

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

December 2018: Issue 74

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From the auditor's desk

Loading doses

A loading dose is the initial dose of a medication given to a Covered Person when (s)he has not been on that specific medication previously or needs to restart a therapy as determined by the Covered Person's Prescribing Provider. The loading dose can be an increased or decreased dose from the standard maintenance dosing, depending on the medication and course of treatment. Not all medications require a loading dose; however, it may be beneficial to the Covered Person based on his/her individual response to a medication.

The Participating Pharmacy is required to submit claims appropriately based on the specific directions for use on the prescription order and the Covered Person's plan benefit. The Participating Pharmacy must submit the number of consecutive days the prescription drug will last. Overstating the days' supply may affect future refills, while understating the days' supply may exceed the Covered Person's benefit.

Example 1: The Covered Person may receive a loading dose of one capsule daily for seven days, and then two capsules daily for a one-month supply. In this case, the Participating Pharmacy should submit the first claim with a quantity of 53 capsules with a 30-day supply. If the Covered Person is to remain on two capsules daily, subsequent refills would be billed for a quantity of 60 capsules and a 30-day supply.

Example 2: The Covered Person's prescription orders a loading dose of one tablet once daily for two weeks, and then one tablet twice weekly for two additional weeks. The initial fill would be 18 tablets for a 28-day supply. Any subsequent refills are required to be billed as eight tablets for a 28-day supply.

If you have any questions regarding loading doses, you may reach the Pharmacy Audit Department at pharmacyaudit@primetherapeutics.com.

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 audits**.

Medicare news/Medicaid news

Medicare Part D FWA and General Compliance training and certification for Participating Pharmacies

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 National Council for Prescription Drug Programs (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 2018 must be completed by December 31, 2018. 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 www.ncdp.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**

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>

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

CMS standardized pharmacy notice

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

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

→ NCPDP Reject Code 569

Participating Pharmacies are required to provide 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 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 three of this publication.

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

Medicare Prescription Drug Coverage and Your Rights

Your Medicare rights

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

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

What you need to do

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

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

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

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

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

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

Florida news

Florida Blue utilization management programs

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

Minnesota news

Coverage for blood glucose test strips and meters is changing

Effective January 1, 2019, 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 will be excluded from coverage.

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

*This change affects the following BCBS Medicare Advantage plans:

Blue Cross Strive Medicare Advantage

→ Blue Cross Medicare Advantage

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
- BCBS of Wyoming
- Capital Health Plan
- 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), including 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:

NCPDP Segment Name	NCPDP Field #	NCPDP Field Name	Value
Pricing Segment	438-E3	Incentive Amount Submitted	Pharmacy Submitted Incentive Fee
DUR/PPS Segment	473-7E	DUR/PPS Code Counter	Value of 1
DUR/PPS Segment	440-E5	Professional Service Code	MA-Medication Administration

For software setup information, please visit Prime's website: primetherapeutics.com > **Resources** > **Pharmacy + provider** > **Pharmacy claim processing** > **Payer sheet.**

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 email to 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, 2019, and will be posted in February 2019 on Prime's website: primetherapeutics.com > **Resources** > **Pharmacy + provider** > **Provider manual.**

Processing Update

Transition of CCStpa and BlueLink TPA business to AmeriHealth Administrators, Inc.



Effective October 1, 2018

Independence Health Group (Independence) subsidiary AmeriHealth Administrators, Inc. (AHA) completed an asset purchase May 1, 2018 that includes self-insured customer contracts from Blue Cross and Blue Shield of Minnesota's third-party administrator (TPA). AHA's platform will manage eligibility, benefits, claims processing and health management services for the purchased customer accounts.

As a result, current CCStpa and BlueLink TPA groups will begin a 4 month migration to the AHA platform starting in October and concluding in January 2019.

Some clients will be administered under the BlueLink TPA brand and others under the AHA brand.

All Covered Persons will receive new ID cards upon conversion and/or renewal. All Covered Person ID's will change as a result of this transition. Covered Persons have been instructed to present their new ID cards when filling a prescription at a Participating Pharmacy.

Due to this change, a new Processor Control Number (PCN) for claims processing has been created and will need to be added to your pharmacy software system.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to October 1, 2018.

