From the auditor's desk

**Responsibilities of the participating pharmacy for Medicare Programs**

In order to ensure compliance with regulations from the Centers for Medicare & Medicaid Services (CMS), Participating Pharmacies in Prime Therapeutics’ (Prime’s) Medicare Network(s) must adhere to the guidelines outlined in the applicable Exhibit C(s) – Prime Medicare Networks, which is part of Prime’s Pharmacy Participation Agreement. You can find performance and service criteria for Prime’s Medicare Networks on Prime’s website at: [PrimeTherapeutics.com](http://PrimeTherapeutics.com) > Resources > Pharmacists and providers > Medicare > More resources.

Here are a few reminders of the Medicare requirements

**Medicare Prescription Drug Coverage and Your Rights**

Participating Pharmacies may receive a NCPDP Reject Code of 569, indicating ‘Provide Notice: Medicare Prescription Drug Coverage and Your Rights’, requiring the pharmacy to distribute the Medicare Prescription Drug Coverage and Your Rights document with the Covered Person’s prescription order.

**Office of Inspector General (OIG) exclusion checks**

A Participating Pharmacy has an obligation to make sure it does not employ, or contract with, any individuals or business that is excluded or debarred from participation in Medicare or state health care programs. As required, exclusion checks must be conducted prior to contracting or hiring and monthly thereafter. Exclusion checks for chain pharmacies may be done by the corporate office.

**Prescription delivery**

CMS requires retail and mail pharmacies to obtain patient consent to deliver a prescription, new or refill, prior to each delivery (unless a waiver is obtained from CMS). This is an effort to control fraud, waste, and abuse (FWA) and to ensure that Medicare Covered Persons only receive new prescriptions and refills as requested.
Prescription origin codes

The Participating Pharmacy must submit all claims with the corresponding prescription origin code:
1. Written
2. Telephone
3. Electronic
4. Facsimile

Regardless of whether a Participating Pharmacy is participating in e-prescribing, all claims submissions must indicate the prescription origin code in order to facilitate CMS reporting and tracking of e-prescribe participation. Participating Pharmacies must comply with applicable e-prescribing standards as established by CMS.

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 at: PrimeTherapeutics.com › Resources › Pharmacists and providers › Pharmacy audit.

Medicare news/Medicaid news

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

CMS requires 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. For 2016, Participating Pharmacies will be able to 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 in order to be considered to be in compliance with the training requirement.

All pharmacy certifications for calendar year 2016 must be completed by December 31, 2016. Not submitting the certification by the due date may impact continued participation in Prime's Network.

Any questions about the annual attestation form must be directed to www.ncpdp.org.

As a reminder, FWA and General Compliance training can be found at: PrimeTherapeutics.com › Resources › Pharmacists and providers › Compliance/Fraud, waste and abuse › Training and certification requirements.

Blue Cross and Blue Shield of South Carolina Medicare Advantage transitions to new PBM

Effective January 1, 2017 BCBS of South Carolina will transition their Medicare Part D PDP and Medicare Part B product from Prime Therapeutics to CVS Caremark.

Participating Pharmacies will no longer be able to submit claims for Medicare Covered Persons for dates of service after 12/31/16 for the following BIN and PCN combinations:

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>BIN</th>
<th>PCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBS of South Carolina BlueCross Rx Value and BlueCross RX Plus (PDP)</td>
<td>Ø16862</td>
<td>PDPSC</td>
</tr>
<tr>
<td>BCBS of South Carolina Blue Retiree Rx and Blue Retiree Rx Plus (PDP)</td>
<td>Ø16862</td>
<td>PDPSCG</td>
</tr>
<tr>
<td>BCBS of South Carolina Medicare Blue (PPO) Part B</td>
<td>Ø16862</td>
<td>SCPARTB</td>
</tr>
</tbody>
</table>

Effective 1/01/2017, claims for these plans should be submitted using the following:

<table>
<thead>
<tr>
<th>RXBIN</th>
<th>RXPCN</th>
<th>RXGRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>004336</td>
<td>MEDDADV</td>
<td>RX8624</td>
</tr>
</tbody>
</table>

For claims processing related questions, please call the CVS Caremark Pharmacy Help Desk at 866.693.4620.
Coverage for blood glucose test strips and meters is changing

Effective January 1, 2017, blood glucose test strips and meters from Ascensia (i.e. CONTOUR®, CONTOUR® NEXT, CONTOUR® NEXT EZ, CONTOUR® NEXT USB) will be the only preferred products for Medicare Part B coverage*. Other glucose test strips will be non-preferred, and in most cases, will require a higher cost share from the Covered Person.

