From the auditor’s desk

**Importance of Responding to Claim Audits**

Claim audits apply to all lines of business, including, but not limited to, Medicare, Medicaid and Commercial. A claim audit can be triggered due to various reasons, including, but not limited to:

→ Request by Benefit Sponsor, Covered Person and/or government agency

→ Identified billing issues

→ Atypical quantities and excessive dosing

Prime monitors claims data to identify potential billing errors and/or compliance concerns. When Prime identifies potential pharmacy errors, Prime contacts the Participating Pharmacy who is instructed to correct the claim. This process is intended to educate Participating Pharmacies on Prime’s billing requirements and help avoid future errors and the potential for on-site audits. Participating Pharmacies should provide all requested and supporting documentation for the claim(s) in question by the due date provided by Prime. If the Participating Pharmacy does not respond to Prime’s requests or fails to correct improperly billed claims, impacted claims may result in recoupment and/or claim adjustment by Prime, in its sole discretion.

Participating Pharmacies are required to submit claims appropriately based on the prescription order received and the Covered Person's plan benefit. Please review the Prime Provider Manual located on Prime’s website PrimeTherapeutics.com for situations that would be considered inappropriate billing practices.

A Prime auditor also reviews the pharmacy documentation and the submitted claims to verify that the claims have been submitted in compliance with the Pharmacy Participation Agreement and Prime Provider Manual.

Participating Pharmacies receive a claim adjustment report for those claims adjusted directly by Prime.

A Participating Pharmacy’s failure to submit the requested documentation by the due date may result in full or partial recovery of the amount paid on impacted claims, escalation to an on-site audit or other contractual actions.

This information is intended to educate Participating Pharmacies on Prime’s billing requirements.

If you have any questions, please contact the Pharmacy Audit department at pharmacyaudit@primetherapeutics.com.
Pharmacy audit information

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

Medicare news/Medicaid news

Medicare E1 Eligibility Query

An E1 Eligibility Query is a real-time transaction submitted by a Participating Pharmacy to RelayHealth, the Transaction Facilitator contracted by CMS to house Medicare eligibility information and respond to transaction requests. It helps determine a Covered Person’s Medicare Part D coverage and payer order if the Covered Person has insurance through more than one Benefit Plan Sponsor. 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 https://medifacd.mckesson.com/e1/.

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

CMS standardized pharmacy notice

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

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

→ NCPDP Reject Code 569

Participating Pharmacies are required to provide a Covered Person with the CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons when they receive National Council for Prescription Drug Programs (NCPDP) reject code 569. The CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons are posted on Prime's website: PrimeTherapeutics.com > Resources > Pharmacy + provider > Medicare > More resources > Medicare Prescription Drug Coverage and Your Rights form.
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 > Resources > Pharmacy + provider > Pharmacy providers > UM program updates.

Coverage for blood glucose test strips and meters is changing

As a reminder, as of July 15, 2019, blood glucose test strips and meters from Lifescan (i.e. OneTouch Ultra®, One Touch Verio®) are now considered preferred products for Medicare Part B coverage. All other glucose test strips are non-preferred and are only available through the Florida Blue CareCentrix durable medical equipment (DME) network.

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.

HCSC news

Coverage for blood glucose test strips and meters is changing

Effective Jan. 1, 2020, blood glucose test strips and meters from Lifescan (i.e., OneTouch® Verio, OneTouch® Verio Flex, OneTouch® Ultra2) will be the only preferred products for the below Medicare Advantage Plans. *Other glucose test strips will be nonpreferred and, in most cases, will require a prior authorization (PA). 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 plans, effective Jan. 1, 2020:

→ 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
Horizon NJ news

Coverage for blood glucose test strips and meters is changing
Effective Jan. 1, 2020, blood glucose test strips and meters from Ascensia (i.e. CONTOUR, CONTOUR NEXT, CONTOUR NEXT EZ, CONTOUR NEXT USB) and Lifescan (i.e. ONE TOUCH ULTRA, ONE TOUCH VERIO) will be the 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.

All clients

Vaccine administration claims processing requirements
A Participating Pharmacy must submit vaccine claims to Prime electronically, and include the related ingredient cost submission and dispensing fee as one single claim transaction.

When a Participating Pharmacy bills for a vaccine, the National Council for Prescription Drug Programs (NCPDP) recommends that the Participating Pharmacy submits the days’ supply with a value of “1.” Participating Pharmacies are required to submit the NCPDP fields in accordance with the NCPDP D.0 Telecommunication Standard.

Please visit Prime’s website at PrimeTherapeutics.com for detailed processing requirements.

