy providers must ensure that all Covered Persons (or authorized agents) who receive a prescription drug service sign the signature or delivery log, acknowledging the date the prescription drug service was received and the applicable prescription number.

The log may be a hard copy or an electronic signature log containing the following:

- Prescription number
- Date received by the Covered Person
- Signature of Covered Person or signature of his/her designee receiving medication

In instances where a Participating Pharmacy uses a shipping carrier to deliver the drug product to the Covered Person and a signature is not required, the tracking number must be maintained and linked to the prescription number and the date of delivery recorded. If a Participating Pharmacy ships prescription drugs by U.S. mail, the Pharmacy must record the date shipped and the prescription number in a standardized manner. Prime may request signature and/or delivery logs for prescription drug services at any time.

Pharmacy Audit information

For more information regarding Pharmacy Audit, including common billing errors, pharmacy audit appeals and pharmacy audit guidelines, please visit Prime's website: PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy audit and special investigation unit.

Medicare news/Medicaid news

Johnson Controls Inc. transitions to a new pharmacy benefits manager

Effective January 1, 2018, Johnson Controls Inc. will transition their pharmacy benefits from Prime Therapeutics to Express Scripts.

Participating Pharmacies will no longer be able to submit claims for Johnson Controls Covered Persons for dates of service after December 31, 2017, for the following BIN and PCN combination:

<table>
<thead>
<tr>
<th>Plan name</th>
<th>BIN</th>
<th>PCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson Controls Inc.</td>
<td>610455</td>
<td>JCEMP</td>
</tr>
</tbody>
</table>

Effective January 1, 2018, claims for these plans should be submitted using the following:

RXBIN. ............ RXPCN
003858 ............ A4

For claims processing related questions, please call the Express Scripts Pharmacy Help Desk: **844.648.9629**.

Coverage for blood glucose test strips and meters is changing

Effective January 1, 2018, blood glucose test strips and meters from Ascensia (i.e., CONTOUR® NEXT, CONTOUR® NEXT EZ and CONTOUR® NEXT ONE) will be the only preferred products for Medicare formularies.* Other glucose test strips will be non-preferred and, in most cases, will require a prior authorization (PA) or be excluded entirely from the Covered Person’s formulary. To help ensure a smooth transition for impacted Covered Persons, Participating Pharmacies are encouraged to assist their Covered Persons to 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 January 1, 2018:

- 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
Medicare Part D FWA and General Compliance Participating Pharmacy training and certification

The Centers for Medicare & Medicaid Services (CMS) require any staff providing Medicare Part D services to receive qualified Fraud, Waste and Abuse (FWA) and General Compliance training upon hire and annually thereafter. Every year, on behalf of the Part D plan sponsors it serves, Prime is required to track completion of this training by all Participating Pharmacies in its network. Participating Pharmacies can submit a single attestation to NCPDP (as part of your pharmacy profile), which will then be submitted to Prime. The FWA and General Compliance training needs to be CMS certified to be considered in compliance with the training requirement.

All pharmacy certifications for calendar year 2017 must be completed by December 31, 2017. Not submitting the certification by the due date may impact continued participation in Prime’s network.

Direct any questions about the annual attestation form to ncpdp.org.

FWA and General Compliance training can be found at Prime’s website: PrimeTherapeutics.com > Resources > Pharmacy + provider > Compliance/Fraud, waste and abuse > Training and certification requirements.

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 the 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 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 is 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 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 medication. 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, the Prescribing Provider or the LTC facility within 72 hours of receiving the rejection.

In addition, a copy of the CMS Notice of Medicare Prescription Drug Coverage and Your Rights has been included on page four of this publication.

Medicare E1 Eligibility Query

The E1 Eligibility Query is a real-time transaction submitted by a Participating Pharmacy to RelayHealth, the Transaction Facilitator. 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 http://medifacd.relayhealth.com/e1

Pursuant to anti-kickback statute Section 1128B(b) of the Social Security Act, Participating Pharmacies should not submit an E1 for pharmaceutical manufacturer copay assistance coupon programs, as they are not considered Prescription Drug Services.
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 the 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.