Plan Sponsor	Plan Name	BIN	PCN
AmeriHealth Administrators	AmeriHealth	610455	AHA
BlueLink	BlueLink	610455	AHA

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 > Commercial D.O Pharmacy Payer Sheet**

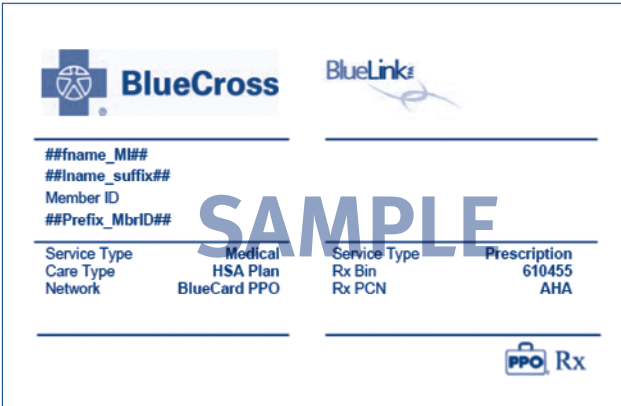
Processing Requirements continued:

- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID (NPI, DEA or State License)
- Date Rx Written
- Rx Origin Code

Processing Update

Transition of CCStpa and BlueLink TPA business to AmeriHealth Administrators, Inc.

Featured below are examples of the new ID cards for Covered Persons of AmeriHealth Administrators, Inc.:

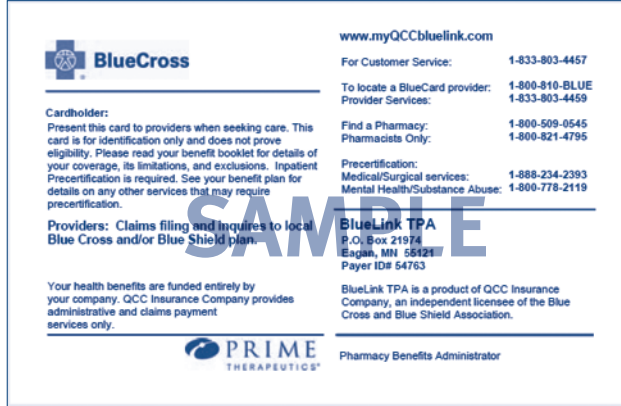


BlueCross **BlueLink**

##name_M##
##lname_suffix##
Member ID
##Prefix_MbrID##

Service Type	Medical	Service Type	Prescription
Care Type	HSA Plan	Rx Bin	610455
Network	BlueCard PPO	Rx PCN	AHA

PPO Rx



BlueCross **BlueLink TPA**

www.myQCCblueink.com

For Customer Service: 1-833-803-4457
To locate a BlueCard provider: 1-800-810-BLUE
Provider Services: 1-833-803-4459

Find a Pharmacy: 1-800-509-0545
Pharmacists Only: 1-800-821-4795

Cardholder:
Present this card to providers when seeking care. This card is for identification only and does not prove eligibility. Please read your benefit booklet for details of your coverage, its limitations, and exclusions. Inpatient Precertification is required. See your benefit plan for details on any other services that may require precertification.

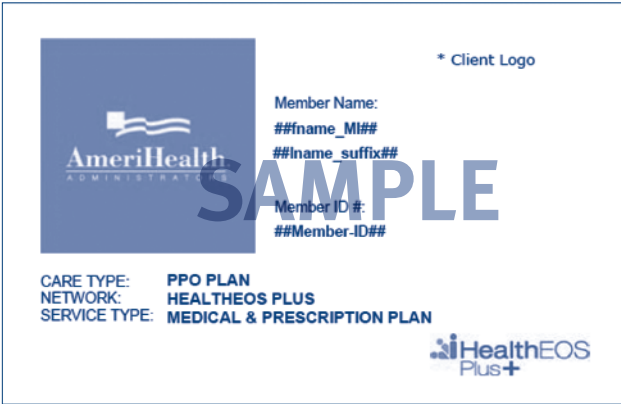
Providers: Claims filing and inquires to local Blue Cross and/or Blue Shield plan.

BlueLink TPA
P.O. Box 21974
Eagan, MN 55121
Payer ID# 54763

BlueLink TPA is a product of QCC Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

Your health benefits are funded entirely by your company. QCC Insurance Company provides administrative and claims payment services only.

PRIME THERAPEUTICS®
Pharmacy Benefits Administrator



AmeriHealth ADMINISTRATORS

* Client Logo

Member Name:
##name_M##
##lname_suffix##
Member ID #: ##Member-ID##

CARE TYPE: PPO PLAN
NETWORK: HEALTHEOS PLUS
SERVICE TYPE: MEDICAL & PRESCRIPTION PLAN

HealthEOS Plus+



This card does not guarantee cardholder's eligibility. To verify eligibility and coverage, please contact Customer Service.

To Locate a Provider call HealthEOS: 1-800-279-9776/multiplan.com

Customer Service: 1-833-803-4458
Precertification: 1-800-952-3404
PHCS Travel Network: 1-800-678-7427
Find a Pharmacy: 1-800-509-0545
Pharmacists Only: 1-800-821-4795
Payer ID: 54763

MultiPlan
Complementary Network
MultiPlan Network is a complementary network

Claims Address:
AmeriHealth Administrators
P.O. Box 21545
Eagan, MN 55121

PRIME THERAPEUTICS®
RX BIN: 610455 PCN: AHA

www.myahabenefits.com

Medicaid Processing Update

BlueCross BlueShield BluePlus of Minnesota

Effective December 1, 2018

Effective December 1, 2018, BlueCross BlueShield BluePlus of Minnesota will begin utilizing a new Processor Control Number (PCN) for Medicaid products Minnesota Care and Blue Advantage (PMAP/MS Plus). Minnesota Covered Persons will receive new ID cards upon conversion and/or renewal.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to December 1, 2018.