Provider directory information
Prime Therapeutics LLC (“Prime”) recently completed an annual provider directory questionnaire as required to maintain accurate provider network directories. Section 438.10 of the Managed Care Federal Regulation requires that providers who provide health care services to Covered Persons enrolled in a Managed Care Organization must annually confirm compliance with requirements of cultural competency training. Participating Providers are required to complete this questionnaire annually and submit updates as changes occur within the Participating Pharmacy. The provider directory questionnaire is available on Prime’s website, https://www.PrimeTherapeutics.com/en/resources/pharmacists.html, under Provider directory questionnaire.
New Plan Announcement
Experience Health®

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Experience Health.

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, 2020.

Experience Health Part D
BIN: --------------------------020289
PCN: -----------------------EHPARTD

→ 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, 2020 must be submitted with the BIN/PCN outlined on the left.
→ If you have questions regarding claims processing, please contact Prime’s Pharmacy Help Desk at 800.731.3575.
→ Prime’s Medicare Part D payer specification sheets are available at: PrimeTherapeutics.com > Resources> Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet.

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

© Marks of the Blue Cross and Blue Shield Association. Experience Heath is an independent licensee of the Blue Cross and Blue Shield Association, serving North Carolina. Prime Therapeutics is an independent company providing pharmacy benefit management services on behalf of Experience Health.
Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing claims for Covered Persons of Capital BlueCross.

**Processing Requirements**

When a health plan changes PBMs, sometimes system configurations need to be made at the pharmacy level or PBM level. To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

**Capital BlueCross**

BIN: 610455
PCN: CBC
RXGRP: RXCAP

- 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

**2019 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, 2019.

**For more information**

Prime's Commercial payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Commercial D.0 Pharmacy Payer Sheet

For assistance with claims that have a date of fill prior to January 1, 2020, please contact CVS Caremark at 800.345.5413

Claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left.

Beginning January 1, 2020, if you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 888.878.0151

**Featured below is an example of the most common ID card used:**
Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Capital BlueCross.

Processing Requirements

When a health plan changes PBMs, sometimes system configurations need to be made at the pharmacy level or PBM level. To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

→ 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

2019 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, 2019.

For more information

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

→ For assistance with claims that have a date of fill prior to January 1, 2020, please contact CVS Caremark at 800.345.5413

→ Claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined below

→ Beginning January 1, 2020, if you have questions regarding claims processing, please contact Prime’s Contact Center at 855.457.1209

Processing Requirements continued:

<table>
<thead>
<tr>
<th>Plan Sponsor</th>
<th>Plan Name</th>
<th>BIN</th>
<th>PCN</th>
<th>Group Number</th>
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</thead>
<tbody>
<tr>
<td>Capital BlueCross</td>
<td>BlueJourney HMO</td>
<td>610455</td>
<td>CAPD</td>
<td>H3962</td>
</tr>
<tr>
<td>Capital BlueCross</td>
<td>BlueJourney HMO</td>
<td>610455</td>
<td>CAPDG</td>
<td>H3962</td>
</tr>
<tr>
<td>Capital BlueCross</td>
<td>BlueJourney HMO MA Only</td>
<td>610455</td>
<td>CAPBGM</td>
<td>N/A</td>
</tr>
<tr>
<td>Capital BlueCross</td>
<td>BlueJourney PPO</td>
<td>610455</td>
<td>CAPD2</td>
<td>H3923</td>
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<tr>
<td>Capital BlueCross</td>
<td>BlueJourney PPO</td>
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<td>CAPDG2</td>
<td>H3923</td>
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<tr>
<td>Capital BlueCross</td>
<td>BlueJourney PPO MA Only</td>
<td>610455</td>
<td>CAPBGM2</td>
<td>N/A</td>
</tr>
<tr>
<td>Capital BlueCross</td>
<td>SecureRx PDP</td>
<td>610455</td>
<td>CAPPDP</td>
<td>S8067</td>
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<td>Capital BlueCross</td>
<td>SecureRx PDP</td>
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<td>CAPPDPG</td>
<td>S8067</td>
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</table>
New Plan Announcement

Important Action Required

Capital BlueCross Medicare (continued)

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

**BlueJourney HMO**

**Capital Blue Cross Keystone Health Plan Central**

**Group # 00123456**  Plan 361

<table>
<thead>
<tr>
<th>Preauthorization</th>
<th>Primary Care Physician</th>
<th>$XX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specialist Visit</td>
<td>$XX</td>
</tr>
<tr>
<td></td>
<td>Emergency Room</td>
<td>$XXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RxPCN: CAPD</th>
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</thead>
<tbody>
<tr>
<td>H3962-###</td>
<td></td>
</tr>
</tbody>
</table>