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 Advantage plans:

→ 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
→ Florida Blue BlueMedicare Preferred HMO

Blue Cross & Blue Shield of Rhode Island BlueCHIP for Medicare

Coverage for blood glucose test strips and meters is changing.

Effective January 1, 2017 OneTouch blood glucose test strips and meters will be the only covered glucose monitoring products for Covered Persons of Blue Cross & Blue Shield of Rhode Island. Other glucose test strips will not be covered.

To help ensure a smooth transition Participating Pharmacies are encouraged to assist Blue Cross Blue Shield of Rhode Island BlueCHIP for Medicare Covered Persons to get a new prescription for the OneTouch glucose meter and test strips from their Prescribing Provider prior to the change.

IMPORTANT NOTE: For Blue Cross & Blue Shield of Rhode Island BlueCHIP for Medicare Covered Persons (IDs beginning ZBM): Beginning January 1, 2017 test strips and meters will need to be billed under a separate BIN/PCN than what is on the Covered Person ID cards. Point of Sale Messaging will direct the pharmacy for proper BIN/PCN submissions for Part B claims.

Processing Requirements for Blue Cross & Blue Shield of Rhode Island Medicare Part B Drugs:

<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>BCBSRI</td>
<td>BlueCHIP for Medicare MAPD and MA Individual Part B</td>
<td>610455</td>
<td>RIPARTB</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>BCBSRI</td>
<td>BlueCHIP for Medicare MAPD Group Part B</td>
<td>610455</td>
<td>RIPARTBG</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
</tbody>
</table>
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 provider.

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.

CMS standardized pharmacy notice

CMS requires all Medicare Part D Benefit 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 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 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 at PrimeTherapeutics.com/Resources>Pharmacists and providers>Medicare>More Resources>Medicare Prescription Drug Coverage & Your Rights

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 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, Prescribing Provider or 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 five of this publication.
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.
Florida news

Florida Blue utilization management programs

Utilization management program updates for the upcoming quarter, when available, will be posted at PrimeTherapeutics.com > Resources > Pharmacists and providers > Pharmacy providers > UM program updates.

Illinois news

2017 benefit changes

Effective January 1, 2017, some Blue Cross and Blue Shield of Illinois (BCBSIL) Covered Persons may be impacted by one or more of the following pharmacy benefit changes. These changes, if applicable, will become effective as the Covered Person’s coverage renews during 2017:

→ Select drugs may move to a higher non-formulary brand copayment/coinsurance

→ Select drug classes and/or brand-name medications may also no longer be covered under the prescription drug benefit

→ Select drugs may be required to have a prior authorization request approved in order to be considered for coverage under the prescription drug benefit

→ Covered Persons may be required to fill prescriptions at a retail pharmacy in the Preferred Pharmacy Network in order to obtain the lowest copayment/coinsurance. Covered Persons may fill prescriptions at pharmacies outside of this network but benefits will be at a higher copayment/coinsurance. Additionally, 90-day supply prescriptions filled at retail will only be allowable at pharmacies within this network

If you have questions regarding claims processing, please contact Prime’s Contact Center at 1.800.821.4795.
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 will convert to the new claims system in a phased approach starting in November 2015 and concluding 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, 2017, there will be a significant number of Covered Persons receiving new ID cards as a result of this ongoing transition. As a reminder, pharmacy claims should be submitted with the following:

→ BIN . . . . . . . . . . . 610455
→ PCN . . . . . . . . . . . HMHS

Montana news

2017 benefit changes

Effective January 1, 2017, some Blue Cross and Blue Shield of Montana (BCBSMT) Covered Persons may be impacted by one or more of the following pharmacy benefit changes. These changes, if applicable, will become effective as the Covered Person’s coverage renews during 2017:

→ Select drugs may move to a higher non-formulary brand copay/coinsurance

→ Select drug classes and/or brand-name medications may also no longer be covered under the prescription drug benefit

→ Select drugs may be required to have a prior authorization request approved in order to be considered for coverage under the prescription drug benefit

→ Covered Persons may be required to fill prescriptions at a retail pharmacy in the Value Pharmacy Network in order to obtain the lowest copayment/coinsurance. Covered Persons may fill prescriptions at pharmacies outside of this network but benefits will be at a higher copay/coinsurance. Additionally, 90-day supply prescriptions filled at retail will only be allowable at pharmacies within this network

If you have questions regarding claims processing, please contact Prime’s Contact Center at 1.800.821.4795.
New Mexico news

2017 benefit changes

Effective January 1, 2017, some Blue Cross and Blue Shield of New Mexico (BCBSNM) Covered Persons may be impacted by one or more of the following pharmacy benefit changes. These changes, if applicable, will become effective as the Covered Person’s coverage renews during 2017:

→ Select drugs may move to a higher non-formulary brand copayment/coinsurance

→ Brand-name proton pump inhibitor drugs may no longer be covered under the prescription drug benefit. Select drug classes and/or brand-name medications may also no longer be covered under the prescription drug benefit

→ Covered Persons may be required to use a specialty pharmacy in the BCBSNM preferred specialty network or will incur an out-of-network penalty

→ Select drugs may be required to have a prior authorization request approved in order to be considered for coverage under the prescription drug benefit

→ Covered Persons may be required to fill prescriptions at a retail pharmacy in the Preferred Pharmacy Network in order to obtain the lowest copayment/coinsurance. Covered Persons may fill prescriptions at pharmacies outside of this network but benefits will be at a higher copayment/coinsurance. Additionally, 90-day supply prescriptions filled at retail will only be allowable at pharmacies within this network

If you have questions regarding claims processing, please contact Prime’s Contact Center at 800.821.4795.

Vaccine coverage

BCBSNM Covered Persons may also receive vaccinations for meningitis and HPV at Participating Pharmacies in the Prime Therapeutics Commercial Vaccine Network. This is in addition to vaccinations for influenza (flu), pneumococcal (pneumonia), zoster (shingles), rabies, hepatitis B, tetanus, diphtheria, pertussis and T-Dap (diphtheria, tetanus and pertussis). Coverage is dependent on the Covered Person’s prescription drug benefit. For vaccine processing information, please visit Prime’s website at: PrimeTherapeutics.com › Resources › Pharmacists and providers › Pharmacy claim processing › Vaccine program

Oklahoma news

2017 benefit changes

Effective January 1, 2017, some Blue Cross and Blue Shield of Oklahoma (BCBSOK) Covered Persons may be impacted by one or more of the following pharmacy benefit changes. These changes, if applicable, will become effective as the Covered Person’s coverage renews during 2017:

→ Select drugs may move to a higher non-formulary brand copayment/coinsurance

→ Select drug classes and/or brand-name medications may also no longer be covered under the prescription drug benefit

→ Select drugs may be required to have a prior authorization request approved in order to be considered for coverage under the prescription drug benefit

→ Covered Persons may be required to fill prescriptions at a retail pharmacy in the Preferred Pharmacy Network in order to obtain the lowest copayment/coinsurance. Covered Persons may fill prescriptions at pharmacies outside of this network but benefits will be at a higher copayment/coinsurance. Additionally, 90-day supply prescriptions filled at retail will only be allowable at pharmacies within this network

If you have questions regarding claims processing, please contact Prime’s Contact Center at 800.821.4795.
Texas news

2017 benefit changes

Effective January 1, 2017, some Blue Cross and Blue Shield of Texas (BCBSTX) Covered Persons may be impacted by one or more of the following pharmacy benefit changes. These changes, if applicable, will become effective as the Covered Person’s coverage renews during 2017:

→ Select drugs may move to a higher non-formulary brand copayment/coinsurance

→ Select drug classes and/or brand-name medications may also no longer be covered under the prescription drug benefit

→ Select drugs may be required to have a prior authorization request approved in order to be considered for coverage under the prescription drug benefit

→ Covered Persons may be required to fill prescriptions at a retail pharmacy in the Preferred Pharmacy Network in order to obtain the lowest copayment/coinsurance. Covered Persons may fill prescriptions at pharmacies outside of this network but benefits will be at a higher copayment/coinsurance. Additionally, 90-day supply prescriptions filled at retail will only be allowable at pharmacies within this network

If you have questions regarding claims processing, please contact Prime’s Contact Center at 800.821.4795.
**Medicare Programs Processing Update**

**Blue Cross and Blue Shield of Minnesota Platinum Blue**

with Rx (Cost) and Platinum Blue (Cost)

### Effective January 1, 2017

Effective January 1, 2017 Blue Cross and Blue Shield of Minnesota will be utilizing a new Processor Control Number (PCN) for Medicare Part B and Part D claims for Covered Persons of Blue Cross and Blue Shield of Minnesota (BCBSMN) Platinum Blue with Rx (Cost) and Platinum Blue (Cost).

### 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, 2017.

<table>
<thead>
<tr>
<th>Plan Sponsor</th>
<th>Plan Name</th>
<th>BIN</th>
<th>PCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBSMN</td>
<td>Blue Cross and Blue Shield of Minnesota Platinum Blue with Rx (Cost) Part D</td>
<td>610455</td>
<td>HMPBD</td>
</tr>
<tr>
<td>BCBSMN</td>
<td>Blue Cross and Blue Shield of Minnesota Platinum Blue with Rx (Cost) Part B</td>
<td>610455</td>
<td>HMPBB</td>
</tr>
<tr>
<td>BCBSMN</td>
<td>Blue Cross and Blue Shield of Minnesota Platinum Blue (Cost) Part B</td>
<td>610455</td>
<td>HMPBB</td>
</tr>
</tbody>
</table>

### For more information

- If you have questions regarding claims processing, please contact Prime’s Contact Center at **866.821.4795**
- For software setup information, please visit Prime’s website at Primetherapeutics.com > Resources > Pharmacy + provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Payer Sheet

### Processing requirements continued:

- 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 are examples of the new ID cards for Covered Persons of Blue Cross and Blue Shield of Minnesota Platinum Blue with Rx (Cost) and Platinum Blue (Cost):
Medicare Supplemental Processing Update
Blue Cross and Blue Shield of Minnesota and
Blue Plus Medicare Supplement Plans

Effective January 1, 2017 Blue Cross and Blue Shield of Minnesota and Blue Plus (BCBSMN) will be utilizing a new Processor Control Number (PCN) for Medicare supplemental claims for Covered Persons of BCBSMN Medicare Supplement Plans including Senior GoldSM.

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, 2017.

<table>
<thead>
<tr>
<th>Plan Sponsor</th>
<th>Plan Name</th>
<th>BIN</th>
<th>PCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBSMN</td>
<td>Blue Cross and Blue Shield of Minnesota and Blue Plus Medicare Supplement Plans</td>
<td>610455</td>
<td>HMSUP</td>
</tr>
</tbody>
</table>

For more information
→ If you have questions regarding claims processing, please contact Prime’s Contact Center at 800.821.4795
→ For software setup information, please visit Prime’s website at Primetherapeutics.com > Resources > Pharmacy + provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Payer Sheet

Processing requirements continued:
→ 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 are examples of the new ID cards for Covered Persons of BCBSMN Medicare Supplement Plans:
New Plan Announcement
Blue Cross and Blue Shield of Nebraska Medicare Advantage Core (HMO) and Choice (HMO-POS)

Effective January 1, 2017, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Blue Cross and Blue Shield of Nebraska (BCBSNE) Medicare Advantage Core (HMO) and Choice (HMO-POS).

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, 2017.