Plan Sponsor	Plan Name	BIN	PCN
BCBSMN	BlueCross BlueShield BluePlus of Minnesota MN Care	610455	MCAIDMN
BCBSMN	BlueCross BlueShield BluePlus of Minnesota Blue Advantage PMAP	610455	MCAIDMN
BCBSMN	BlueCross BlueShield BluePlus of Minnesota Blue Advantage MSC Plus	610455	MCAIDMN


For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at **844.765.5940**
- For software setup information, please visit Prime's website at primetherapeutics.com > **Resources** > **Pharmacy+provider** > **Pharmacy claim processing** > **Payer sheet** > **Minnesota Medicaid D.0 Pharmacy Payer Sheet**

Processing Requirements continued:

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

Featured below is an example of the new ID card for Covered Persons of BlueCross BlueShield BluePlus of Minnesota:



Blue Advantage


Name
[ELIZABETH SAMPLENAM46]

ID
[LMN#####]

Svc Types [Med, Rx, Dental]
Office Visit Copay [3.00]
ER Copay [NONE]
Non-ER Copay [3.50]
Eyeglasses Copay [NONE]
Brand Name Copay [3.00]
Generic Copay [1.00]
Rx Network [C]

GRP [PP412-ZS]
Medicaid ID [PCC name]
[PCC phone number]

Care Type [MN HLTH Care Program]
Dental Network [CIVICSMILES]
Dental Copay [NONE]
RX Bin [610455]
RX PCN [MCAIDMN]



[\[bluecrossmn.com/publicprograms\]](http://bluecrossmn.com/publicprograms)

[Members: Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.]

[Delta Dental of Minnesota
PO Box 1328
Minneapolis, MN 55440-1328]

[Blue Plus
P.O. Box 54033
St. Paul, MN 55164-4033]

DHS Ombudsman: [651-431-2660], toll free [1-800-657-3729]

[DHS Appeals Unit
PO Box 64941
St. Paul, MN 55164-0248]

[Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.]
[Blue Plus,
PO Box 61249
Virginia Beach, VA 23466]

Member Services: [1-800-711-9862]
[TTY 711]
24/7 NurseLine: [1-800-711-9862]
[TTY 711]
[1-866-518-8448]

Provider Service:
Prime Therapeutics/
Prescription Questions: [1-844-765-5939]
Pharmacist Only: [1-844-765-5940]
Delta Dental of MN: [1-800-774-9045]
[TTY 711]
Stop Smoking Program: [1-888-662-2583]
Blue Ride: [1-844-421-5661]

[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.]

MN00 Revised 7/25/18

Medicare Processing Update

BlueCross BlueShield of Minnesota SecureBlueSM (HMO SNP)

Effective December 1, 2018

Effective December 1, 2018, BlueCross BlueShield of Minnesota will begin utilizing a new Processor Control Number (PCN) for Medicare Part B and Part D claims for Covered Persons of BlueCross BlueShield of Minnesota (BCBSMN) SecureBlue (HMO SNP).

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to December 1, 2018.

Plan Sponsor	Plan Name	BIN	PCN
BCBSMN	BlueCross BlueShield of Minnesota SecureBlue Part D (HMO SNP)	610455	SBPARTD
BCBSMN	BlueCross BlueShield of Minnesota SecureBlue Part B (HMO SNP)	610455	SBPARTB


For more information

- 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 at primetherapeutics.com › Resources › Pharmacy + provider › Pharmacy claim processing › Payer sheet › Medicare Part D D.O Pharmacy Payer Sheet and Medicare Part B D.O Pharmacy Payer Sheet

Processing Requirements continued:

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

Featured below is an example of the new ID card for Covered Persons of BlueCross BlueShield of Minnesota SecureBlue (HMO SNP):



SecureBlueSM (HMO SNP)
 H2425001

Name
<Member Name>

ID
<JTM><9 Digit Facets ID>

Svc Types **<Med, RX>**

Brand Name Copay **<\$3.70>**

Generic Copay **<\$1.25>**

RX Network **<Standard>**

Dental Network **<Civic Smiles>**

Group # **<8 digits>**

Medicaid ID **<8 digits>**

PCC [1st initial, last name][clinic name]

PCC Telephone **<1-XXX-XXX-XXX>**


Care Type **<MN HLTH Care Prog>**


RX Bin **<610455>**


RX PCN **<SBPARTD>**

RX ID **<xxx>**

Issuer **<80840>**







bluecrossmn.com/secureblue

Members: Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.