Form CMS-10147
Florida news

**Xtampza® ER (oxycodone extended release) formulary change**

Effective January 1, 2018, Florida Blue will no longer cover OxyContin (oxycodone HCl ER) for our Commercial Covered Persons. At that time, Xtampza® ER will be covered for our Commercial Covered Persons as our preferred long-acting oxycodone product with no prior authorization required. Quantity Limits will apply.

Xtampza® ER is a novel, abuse-deterrent formulation of oxycodone and is indicated for the management of severe pain requiring daily, around-the-clock, long-term opioid treatment. It is administered every 12 hours and must be taken with food.

Xtampza® ER contains oxycodone (as opposed to oxycodone hydrochloride found in OxyContin® ER) and will be dosed slightly different than oxycodone HCl products. For example, a **10 mg dose of oxycodone HCl is equivalent to a 9 mg dose of Xtampza® ER.** An equivalence chart is provided below, but please review full prescribing information found on the U.S. Food and Drug Administration (FDA) approved label for proper dosing conversion.

Xtampza® ER is available in tablet strengths of 9 mg, 13.5 mg, 18 mg, 27 mg and 36 mg.

<table>
<thead>
<tr>
<th>Oxycodone HCl Dose</th>
<th>Equivalence Factor</th>
<th>Xtampza® ER Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mg tab</td>
<td>x 0.9</td>
<td>9 mg tab</td>
</tr>
<tr>
<td>15 mg tab</td>
<td></td>
<td>13.5 mg tab</td>
</tr>
<tr>
<td>20 mg tab</td>
<td></td>
<td>18 mg tab</td>
</tr>
<tr>
<td>30 mg tab</td>
<td></td>
<td>27 mg tab</td>
</tr>
<tr>
<td>40 mg tab</td>
<td></td>
<td>36 mg tab</td>
</tr>
</tbody>
</table>

Xtampza® ER is FDA approved with labeling describing abuse-deterrent properties in all three pre-market categories of abuse deterrence. Additionally, Xtampza® ER maintains extended-release properties when crushed/chewed and capsules may be opened and administered through a G/NG-tube safely.

Our Covered Persons have been informed of this formulary change. If Covered Persons have concerns or questions, please have them call the customer service number on the back of their insurance card.

Please refer to the National Institutes of Health for details on Xtampza® ER Prescribing Information at NIH.gov.

For information about Florida Blue pharmacy guidelines, please refer to the Medical & Pharmacy Policies and Guidelines on our website: floridablue.com.

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**Florida Blue short-acting opioid processing reminder**

Effective October 1, 2017, Florida Blue began rejecting claims for Covered Persons who have not had any opioid prescriptions (long-acting or short-acting) within the previous 60 days. Short-acting opioid prescriptions written for a day supply greater than 7 days will require a Prior Authorization.

For prescriptions written for more than 7 days, the Covered Person’s Prescribing Provider must submit a Prior Authorization request to have the clinical circumstances reviewed. The maximum daily dose quantity limits will still apply to the 7-day supply limitations.

If a Participating Pharmacy submits a claim and the prescribing limitations and day supply are exceeded, the claim will reject at Point-of-Sale (POS) with the following reject message:

→ NCPDP Reject Code 75: “PA REQ’D > 7 DAY SUPPLY IN OPIOID NAIVE. CALL 800.352.2583”

To ensure uninterrupted service to Florida Blue Covered Persons, Participating Pharmacies should use the following limits for commonly prescribed opioid medications:

**Seven-day limits for short-acting opioids**

<table>
<thead>
<tr>
<th>Brand/generic name*</th>
<th>Strength</th>
<th>Seven-day limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen/caffeine/dihydrocodeine</td>
<td>All strengths</td>
<td>70 tabs</td>
</tr>
<tr>
<td>Capital and codeine (acetaminophen/codeine solution)</td>
<td>Demerol (meperidine) liquid</td>
<td>630 ml</td>
</tr>
<tr>
<td>Codeine tablets</td>
<td>Demerol (meperidine) tablets</td>
<td>560 ml</td>
</tr>
<tr>
<td>Dilaudid (hydromorphone) liquid</td>
<td>Dilaudid (hydromorphone) suppository</td>
<td>56 tabs</td>
</tr>
<tr>
<td>Dilaudid (hydromorphone) tablets</td>
<td>Endodan (oxycodone-aspirin)</td>
<td>336 ml</td>
</tr>
<tr>
<td>Fioricet w/codeine (butalbital-acetaminophen-codeine)</td>
<td>Fiorinal w/codeine (butalbital-aspirin-codeine)</td>
<td>28 supp</td>
</tr>
<tr>
<td>Hydrocodone-acetaminophen</td>
<td>Hydrocodone-acetaminophen</td>
<td>42 tabs</td>
</tr>
<tr>
<td>Ibuprofen (ibuprofen)</td>
<td>Ibuprofen (ibuprofen)</td>
<td>84 tabs</td>
</tr>
<tr>
<td>Nalbuphine hydrochloride</td>
<td>Nalbuphine hydrochloride</td>
<td>10–200 mg</td>
</tr>
<tr>
<td>Pain Relief</td>
<td>Pain Relief</td>
<td>35 tabs</td>
</tr>
</tbody>
</table>