BCBSNE Medicare Advantage Core (HMO) and Choice (HMO-POS) Part D
BIN: 610455
PCN: ENEH3170

BCBSNE Medicare Advantage Core (HMO) and Choice (HMO-POS) Part B
BIN: 610455
PCN: NE4000

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
Beginning January 1, 2017, for assistance with claims processing on Prime’s platform, please contact the Prime Contact Center at 855.457.1351

Prime’s Medicare Part B and D payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Payer Sheet and Medicare Part D D.0 Payer Sheet

Featured below are examples of the most common ID cards used:
New Plan Announcement
Blue Cross and Blue Shield of New Mexico Blue Cross Medicare Advantage (HMO)

Effective January 1, 2017, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Blue Cross and Blue Shield of New Mexico (BCBSNM) Blue Cross Medicare Advantage (HMO).

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, 2017.

BCBSNM Blue Cross Medicare Advantage (HMO) Part D
BIN: 011552
PCN: MAPDNMG1

BCBSNM Blue Cross Medicare Advantage (HMO) Part B
BIN: 011552
PCN: PARTBG

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, 2017 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 877.277.7898

Prime's Medicare Part B and D payer specification sheets are available at: PrimeTherapeutics.com/Resources/Pharmacy+Provider/Pharmacy claim processing/Payer sheet/Medicare Part B D.0 Payer Sheet and Medicare Part D D.0 Payer Sheet
New Plan Announcement
Blue Cross and Blue Shield of New Mexico
Blue Cross Medicare Advantage Select (HMO) and Flex (HMO POS)

Effective January 1, 2017, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Lovelace HMO and HMO POS Covered Persons of Blue Cross and Blue Shield of New Mexico (BCBSNM) Blue Cross Medicare Advantage Select (HMO) and Flex (HMO POS).

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, 2017.

BCBSNM Blue Cross Medicare Advantage Select (HMO) and Flex (HMO POS) Part D

BIN: 011552
PCN: MAPDNM1

2016 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, 2016.

→ Medicare Part D claims with a submission or reversal date prior to January 1, 2017 will reject at point-of-sale. Please use the following information for submissions or reversals with a date of fill prior to January 1, 2017.

   › BIN: 012353
   › PCN: 03733251

→ For assistance with claims that have a date of fill prior to January 1, 2017, please contact Argus Health System at 855.816.6460

For more information

→ Beginning January 1, 2017, for assistance with claims processing on Prime’s platform, please contact the Prime Contact Center at 877.277.7898

→ Prime’s Medicare Part B and D payer specification sheets are available at: PrimeTherapeutics.com/Resources/Pharmacy+Provider/Pharmacy claim processing/Payer sheet/Medicare Part B D0 Payer Sheet and Medicare Part D D0 Payer Sheet

Featured below is an example of the most common ID card used:
New Plan Announcement
Blue Cross and Blue Shield of Oklahoma
Blue Cross Medicare Advantage Basic (HMO) and Premier Plus (HMO POS)

Effective January 1, 2017, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Tulsa HMO and Tulsa HMO POS Covered Persons of Blue Cross and Blue Shield of Oklahoma (BCBSOK) Blue Cross Medicare Advantage Basic (HMO) and Premier Plus (HMO POS).

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, 2017.

BCBSOK Blue Cross Medicare Advantage Basic (HMO) and Premier Plus (HMO POS) Part D
BIN: 011552
PCN: MAPDOK2

BCBSOK Blue Cross Medicare Advantage Basic (HMO) and Premier (HMO POS) Part B
BIN: 011552
PCN: OKPARTB2

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

2016 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, 2016
→ Medicare Part D claims with a submission or reversal date prior to January 1, 2017 will reject at point-of-sale. Please use the following information for submissions or reversals with a date of fill prior to January 1, 2017
  › BIN: 012353
  › PCN: 03736801
→ For assistance with claims that have a date of fill prior to January 1, 2017, please contact Argus Health System at 855.816.6460