[Delta Dental of Minnesota, PO Box 1328, Minneapolis, MN 55440-1328]

[Blue Plus Appeals and Grievances PO Box 64033, St. Paul, MN 55164-4033]

[DHS Appeals Unit, PO Box 64941 St. Paul, MN 55164-0942]

Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.

[Blue Plus PO Box 61249 Virginia Beach, VA 23466]

Member Services **<1-888-740-8013>**

DHS Ombudsman **<851-431-2880>**
<1-800-657-3729>

Nurse Line **<1-888-740-8013>**

Medical TTY **<711>**

Provider Service **<1-866-518-8448>**

Prime Therapeutics / Prescription Questions **<1-888-877-6424>**

Pharmacist Only **<1-800-848-2778>**

Delta Dental of MN Dental TTY **<1-800-774-9049>**
<711>

Stop Smoking Program **<1-844-421-5881>**

Blue Ride **<1-866-340-8648>****<(TTY 711)>**

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

New Plan Announcement

Blue Cross Blue Shield of North Dakota Medicaid Program

Effective July 1, 2018

Effective July 1, 2018, Blue Cross Blue Shield of North Dakota will begin utilizing a new Processor Control Number (PCN) for their Children's Health Insurance Program (CHIP) North Dakota Healthy Steps.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to July 1, 2018.

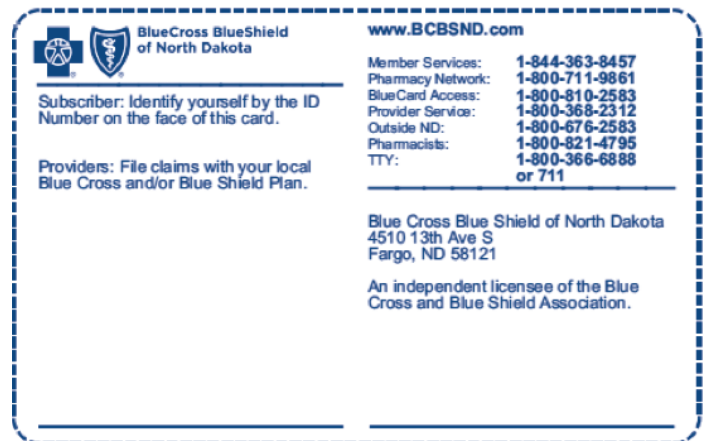
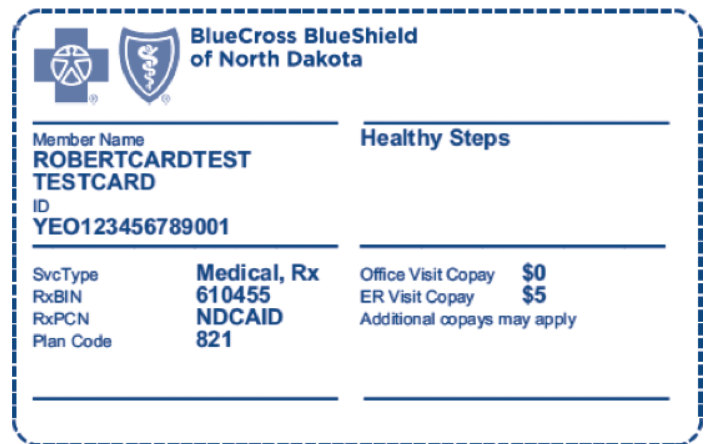
Plan Sponsor	Plan Name	BIN	PCN
BCBSND	Blue Cross Blue Shield of North Dakota Healthy Steps	610455	NDCAID

- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID (NPI, DEA or State License)
- Date Rx Written
- Rx Origin Code

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 > BCBSND Medicaid Pharmacy D.0 Payer Sheet

Featured below is an example of the new ID card for Covered Persons of Blue Cross Blue Shield of North Dakota:



Processing Update

Blue Cross Blue Shield of North Dakota

Effective July 1, 2018

Effective July 1, 2018, Blue Cross Blue Shield of North Dakota will begin a 6 month transition to a new claims processing platform. As a result, North Dakota groups will convert to the new claims system in a phased approach starting in July and concluding in January 2019.

North Dakota Covered Persons will receive new ID cards upon conversion and/or renewal. All Covered Person ID's will change as a result of this transition. Covered Persons have been instructed to present their new ID cards when filling a prescription at a Participating Pharmacy.

Due to this change, new Processor Control Numbers (PCN) for claims processing have been created and will need to be added to your pharmacy software system.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to July 1, 2018.