*© Prime Therapeutics LLC | Prime Perspective | December 2017
<table>
<thead>
<tr>
<th>Brand/generic name*</th>
<th>Strength</th>
<th>Seven-day limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levodomoran (levorphanol) tablets</td>
<td>All strengths</td>
<td>28 tabs</td>
</tr>
<tr>
<td>Lortab elixir (hydrocodone-acetaminophen)</td>
<td>7.5 mg/500 mg/15 ml</td>
<td>630 ml</td>
</tr>
<tr>
<td>Lortab elixir (hydrocodone-acetaminophen)</td>
<td>10 mg/300 mg/15 ml</td>
<td>473 ml</td>
</tr>
<tr>
<td>Meperidine-promethazine capsule</td>
<td>All strengths</td>
<td>42 caps</td>
</tr>
<tr>
<td>Methadone liquid</td>
<td>5 mg/5 ml</td>
<td>210 ml</td>
</tr>
<tr>
<td>Methadone liquid</td>
<td>10 mg/5 ml</td>
<td>105 ml</td>
</tr>
<tr>
<td>Methadone liquid</td>
<td>10 mg/5 ml</td>
<td>21 ml</td>
</tr>
<tr>
<td>Methadone tablets</td>
<td>All strengths</td>
<td>21 tabs</td>
</tr>
<tr>
<td>Morphine liquid</td>
<td>10 mg/5 ml</td>
<td>630 ml</td>
</tr>
<tr>
<td>Morphine liquid</td>
<td>20 mg/5 ml</td>
<td>315 ml</td>
</tr>
<tr>
<td>Morphine liquid</td>
<td>20 mg/5 ml</td>
<td>63 ml</td>
</tr>
<tr>
<td>Morphine tablets</td>
<td>15 mg</td>
<td>56 tabs</td>
</tr>
<tr>
<td>Morphine tablets</td>
<td>30 mg</td>
<td>42 tabs</td>
</tr>
<tr>
<td>Morphine suppository</td>
<td>All strengths</td>
<td>42 caps</td>
</tr>
<tr>
<td>Norco (hydrocodone-acetaminophen)</td>
<td>5 mg/325 mg, 10 mg/325 mg</td>
<td>84 tabs</td>
</tr>
<tr>
<td>Norco (hydrocodone-acetaminophen)</td>
<td>7.5 mg/325 mg</td>
<td>42 tabs</td>
</tr>
<tr>
<td>Nucynta</td>
<td></td>
<td>42 tabs</td>
</tr>
<tr>
<td>Opana (oxyromphine IR)</td>
<td></td>
<td>42 tabs</td>
</tr>
<tr>
<td>Oxycodone/ibuprofen</td>
<td>All strengths</td>
<td>28 tabs</td>
</tr>
<tr>
<td>Oxycodone immediate release</td>
<td></td>
<td>28 tabs</td>
</tr>
<tr>
<td>Oxycodone liquid</td>
<td>5 mg/5 ml</td>
<td>1,260 ml</td>
</tr>
<tr>
<td>Oxycodone liquid</td>
<td>20 mg/5 ml</td>
<td>63 ml</td>
</tr>
<tr>
<td>Panlor DC</td>
<td>All strengths</td>
<td>70 caps</td>
</tr>
<tr>
<td>Pentazocine/naloxone tablet</td>
<td></td>
<td>84 tabs</td>
</tr>
<tr>
<td>Percocet (oxycodone-acetaminophen), Endocet</td>
<td>2.5–325 mg, 5–325 mg</td>
<td>84 tabs</td>
</tr>
<tr>
<td>Percocet (oxycodone-acetaminophen), Endocet</td>
<td>7.5–325 mg</td>
<td>56 tabs</td>
</tr>
<tr>
<td>Percocet (oxycodone-acetaminophen), Endocet</td>
<td>10–325 mg</td>
<td>42 tabs</td>
</tr>
<tr>
<td>Primlev</td>
<td>5 mg/300 mg</td>
<td>84 tabs</td>
</tr>
<tr>
<td>Primlev</td>
<td>7.5 mg/300 mg</td>
<td>56 tabs</td>
</tr>
<tr>
<td>Primlev</td>
<td>10 mg/300 mg</td>
<td>42 tabs</td>
</tr>
<tr>
<td>Roxicet (oxycodone-acetaminophen)</td>
<td></td>
<td>84 tabs</td>
</tr>
<tr>
<td>Roxicet solution</td>
<td></td>
<td>420 mL</td>
</tr>
<tr>
<td>Stadol (butorphanol) nasal spray</td>
<td></td>
<td>1 bottle</td>
</tr>
<tr>
<td>Trezix (acetaminophen/caffeine/dihydrocodeine)</td>
<td>All strengths</td>
<td>70 caps</td>
</tr>
<tr>
<td>Tylenol w/codeine (acetaminophen-codeine)</td>
<td>300 mg/15 mg, 300 mg/30 mg</td>
<td>84 tabs</td>
</tr>
<tr>
<td>Tylenol w/codeine (acetaminophen-codeine)</td>
<td>300 mg/60 mg</td>
<td>42 tabs</td>
</tr>
<tr>
<td>Tylenol w/codeine elixir (acetaminophen-codeine)</td>
<td></td>
<td>630 mL</td>
</tr>
<tr>
<td>Ultracef (tramadol-acetaminophen)</td>
<td></td>
<td>56 tabs</td>
</tr>
<tr>
<td>Ultracef (tramadol-acetaminophen)</td>
<td></td>
<td>56 tabs</td>
</tr>
<tr>
<td>Vicoprofen (hydrocodone-ibuprofen)</td>
<td></td>
<td>35 tabs</td>
</tr>
</tbody>
</table>

**Note:** Coverage is subject to each Covered Person’s specific benefit plan. Group-specific policies will supersede these policies when applicable. Please refer to the Covered Person’s benefit plan.

For questions regarding coverage of short-acting opioids, please refer Covered Persons to the customer service number on the back of their Florida Blue member ID Card.

### Florida Blue utilization management programs

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

### Minnesota news

#### Blue Cross and Blue Shield of Minnesota New ID Cards

As a reminder, in November 2015, Blue Cross and Blue Shield of Minnesota started a three-year conversion to a new claims processing platform. As a result, Minnesota groups started converting to the new claims system in a phased approach in November 2015 and will conclude in 2018. Minnesota Covered Persons will receive new ID cards upon conversion and/or renewal. All Covered Person IDs will change as a result of this change. Covered Persons have been instructed to present their new ID cards when filling a prescription at a Participating Pharmacy. As a reminder, this change resulted in a processing change for Participating Pharmacies.

Effective January 1, 2018, additional Covered Persons will be receiving new ID cards as a result of this ongoing transition.