For more information
→ Beginning January 1, 2017, for assistance with claims processing on Prime’s platform, please contact the Prime Contact Center at 877.277.7898
→ Prime’s Medicare Part B and D payer specification sheets are available at: PrimeTherapeutics.com/Resources/Pharmacy + Provider/Pharmacy claim processing/Payer sheet/Medicare Part B D.0 Payer Sheet and Medicare Part D D.0 Payer Sheet
New Plan Announcement
Blue Cross & Blue Shield of Rhode Island

Effective January 1, 2017, Prime Therapeutics (Prime) will begin processing claims for approximately 315,000 Covered Persons for Blue Cross & Blue Shield of Rhode Island. Covered Persons will use Prime’s Rhode Island Instate Retail Network and Prime’s Select Network for pharmacies outside the state of Rhode Island.

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, 2017, to process all new and refill claims for Covered Persons of Blue Cross & Blue Shield of Rhode Island.

→ Covered Person ID Number (12 digits)
  → 3 alpha characters followed by 9 digits
  → Example Member ID: ABC00000000
→ Date of Birth
→ Gender
→ Group Number
→ U&C
→ Days Supply
→ Pharmacy NPI
→ Active/Valid Prescriber ID (NPI, DEA or State License)
→ Date Prescription Written
→ Rx Origin Code
→ Date of Injury (Required for Work Related Injury claims only)

2016 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, 2016
→ For assistance with claims that have a date of fill prior to January 1, 2017, please contact Catamaran/OptumRx at 866.391.1164

For More Information
→ Effective January 1, 2017, for assistance with claims processing on Prime’s platform, please contact the Prime Contact Center at 855.457.1206
→ For software setup information, please visit Prime's website at PrimeTherapeutics.com/Resources/Pharmacy+Provider/Pharmacy Claim Processing/Payer sheets/Commercial D.0 Payer Sheet

Prior Authorization
→ If you need assistance with a prior authorization, contact Prime at 855.457.0759, print the prior authorization form online at PrimeTherapeutics.com/Resources/Pharmacy+Providers/Prior Authorization or submit the request online at covermymeds.com

<table>
<thead>
<tr>
<th>Plan Sponsor</th>
<th>Plan Name</th>
<th>BIN</th>
<th>PCN</th>
<th>ID Number Length</th>
<th>Group</th>
<th>Processor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBSRI</td>
<td>Commercial Self Funded and Fully Insured Members</td>
<td>610455</td>
<td>BCRI</td>
<td>12 digits</td>
<td>N/A</td>
<td>Prime Therapeutics</td>
</tr>
<tr>
<td>BCBSRI</td>
<td>Direct Pay/Health Insurance Marketplace</td>
<td>610455</td>
<td>BCRI</td>
<td>12 digits</td>
<td>N/A</td>
<td>Prime Therapeutics</td>
</tr>
<tr>
<td>BCBSRI</td>
<td>Work Related Injury</td>
<td>610455</td>
<td>BCRI</td>
<td>Length varies Minimum of 9 digits</td>
<td>BCRIWRI</td>
<td>Prime Therapeutics</td>
</tr>
</tbody>
</table>
Multi Ingredient Compound Processing Requirements

- Prime will accept multiple ingredient compound submissions utilizing NCPDP’s Compound Segment for up to 25 ingredients.

- Prime will reject multiple ingredient compound claims when an ingredient within the compound is not covered.

- The Participating Pharmacy can submit a Submission Clarification code 08 (Process Compound for Approved Ingredient) which will allow the rejected claim to process only covered ingredients.

Featured below is an example of the most common ID card:
Effective January 1, 2017, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Blue Cross & Blue Shield of Rhode Island BlueCHiP for Medicare.

**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, 2017, to process all new and refill claims for Covered Persons Blue Cross & Blue Shield of Rhode Island BlueCHiP for Medicare.