Plan Sponsor	Plan Name	BIN	PCN
BCBSND	Blue Cross Blue Shield of North Dakota	610455	NDCOM
BCBSND	Blue Cross Blue Shield of North Dakota Supplemental	610455	NDBCSUP

- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID (NPI, DEA or State License)
- Date Rx Written
- Rx Origin Code

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 > Commercial D.0 Pharmacy Payer Sheet**


Featured below is an example of the new ID card for Covered Persons of Blue Cross Blue Shield of North Dakota:



Member Name
ROBERTCARDTEST
TESTCARD

ID
YQD123456789001

SvcType	Medical, Rx	Office Visit Copay	\$20
RxBIN	610455	ER Visit Copay	\$150
RxPCN	NDCOM		
Plan Code	821		





www.BCBSND.com

Member
Member Services: **1-844-363-8457**
Worldwide Access: **1-800-810-2583**
Pharmacy Access: **1-800-711-9861**
TTY: **1-800-366-6888 or 711**

Subscriber: Identify yourself by the ID Number on the face of this card.

Health and Vision Provider: File claims with your local Blue Cross and/or Blue Shield Plan.

Provider
Provider Service: **1-800-368-2312**
Eligibility: **1-800-676-2583**
Pharmacists: **1-800-821-4795**
Dental Provider: **1-844-653-4056**
Vision Provider: **1-800-368-2312**

Dental Provider: File claims to Blue Cross Blue Shield of North Dakota at the address to the right.

Blue Cross Blue Shield of North Dakota
4510 13th Ave S
Fargo, ND 58121

An independent licensee of the Blue Cross and Blue Shield Association.

Processing Update

Blue Cross Blue Shield of Wyoming

Effective September 1, 2018

Effective September 1, 2018, Blue Cross Blue Shield of Wyoming will begin a 4 month transition to a new claims processing platform. As a result, Wyoming groups will convert to the new claims system in a phased approach starting in September and concluding in January 2019.

Wyoming Covered Persons will receive new ID cards upon conversion and/or renewal. All Covered Person ID's 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.

Due to this change, a new Processor Control Number (PCN) for claims processing has been created and will need to be added to your pharmacy software system.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to September 1, 2018.

BIN: 800001

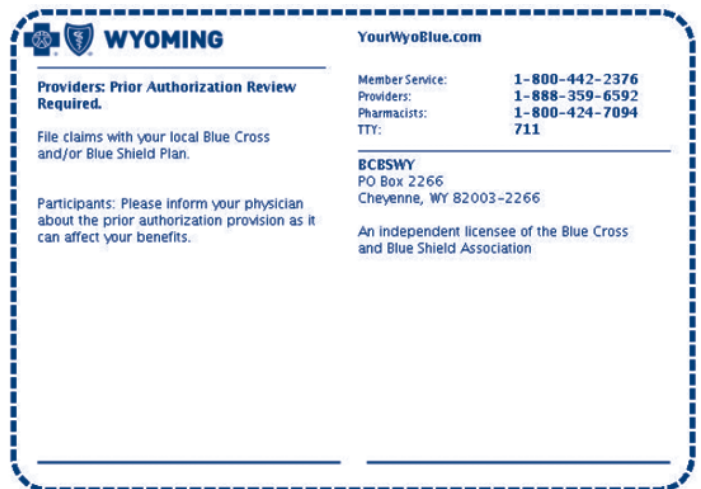
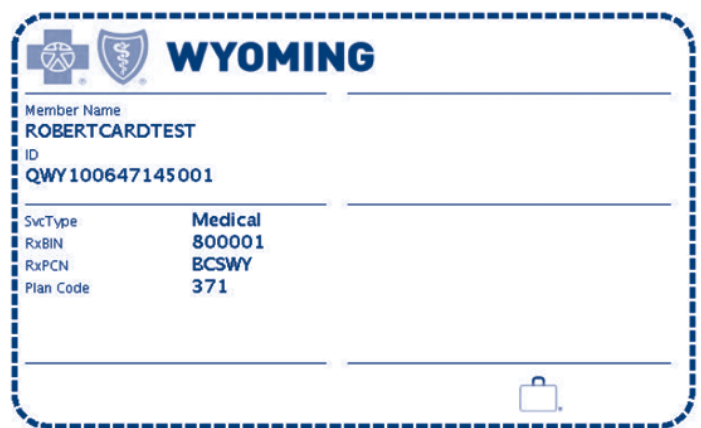
PCN: BCSWY

- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID (NPI, DEA or State License)
- Date Rx Written
- Rx Origin Code

For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at **800.424.7094**
- For software setup information, please visit Prime's website at primetherapeutics.com > **Resources > Pharmacy + provider > Payer sheet > Commercial D.0 Payer Sheet**

Featured below is an example of the new ID card for Covered Persons of Blue Cross Blue Shield of Wyoming:



Prime Therapeutics LLC (Prime) is an independent company that manages pharmacy benefits for Blue Cross Blue Shield of Wyoming members.