**BlueJourney HMO MA Only**

**Capital Blue Cross Keystone Health Plan Central**

**Group # 00123456**  Plan 361

<table>
<thead>
<tr>
<th>Preauthorization</th>
<th>Primary Care Physician</th>
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<tr>
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<td>Specialist Visit</td>
<td>$XX</td>
</tr>
<tr>
<td></td>
<td>Emergency Room</td>
<td>$XXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RxPCN: CAPBG</th>
<th>ISSUER(80840)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H3962-###</td>
<td></td>
</tr>
</tbody>
</table>

**Capital BlueCross.com**

Member Services: 1-800-779-6962

Tele-type (TTY): 711

Preauthorization: 1-800-471-2242

Behavioral Health: 1-800-216-9748

BlueCross Dental: 1-877-381-9187

BlueCross Vision: 1-800-865-4102

Issued by Keystone Health Plan Central and/or Capital Advantage Assurance Company: independent benefits载体 of BlueCross BlueShield Affiliation.

Rx Claim Filing: Submit claims to

Abn: Pharmacy Services

PO Box 20970

Lehigh Valley, PA 18022-0970

© Prime Therapeutics LLC
New Plan Announcement
Capital BlueCross Medicare (continued)

Important Action Required

BlueJourney PPO

Capital BlueCross Medicare.com
Member Services: 1-866-987-4213
Tele-type (TTY): 1-866-877-7443
Preauthorization: 1-800-471-2242
Behavioral Health: 1-866-216-5746
BlueCross Dental: 1-877-387-9167
BlueCross Vision: 1-800-965-4162
Rx Claim Filing: Submit claims to Attn: Pharmacy Services PO Box 20970 Lehigh Valley, PA 18002-0970

BlueJourney PPO

This card is for ID purposes only and is not proof of eligibility.
Emergencies: Seek immediate care or call 911.
Medicare limiting charges apply.

Capital BlueCross Medicare.com
Member Services: 1-866-987-4213
Tele-type (TTY): 1-866-877-7443
Preauthorization: 1-800-471-2242
Behavioral Health: 1-866-216-5746
BlueCross Dental: 1-877-387-9167
BlueCross Vision: 1-800-965-4162
Rx Claim Filing: Submit claims to Attn: Pharmacy Services PO Box 20970 Lehigh Valley, PA 18002-0970

BlueJourney PPO MA Only

Capital BlueCross Medicare.com
Member Services: 1-866-987-4213
Tele-type (TTY): 1-866-877-7443
Preauthorization: 1-800-471-2242
Behavioral Health: 1-866-216-5746
BlueCross Dental: 1-877-387-9167
BlueCross Vision: 1-800-965-4162
Rx Claim Filing: Submit claims to Attn: Pharmacy Services PO Box 20970 Lehigh Valley, PA 18002-0970

BlueJourney PPO

This card is for ID purposes only and is not proof of eligibility.
Emergencies: Seek immediate care or call 911.
Medicare limiting charges apply.

Claim Filing: Providers submit claims with local Blue Cross and/or Blue Shield plan. If provider does not submit claims on your behalf, please visit CapitalBlueMedicare.com for claim filing forms and instructions.
New Plan Announcement
Capital BlueCross Medicare (continued)

**SecureRx PDP**

![SecureRx PDP Image]

**Submit Claims to:**
Attn: Pharmacy Services
PO Box 20970
Lehigh Valley, PA 18002-0970

**Member Services:**
Call SecureRx PDP at:
1-877-234-3853
Tele-type (TTY): 711

**Pharmacists:** Call the Member Services number at: 1-877-234-3853

**SecureRx PDP**

![SecureRx PDP Image]

**Submit Claims to:**
Attn: Pharmacy Services
PO Box 20970
Lehigh Valley, PA 18002-0970

**Member Services:**
Call SecureRx PDP at:
1-877-234-3853
Tele-type (TTY): 711

**Pharmacists:** Call the Member Services number at: 1-877-234-3853

© Prime Therapeutics LLC
Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing claims for Covered Persons of Capital BlueCross CHIP.

Processing Requirements
When a health plan changes PBMs, sometimes system configurations need to be made at the pharmacy level or PBM level. To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

Capital BlueCross Keystone – Capital Cares 4 Kids
BIN: --------------------610455
PCN: -------------------PACAID
→ Covered Person ID Number
→ Date of Birth
→ Gender
→ U&C
→ Days Supply
→ Pharmacy NPI
→ Active/Valid Prescriber ID NPI
→ Date Prescription Written
→ Prescription Origin Code
→ Pharmacy Service Type
→ Patient Residence

2019 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, 2019.