- **Covered Person ID Number** (12 digits)
  - 3 alpha characters followed by 9 digits
  - Example Member ID: ABC000000000

- **Date of Birth**
- **Gender**
- **Group Number**
- **U&C**
- **Days Supply**
- **Pharmacy NPI**
- **Active/Valid Prescriber ID (NPI, DEA or State License)**
- **Date Prescription Written**
- **Prescription Origin Code**
- **Pharmacy Service Type**
- **Patient Residence**

**2016 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, 2016.
- For assistance with claims that have a date of fill prior to January 1, 2017, please contact Catamaran/OptumRx at **866.391.1164**

**For More Information**

- Beginning January 1, 2017, for assistance with claims processing on Prime’s platform, please contact the Prime Contact Center at **855.457.1207**
- Prime’s Medicare Part D payer specification sheet is available at: [PrimeTherapeutics.com/Resources/Pharmacy+Provider/Pharmacy claim processing/Payer sheet/Medicare Part D 2.0 Payer Sheet](PrimeTherapeutics.com/Resources/Pharmacy+Provider/Pharmacy claim processing/Payer sheet/Medicare Part D 2.0 Payer Sheet)

**Prior Authorization**

- If you need assistance with a Prior Authorization, contact Prime at **800.693.6651**. print the Prior Authorization form online at [PrimeTherapeutics.com/Resources/Pharmacists and providers/Prior Authorization](PrimeTherapeutics.com/Resources/Pharmacists and providers/Prior Authorization) or submit the request online at [covermymeds.com](covermymeds.com)

### Plan Sponsor | Plan Name | BIN | PCN | ID Number Length | Group Number
--- | --- | --- | --- | --- | ---
CBSRI | BlueCHiP for Medicare MAPD Individual | 610455 | BCRIMA | 12 digits | BCRIMA
BCBSRI | BlueCHiP for Medicare MAPD Group | 610455 | BCRIMAG | 12 digits | BCRIMA
BCBSRI | BlueCHiP for Medicare MAPD and MA Individual Part B | 610455 | RIPARTB | 12 digits | N/A
BCBSRI | BlueCHiP for Medicare MAPD Group Part B | 610455 | RIPARTBG | 12 digits | N/A
**Blue Cross & Blue Shield of Rhode Island BlueCHIP for Medicare (continued)**

**Processing Requirements for Blue Cross & Blue Shield of Rhode Island Medicare Part B Drugs:**

Participating pharmacies must submit Part B covered drugs to the Part B BIN and PCN outlined below. When processing a claim for Part B:

→ If the claim is submitted to the Part D BIN/PCN, Prime will reject the claim with the following messages:
  
  › SUBMIT TO PART B BIN: 610455, PCN: RIPARTB. NOT COVERED UNDER PART D LAW

→ A second transaction will then be required for the Part B covered drug

→ Pharmacies must review point-of-sale messaging to ensure that claims are submitted appropriately

<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>BCBSRI</td>
<td>BlueCHIP for Medicare MAPD and MA Individual Part B</td>
<td>610455</td>
<td>RIPARTB</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
<tr>
<td>BCBSRI</td>
<td>BlueCHIP for Medicare MAPD Group Part B</td>
<td>610455</td>
<td>RIPARTBG</td>
<td>12 digits</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Multi Ingredient Compound Processing Requirements**

→ Prime will accept multiple ingredient compound submissions utilizing NCPDP’s Compound Segment for up to 25 ingredients.

→ Prime will reject multiple ingredient compound claims when an ingredient within the compound is not covered.

→ The Participating Pharmacy can submit a Submission Clarification code 08 (Process Compound for Approved Ingredient) which will allow the rejected claim to process only covered ingredients
New Plan Announcement
Horizon Blue Cross Blue Shield of New Jersey
Horizon NJ TotalCare (HMO SNP)

Effective January 1, 2017, Prime Therapeutics (Prime) will begin processing claims for the Horizon NJ TotalCare (HMO SNP) plan where Covered Persons have Medicare Part D, Medicare Part B and Medicaid coverage.

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, 2017.

Horizon Blue Cross Blue Shield of New Jersey Horizon NJ TotalCare (HMO SNP)
BIN: .................. 016499
PCN: .................. DSNPPRI
→ Covered Person ID Number (Use the RxID as populated on the card)
→ 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
→ If you have questions regarding claims processing, please contact Prime’s Contact Center at 855.457.1347.
→ 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 Payer Sheet
New Plan Announcement
Vibra Health Plan

Effective January 1, 2017, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Vibra Health Plan.