Medicare Processing Update

Alignment Health Plan

Effective January 1, 2019

Alignment Health Plan

Effective January 1, 2019, Alignment Health Plan will no longer require Participating Pharmacies to submit Part B covered products to a separate BIN and PCN. All claims for Covered Persons of Alignment Health Plan should be submitting claims with the following information below:

Plan Sponsor	Plan Name	BIN	PCN
Alignment Health Plan	Alignment Health Plan	610455	AHPPARTD

If a claim is submitted to the incorrect BIN/PCN, Prime will reject the claim with the following message:

→ NCPDP Reject Code 85: Claim Not Processed; Please use the BIN/PCN on the Member's ID card

Top impacts to this change are Part B covered drugs, diabetic test strips and flu vaccines.

Participating Pharmacies will need to resubmit the claim to the appropriate BIN/PCN on the Covered Person's ID card and make the necessary updates to the Covered Person's information within their pharmacy software system.

The following PCN **will no longer be active** as of January 1, 2019, for Alignment Health Plan for Medicare Part B business. This is a result of Alignment moving to a one claim submission for Part D and Part B covered drugs.

Plan Name	BIN	PCN
Alignment Health Plan Part B	610455	PARTBH3815

For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at **855.457.0622**
- For software setup information, please visit Prime's website at primetherapeutics.com > **Resources** > **Pharmacy + provider** > **Pharmacy claims processing** > **Payer sheet** > **Medicare Part D D.0 Payer Sheet**
- For Prime's helpful resources for Medicare Part D coverage and issues, please visit: primetherapeutics.com > **Resources** > **Pharmacy + provider** > **Medicare** > **More Resources**

Medicare Processing Update

Blue Cross and Blue Shield of Nebraska Medicare Advantage Core (HMO) and Choice (HMO-POS)



Effective January 1, 2019

BCBSNE Medicare Advantage Core (HMO) and Choice (HMO-POS)

Effective January 1, 2019, Blue Cross and Blue Shield of Nebraska (BCBSNE) will no longer require Participating Pharmacies to submit Part B covered products to a separate BIN and PCN. All claims for Covered Persons of BCBSNE **Medicare Advantage Core (HMO) and Choice (HMO-POS)** should be submitting claims with the following information below:

Plan Sponsor	Plan Name	BIN	PCN
BCBSNE	Nebraska MA Choice and MA Core	610455	ENEH3170

If a claim is submitted to the incorrect BIN/PCN, Prime will reject the claim with the following message:

→ NCPDP Reject Code 85: Claim Not Processed; Please use the BIN/PCN on the Member's ID card

This change will primarily impact Part B covered drugs, diabetic test strips and flu vaccines.

Participating Pharmacies will need to resubmit the claim to the appropriate BIN/PCN on the Covered Person's ID card and make the necessary updates to the Covered Person's information within their pharmacy software system.

The following PCN **will no longer be active** as of January 1, 2019, for Blue Cross and Blue Shield of Nebraska **Medicare Advantage Core (HMO) and Choice (HMO-POS)** Part B business. This is a result of BCBSNE moving to a one claim submission for Part D and Part B covered drugs.

Plan Name	BIN	PCN
BCBS of Nebraska MA Choice (HMO POS) and MA Core (HMO) Part B	610455	NE4000

For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at **855.457.1351**
- For software setup information, please visit Prime's website at primetherapeutics.com > **Resources** > **Pharmacy + provider** > **Pharmacy claims processing** > **Payer sheet** > **Medicare Part D D.0 Payer Sheet**
- For Prime's helpful resources for Medicare Part D coverage and issues, please visit: primetherapeutics.com > **Resources** > **Pharmacy + provider** > **Medicare** > **More Resources**

Medicare Processing Update

Capital Health Plan for Medicare Advantage Groups

Effective January 1, 2019

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

Effective January 1, 2019, Capital Health Plan will no longer require Participating Pharmacies to submit Part B covered products to a separate BIN and PCN. All claims for Covered Persons of Capital Health Plan Medicare Advantage Plus (HMO), Preferred Advantage (HMO) and Medicare Retiree Advantage should be submitting claims with the following information below:

Plan Sponsor	Plan Name	BIN	PCN
Capital Health Plan	Medicare Advantage Plus (HMO) and Preferred Advantage (HMO)	610455	MEDDADV
Capital Health Plan	Medicare Retiree Advantage (HMO)	610455	MEDDADVG

If a claim is submitted to the incorrect BIN/PCN, Prime will reject the claim with the following message:

→ NCPDP Reject Code 85: Claim Not Processed; Please use the BIN/PCN on the Member's ID card

Top impacts to this change are Part B covered drugs, diabetic test strips and flu vaccines.

Participating Pharmacies will need to resubmit the claim to the appropriate BIN/PCN on the Covered Person's ID card and make the necessary updates to the Covered Person's information within their pharmacy software system.