As a reminder, pharmacy claims should be submitted with the following:

→ BIN .............. PCN

→ 610455 ......... HMHS
Effective January 1, 2018, Prime Therapeutics (Prime) will begin processing Medicare Part B and Part D claims for Covered Persons of BlueCross BlueShield of Minnesota (BCBSMN) Medicare Advantage PPO.

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, 2018:

BCBSMN Medicare Advantage PPO Part D
BIN: .............610455
PCN: .......... EMNH5959

BCBSMN Medicare Advantage PPO Part B
BIN: .............610455
PCN: .......... MN4200

→ Covered Person ID Number (leave off the first three alpha characters, using only the last 12 characters)
→ Date of birth
→ Gender
→ Group number
→ U&C
→ Days supply
→ Pharmacy NPI
→ Active/Valid Prescriber ID NPI
→ Date prescription was 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, 2018, must be submitted with the BIN/PCN outlined on the left.
→ If you have questions regarding claims processing, please contact Prime’s contact center at 800.648.2778.
→ For software setup information, please visit Prime’s website: Primetherapeutics.com > Resources > Pharmacy + provider > Pharmacy claim processing > Payer sheet > Medicare Part D P.O Pharmacy Payer Sheet and Medicare Part B D.0 Pharmacy Payer Sheet.
→ For Prime’s helpful resources for Medicare Part D coverage and issues, visit Prime’s website: Primetherapeutics.com > Resources > Pharmacy + provider > Medicare > More resources.

Featured below is an example of the most common ID card used:
New Plan Announcement
Regence Health Plans, Asuris Northwest Health and BridgeSpan

**Effective January 1, 2018**, Prime Therapeutics (Prime) will begin processing commercial claims for Covered Persons of Regence Health Plans, Asuris Northwest Health and BridgeSpan.

**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, 2018, to process all new and refill claims for Covered Persons of Regence Health Plans, Asuris Northwest Health and BridgeSpan.

- Covered Person ID number (12 digits)
- Date of birth
- Gender
- U&C
- Days supply
- Pharmacy NPI
- Active/Valid Prescriber ID (NPI, DEA or state license)
- Date prescription was written
- Prescription origin code

**2017 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, 2017.
- For assistance with claims that have a date of fill prior to January 1, 2018, please contact Catamaran/OptumRx at 888.437.1508.

**For more information**
- Beginning January 1, 2018, for assistance with claims processing on Prime's platform, please contact the Prime Pharmacy Help Desk at 844.765.2897.
- Prime's commercial payer specification sheet is available at PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy claim processing > Payer sheet > Commercial D.0 Pharmacy Payer Sheet.

**Prior authorization**
- If you need assistance with a prior authorization, contact Prime at 800.765.2897, print the prior authorization form online at PrimeTherapeutics.com > Resources > Pharmacy + provider > Prior authorization or submit the request online at covermymeds.com.

### Processing requirements continued

<table>
<thead>
<tr>
<th>Plan Sponsor</th>
<th>Plan name</th>
<th>BIN</th>
<th>PCN</th>
<th>ID number length</th>
<th>Group number</th>
</tr>
</thead>
<tbody>
<tr>
<td>RBSID</td>
<td>Regence BlueShield of Idaho</td>
<td>610648</td>
<td>01820000</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>RBCBSOR</td>
<td>Regence BlueCross BlueShield of Oregon</td>
<td>610623</td>
<td>02050000</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>RBCBSUT</td>
<td>Regence BlueCross BlueShield of Utah</td>
<td>610648</td>
<td>01890000</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>RBSWA</td>
<td>Regence BlueShield</td>
<td>610624</td>
<td>02080000</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>Asuris</td>
<td>Asuris Northwest Health</td>
<td>610624</td>
<td>02090000</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>BridgeSpan</td>
<td>BridgeSpan Oregon</td>
<td>610212</td>
<td>02320000</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>BridgeSpan</td>
<td>BridgeSpan Idaho</td>
<td>610212</td>
<td>02300000</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>BridgeSpan</td>
<td>BridgeSpan Utah</td>
<td>610212</td>
<td>02330000</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>BridgeSpan</td>
<td>BridgeSpan Washington</td>
<td>610212</td>
<td>02310000</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Front and back of Regence BlueCross BlueShield of Oregon ID Card