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, 2017.

Vibra Health Plan Part D
BIN: 610455
PCN: PPOVB

Vibra Health Plan Part B
BIN: 601455
PCN: VBPARTB

- 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, 2017 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 855.457.1209
- Prime’s Medicare Part B and D payer specification sheets are available at: PrimeTherapeutics.com/Resources/Pharmacy+Provider/Pharmacy claim processing>Payer sheet>Medicare Part B D.0 Payer Sheet and Medicare Part D D.0 Payer Sheet

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

**Commercial Vaccine Network**

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

- 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

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 (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>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pricing Segment</td>
<td>438-E3</td>
<td>Incentive Amount Submitted</td>
<td>Pharmacy Submitted Incentive Fee</td>
</tr>
<tr>
<td>DUR/PPS Segment</td>
<td>473-E</td>
<td>DUR/PPS Code Counter</td>
<td>Value of 1</td>
</tr>
<tr>
<td>DUR/PPS Segment</td>
<td>440-E5</td>
<td>Professional Service Code</td>
<td>MA-Medication Administration</td>
</tr>
</tbody>
</table>

For software setup information, please visit Prime’s website at: PrimeTherapeutics.com > Resources > Pharmacists and providers > Pharmacy claim processing > Payer sheet

**Submission of zero dollar (free drug) claims**

If a Participating Pharmacy receives a free ingredient for a compound product from a pharmaceutical manufacturer or wholesaler, that compound ingredient can be submitted with a value of $0.00 in the Compound Ingredient Drug Cost field (NCPDP field 449-EE).

In addition, Prime can accept $0.00 in the Gross Amount Due field (NCPDP field 430-DU).

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

Effective January 1, 2017, blood glucose test strips and meters from Ascensia (i.e. CONTOUR®, CONTOUR® NEXT, CONTOUR® NEXT EZ, CONTOUR® NEXT USB) will be the only preferred products for Commercial 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 Commercial plans:

- Blue Cross and Blue Shield of North Carolina
- Blue Cross and Blue Shield of Kansas
- Blue Cross and Blue Shield of Texas
Electronic prior authorization can save you time

Obtaining a 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. This has 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 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
→ DEA 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 via fax to 877.823.6373 or send through email to pharmacyops@primetherapeutics.com.

Provider Manual update

Prime is in the process of updating its Provider Manual. The new Provider Manual will be effective March 1, 2017 at PrimeTherapeutics.com > Resources > Pharmacists and providers > Provider manual.

MAC list updates

If a Participating Pharmacy would like access to Prime’s MAC list(s), 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 for claims processing. Prime values your opinion and your 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

Looking for formularies?

For Commercial formularies access either the Blue Cross and Blue Shield plan web site or PrimeTherapeutics.com > Resources > Pharmacists and providers > Pharmacy providers > Formularies – Commercial.

For Medicare Part D formularies access PrimeTherapeutics.com > Resources > Pharmacists and providers > 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.ncpdp.org > NCPDP Provider ID (on the left side).
Report Fraud, Waste and Abuse
Prime offers the following hotlines to report compliance, privacy, and fraud, waste and abuse concerns:

**To report a suspected compliance concern:**

Phone: 612.777.5523  
Email: compliance@primetherapeutics.com

To report a privacy concern or potential improper disclosure of protected health information (PHI) to Prime:

Privacy Hotline: 888.849.7840  
Email: privacy@PrimeTherapeutics.com

To report suspected fraud, waste or abuse directly to Prime:

Phone: 800.731.3269  
Email: reportfraud@PrimeTherapeutics.com

To report anonymously:

If you would like to report a compliance concern or report suspected fraud, waste or abuse anonymously, please contact Prime's 24-hour anonymous compliance hotline:

By phone: 800.474.8651  
By email: reports@lighthouse-services.com

By third party vendor's website:  
www.lighthouse-services.com/prime

Disclaimer: Product names listed are the property of their respective owners.
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