The following PCN's **will no longer be active** as of January 1, 2019, for Capital Health Plan Medicare Individual and Group Part B business. This is a result of Capital Health Plan moving to a one claim submission for Part D and Part B covered drugs.

Plan Name	BIN	PCN
Capital Health Plan Medicare Advantage Plus (HMO) & Medicare Preferred Advantage (HMO) Part B	610455	CHPPRTB
Capital Health Plan Medicare Retiree Advantage (HMO) Part B	610455	CHPPRTBG

For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at **866.590.3010**
- For software setup information, please visit Prime's website at **primetherapeutics.com > Resources > Pharmacy + provider > Pharmacy claims processing > Payer sheet > Medicare Part D D.O Payer Sheet**
- For Prime's helpful resources for Medicare Part D coverage and issues, please visit: **primetherapeutics.com > Resources > Pharmacy + provider > Medicare > More Resources**

Medicare Processing Update

BCBS of Illinois Blue Cross Medicare Advantage
 BCBS of Montana Blue Cross Medicare Advantage
 BCBS of New Mexico Blue Cross Medicare Advantage
 BCBS of Oklahoma Blue Cross Medicare Advantage
 BCBS of Texas Blue Cross Medicare Advantage

Effective January 1, 2019

Effective January 1, 2019, Blue Cross Blue Shield (BCBS) of Illinois, Montana, New Mexico, Texas and Oklahoma Medicare Advantage plans will no longer require Participating Pharmacies to submit Part B covered products to a separate BIN and PCN. All claims for Covered Persons of BCBS of Illinois, Montana, New Mexico, Texas and Oklahoma Medicare Advantage plans should be submitting claims with the following information below:

Plan Sponsor	Plan Name	BIN	PCN
BCBSIL	BCBSIL Medicare Advantage (HMO)	011552	MAPDIL
BCBSIL	BCBSIL Medicare Advantage (PPO)	011552	MAPDIL1
BCBSIL	BCBSIL Medicare Advantage (HMO)	011552	MAPDILG
BCBSIL	BCBSIL Medicare Advantage Employer Group (PPO)	011552	MAPDILG1
BCBSIL	BCBSIL Blue Cross Community MMAI (Medicare-Medicaid Plan)	011552	ILDEMD
BCBSMT	BCBSMT Medicare Advantage (PPO)	011552	MAPDMT
BCBSMT	BCBSMT Medicare Advantage Employer Group (PPO)	011552	MAPDMTG
BCBSMT	BCBSMT Medicare Advantage (HMO)	011552	MAPDMTG1
BCBSNM	BCBSNM Medicare Advantage Choice (PPO)	011552	NMPARTD1
BCBSNM	BCBSNM Medicare Advantage (PPO)	011552	NMPARTDG
BCBSNM	BCBSNM Medicare Advantage Select (HMO) and Flex (HMO POS)	011552	MAPDNM1
BCBSNM	BCBSNM Medicare Advantage (HMO)	011552	MAPDNMG1
BCBSNM	BCBSNM Medicare Advantage (HMO)	011552	MAPDNM
BCBSNM	BCBSNM Medicare Advantage (HMO)	011552	MAPDNMG
BCBSNM	BCBSNM Medicare Advantage Dual Care (HMO SNP)	011552	NMSNP
BCBSTX	BCBSTX Medicare Advantage (PPO)	011552	MAPDTX
BCBSTX	BCBSTX Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG
BCBSTX	BCBSTX Medicare Advantage (HMO)	011552	MAPDTX1
BCBSTX	BCBSTX Medicare Advantage (HMO)	011552	MAPDTX2
BCBSTX	BCBSTX Medicare Advantage Employer Group (PPO)	011552	MAPDTXG2
BCBSOK	BCBSOK Medicare Advantage Basic or Premier Plus (HMO)	011552	MAPDOK
BCBSOK	BCBSOK Medicare Advantage Choice (PPO)	011552	MAPDOK1
BCBSOK	BCBSOK Medicare Advantage Basic (HMO) and Premier Plus (HMO POS)	011552	MAPDOK2
BCBSOK	BCBSOK Medicare Advantage (HMO)	011552	MAPDOKG
BCBSOK	BCBSOK Medicare Advantage (PPO)	011552	OKMAPDG

If a claim is submitted to the incorrect BIN/PCN, Prime will reject the claim with the following message:

→ NCPDP Reject Code 85: Claim Not Processed; Please use the BIN/PCN on the Member's ID card

Top impacts to this change are Part B covered drugs, diabetic test strips and flu vaccines.

Participating Pharmacies will need to resubmit the claim to the appropriate BIN/PCN on the Covered Person's ID card and make the necessary updates to the Covered Person's information within their pharmacy software system.