Front and back of Regence BlueCross BlueShield of Idaho ID Card

Front and back of Regence BlueCross BlueShield of Utah ID Card
Regence Health Plans, Asuris Northwest Health and BridgeSpan

Front and back of Regence BlueShield ID Card

Front and back of Asuris Northwest Health ID Card

Front and back of BridgeSpan Oregon ID Card
Regence Health Plans, Asuris Northwest Health and BridgeSpan (continued)

Front and back of BridgeSpan Idaho ID Card

Front and back of BridgeSpan Utah ID Card

Front and back of BridgeSpan Washington ID Card
New Plan Announcement
Regence Health Plans MedAdvantage + Rx, Medicare Script, Asuris Northwest Health TruAdvantage + Rx and Asuris Medicare Script


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, 2018, to process all new and refill claims for Covered Persons of Regence Health Plans MedAdvantage + Rx, Medicare Script, Asuris Northwest Health TruAdvantage + Rx and Asuris Medicare Script:

→ Covered Person ID number (nine digits)
→ Date of birth
→ Gender
→ Group number
→ U&C
→ Days supply
→ Pharmacy NPI
→ Active/Valid Prescriber ID (NPI, DEA or state license)
→ Date prescription was written
→ Prescription origin code
→ Pharmacy service type
→ Patient residence

2017 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, 2017.

For assistance with claims that have a date of fill prior to January 1, 2018, please contact Catamaran/OptumRx at 888.437.1508.

For more information
Beginning January 1, 2018, for assistance with claims processing on Prime’s platform, please contact the Prime Pharmacy Help Desk at 844.765.6826.

Prime’s Medicare Part D payer specification sheet is available at PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet.

Prior authorization
If you need assistance with a prior authorization, contact Prime at 844.765.6826, print the prior authorization form online at PrimeTherapeutics.com > Resources > Pharmacy + provider > Prior authorization or submit the request online at covermymeds.com.

Processing requirements continued
Bolded information is brand new and will need to be set up in your pharmacy software systems prior to January 1, 2018.

<table>
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<th>Plan Sponsor</th>
<th>Plan name</th>
<th>BIN</th>
<th>PCN</th>
<th>ID number length</th>
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Regence Health Plans MedAdvantage + Rx, Medicare Script, Asuris Northwest Health TruAdvantage + Rx and Asuris Medicare Script (continued)

Front and back of RBSID Regence MedAdv+Rx PPO ID Card

Front and back of RBSID Regence Blue MedAdv HMO ID Card

Front and back of RBCBSOR Regence MedAdv+Rx PPO ID Card
Regence Health Plans MedAdvantage + Rx, Medicare Script, Asuris Northwest Health TruAdvantage + Rx and Asuris Medicare Script  

(continued)

Front and back of RBCBSOR Regence BlueAdvantage HMO ID Card

Front and back of RBCBSUT Regence MedAdv+Rx PPO ID Card

Front and back of RBSWA Regence MedAdv+Rx PPO ID Card
Regence Health Plans MedAdvantage + Rx, Medicare Script, Asuris Northwest
Health TruAdvantage + Rx and Asuris Medicare Script  (continued)

Front and back of RBSID Regence Medicare Script PDP ID Card

Front and back of RBCBSUT Regence Medicare Script PDP ID Card

Front and back of RBSID Regence MedAdv Basic PPO MA only ID Card
Front and back of Asuris Medicare Script PDP ID Card
Prime news

Commercial Vaccine Network

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

→ Asuris Northwest Health
→ BridgeSpan Oregon
→ BridgeSpan Idaho
→ BridgeSpan Utah
→ BridgeSpan Washington
→ BCBS of Alabama
→ BCBS of Illinois
→ BCBS of Kansas
→ BCBS of Minnesota
→ BCBS of Montana
→ BCBS of Nebraska
→ BCBS of New Mexico
→ BCBS of North Carolina
→ BCBS of North Dakota
→ BCBS of Oklahoma
→ BSBS of Rhode Island
→ BCBS of Texas
→ FloridaBlue
→ Horizon BCBS of New Jersey
→ Regence BlueCross BlueShield of Oregon
→ Regence BlueShield of Idaho
→ Regence BlueCross BlueShield of Utah
→ Regence BlueShield