Medicare Processing Update

BCBS of Illinois Blue Cross Medicare Advantage
 BCBS of Montana Blue Cross Medicare Advantage
 BCBS of New Mexico Blue Cross Medicare Advantage
 BCBS of Oklahoma Blue Cross Medicare Advantage
 BCBS of Texas Blue Cross Medicare Advantage *(continued)*

The following PCN's **will no longer be active** as of January 1, 2019, for Blue Cross Blue Shield (BCBS) of Illinois, Montana, New Mexico, Texas and Oklahoma Medicare Medicare Advantage Part B business. This is a result of these plans moving to a one claim submission for Part D and Part B covered drugs.

Plan Name	BIN	PCN
BCBS of Illinois Blue Cross Medicare Advantage (HMO) Part B	011552	PARTBG
BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO) Part B	011552	PARTBG
BCBS of Illinois Blue Cross Medicare Advantage Part B	011552	ILPARTB
BCBS of Illinois Blue Cross Community Part B	011552	ILDEMB
BCBS of Montana Blue Cross Medicare Advantage (PPO) Part B	011552	MTPARTB
BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO & HMO) Part B	011552	PARTBG
BCBS of Montana	011552	MAPDMTB
BCBS of New Mexico Blue Cross Medicare Advantage Choice (PPO) Part B	011552	NMPARTB1
BCBS of New Mexico Blue Cross Medicare Advantage Select (HMO) and Flex (HMO POS)	011552	NMPARTB2
BCBS of New Mexico Blue Cross Medicare Advantage (HMO & PPO)	011552	PARTBG
BCBS of New Mexico Blue Cross Medicare Advantage Part B	011552	NMPARTB
BCBS of New Mexico Blue Cross Medicare Advantage Dual Care (HMO & SNP) Part B	011552	NMPARTBS
BCBS of Oklahoma Blue Cross Medicare Advantage Basic or Premier Plus (HMO) Part B	011552	OKPARTB
BCBS of Oklahoma Blue Cross Medicare Advantage Choice (PPO) Part B	011552	OKPARTB1
BCBS of Oklahoma Blue Cross Medicare Advantage Basic (HMO) and Premier (HMO POS) Part B	011552	OKPARTB2
BCBS of Oklahoma Blue Cross Medicare Advantage (PPO & HMO) Part B	011552	PARTBG
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO) Part B	011552	TXPARTB
HISC PPO MAPD Texas Part B	011552	TXPARTB
BCBS of Texas Blue Cross Medicare Advantage (PPO) Part B	011552	PARTBG

For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at **800.693.6704**
- For software setup information, please visit Prime's website at **primetherapeutics.com > Resources > Pharmacy + provider > Pharmacy claims processing > Payer sheet > Medicare Part D D.0 Payer Sheet**
- For Prime's helpful resources for Medicare Part D coverage and issues, please visit: **primetherapeutics.com > Resources > Pharmacy + provider > Medicare > More Resources**

Medicare Processing Update



Vibra Health Plan

Effective January 1, 2019

Vibra Health Plan

Effective January 1, 2019, Vibra Health Plan will no longer require Participating Pharmacies to submit Part B covered products to a separate BIN and PCN. All claims for Covered Persons of Vibra should be submitting claims with the following information below:

Plan Sponsor	Plan Name	BIN	PCN
Vibra Health Plan	Vibra Health Plan	610455	PPOVB

If a claim is submitted to the incorrect BIN/PCN, Prime will reject the claim with the following message:

→ NCPDP Reject Code 85: Claim Not Processed; Please use the BIN/PCN on the Member's ID card

Top impacts to this change are Part B covered drugs, diabetic test strips and flu vaccines.

Participating Pharmacies will need to resubmit the claim to the appropriate BIN/PCN on the Covered Person's ID card and make the necessary updates to the Covered Person's information within their pharmacy software system.

The following PCN **will no longer be active** as of January 1, 2019, for Vibra Health Plan Medicare Part B business. This is a result of Vibra moving to a one claim submission for Part D and Part B covered drugs.

Plan Name	BIN	PCN
Vibra Health Plan Part B	610455	VBPARTB

For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at **855.457.1209**
- For software setup information, please visit Prime's website at **primetherapeutics.com > Resources > Pharmacy + provider > Pharmacy claims processing > Payer sheet > Medicare Part D D.0 Payer Sheet**
- For Prime's helpful resources for Medicare Part D coverage and issues, please visit: **primetherapeutics.com > Resources > Pharmacy + provider > Medicare > More Resources**

MAC list updates

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

How to reach Prime Therapeutics

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

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

→ By email: pharmacyops@primetherapeutics.com

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

2900 Ames Crossing Road
Eagan, MN 55121

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 www.ncdp.org > **NCPDP Provider ID** (on the left side).

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

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

Compliance

Report suspected compliance concerns:

→ Phone: **612.777.5523**

→ Email: compliance@primetherapeutics.com

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, 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 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.

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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