Participating Pharmacies administering vaccines, where allowed by state law, shall abide by all applicable state and federal laws, regulations and guidelines governing the sale and administration of vaccines. Vaccine administration coverage is dependent upon the Covered Person’s benefit plan.

Participating Pharmacies must submit the vaccine claim to Prime electronically (i.e., online), which includes the applicable ingredient cost, dispensing fee and vaccine administration fee as a single claim.

Participating Pharmacies are required to submit the fields defined below from the NCPDP D.0 Telecommunication Standard for vaccine claims:

<table>
<thead>
<tr>
<th>NCPDP Segment Name</th>
<th>NCPDP Field #</th>
<th>NCPDP Field Name</th>
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<td>DUR/PPS Code Counter Value of 1</td>
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<td>Professional Service Code MA-Medication Administration</td>
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For software setup information, please visit Prime’s website: PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy claim processing > Payer sheet.

Electronic prior authorization can save you time

Obtaining a prior authorization (PA) for prescription medications can be a time-consuming and frustrating process for Participating Pharmacies and Prescribing Providers. The process has traditionally required paper forms, faxes and follow-up phone calls, having the potential to take time away from a Covered Person’s care.

Electronic prior authorization (ePA) is an online method for Prescribing Providers and Participating Pharmacies to submit utilization management (UM) requests to Prime in a streamlined, structured manner. PAs are a critical part of the medication delivery process. PAs help to manage medicines that have a significant potential for misuse, overuse or inappropriate use.

Prime has contracted with CoverMyMeds® to provide an ePA solution that will allow Participating Pharmacies and Prescribing Providers the ability to submit PA requests online. This online solution also allows Participating Pharmacies and Prescribing Providers to submit and track PA results.
Pharmacy licensure
In order to ensure that all license documents are current, Participating Pharmacies must provide Prime with copies of the following documents on an annual basis:

→ Pharmacy License
→ U.S. Drug Enforcement Agency certificate
→ Certificate of insurance with proof of General and Professional Liability Insurance

Please include your NCPDP number on each of the documents when sending them to Prime. Submit the documents using one of the following methods:

→ Fax: 877.823.6373
→ Email: primecredentialing@primetherapeutics.com

Provider Manual update
Prime is in the process of updating its Provider Manual. The new Provider Manual will be effective March 1, 2018, and available in February 2018 on Prime’s website: PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy providers > Provider manual.

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 them to Prime’s website for registration instructions. After network participation is verified, the Participating Pharmacy will receive a secure username and password via email.
How to reach Prime Therapeutics

As a service to Participating 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:

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

→ Email: pharmacyops@primetherapeutics.com

Looking for formularies?

For Commercial formularies, access either the Blue Cross Blue Shield plan website or PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy providers > Formularies – Commercial.

For Medicare Part D formularies, access 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 ncpdp.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 concerns:

**Compliance**

Report suspected compliance concerns to Prime:

→ Phone: **612.777.5523**

→ Email: compliance@primetherapeutics.com

**Privacy**

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

→ Privacy hotline: **888.849.7840**

→ Email: privacy@primetherapeutics.com

**Fraud, waste and abuse**

If you suspect fraud, waste or abuse by a Covered Person, prescribing provider, Participating Pharmacy or anyone else, notify Prime:

→ Phone: **800.731.3269**

→ Email: reportfraud@primetherapeutics.com

**Anonymous reporting**

Report a compliance concern or suspected fraud, waste or abuse anonymously:

→ Prime’s 24-hour anonymous hotline: **800.474.8651**

→ Third-party vendor’s email: reports@lighthouse-services.com

→ Third-party vendor’s website: lighthouse-services.com/prime
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