For more information
→ Prime’s Medicaid payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Capital Blue Cross CHIP D.0 Payer Sheet
→ For assistance with claims that have a date of fill prior to January 1, 2020, please contact CVS Caremark at 800.345.5413
→ Claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
→ Beginning January 1, 2020, if you have questions regarding claims processing, please contact Prime’s Pharmacy Help Desk at 888.878.0151

Featured below is an example of the most common ID card used:
Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of BlueCross BlueShield of Texas.

**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, 2020.

- 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, 2020 must be submitted with the BIN/PCN outlined below
- If you have questions regarding claims processing, please contact Prime’s Contact Center at 855.457.1209
- Prime’s Medicare Part D and B payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet and Medicare Part B D.0 Pharmacy Payer Sheet

**Processing Requirements continued:**

<table>
<thead>
<tr>
<th>Plan Sponsor</th>
<th>Plan Name</th>
<th>BIN</th>
<th>PCN</th>
<th>Group Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBSTX</td>
<td>Blue Cross Medicare Advantage (HMO)</td>
<td>011552</td>
<td>MAPDTX3</td>
<td>0001 or 0003</td>
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<tr>
<td>BCBSTX</td>
<td>Blue Cross Medicare Advantage (HMO) EGWP</td>
<td>011552</td>
<td>MAPDTXG2</td>
<td>0801 or 0802</td>
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<tr>
<td>BCBSTX</td>
<td>Blue Cross Medicare Advantage Dual Care (HMO SNP)</td>
<td>011552</td>
<td>TXSNP2</td>
<td>0002</td>
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<tr>
<td>BCBSTX</td>
<td>Blue Cross Group Medicare Advantage (HMO) Part B</td>
<td>011552</td>
<td>PARTBG2MA</td>
<td>N/A</td>
</tr>
</tbody>
</table>
New Plan Announcement

BlueCross BlueShield of Texas Medicare Advantage (HMO) (continued)

Effective January 1, 2020

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

### Blue Cross Medicare Advantage (HMO)

**BlueCross BlueShield of Texas**

- **Name:** SampleCard
- **ID:** ZGJ123456789
- **Plan:** (80840): 9101000260
- **Plan:** BlueCrossMedicare AdvantageValue(HMO)

- **RxBin:** RxBIN
- **RxPCN:** RXPCN
- **RxGrp:** RXGROUP
- **RxID:** RXID

**Blue Cross Medicare Advantage (HMO)**

- **Office Visit:** $
- **Specialist:** $
- **Emergency Room:** $
- **PCP:** JohnSmithMD
- **PCP Phone #:** 972-123-4567
- **MedicalGroup**

**CMS H9706 001**

**www.getbluetx.com/mapd**

- **Submit Medical Claims to:**
  - **ClaimsProcessing**
  - **Address:**
  - **City:**
  - **ST:**
  - **Zip:**
- **Pharmacy Line:** 1-877-277-7898
- **Customer Service:** 1-877-774-8592
- **TTY:** 711
- **Behavioral Health:** 1-800-327-9251
- **Nurse Advice Line:** 1-800-631-7023

**BlueCross BlueShield of Texas**

**Licensee of the Blue Cross and Blue Shield Association. HSC is a Medicare Advantage Organization with a Medicare contract.**

### Blue Cross Medicare Advantage Dual Care (HMO SNP)

**BlueCross BlueShield of Texas**

- **Name:** SampleCard
- **ID:** ZGJ123456789
- **Plan:** (80840): 9101000260
- **Plan:** BlueCrossMedicare AdvantageDual Care Plus (HMO SNP)

- **RxBin:** RxBIN
- **RxPCN:** RXPCN
- **RxGrp:** RXGROUP
- **RxID:** RXID

**Blue Cross Medicare Advantage Dual Care (HMO SNP)**

- **Office Visit:** $
- **Specialist:** $
- **Emergency Room:** $
- **PCP:** JohnSmithMD
- **PCP Phone #:** 972-123-4567
- **MedicalGroup**

**CMS H9706 002**

**www.getbluetx.com/mapd**

- **Submit Medical Claims to:**
  - **ClaimsProcessing**
  - **Address:**
  - **City:**
  - **ST:**
  - **Zip:**
- **Pharmacy Line:** 1-877-277-7898
- **Customer Service:** 1-877-774-8592
- **TTY:** 711
- **Behavioral Health:** 1-800-327-9251
- **Nurse Advice Line:** 1-800-631-7023

**BlueCross BlueShield of Texas**

**Licensee of the Blue Cross and Blue Shield Association. HSC is a Medicare Advantage Organization with a Medicare contract.**

**HMO Special Needs Plan provided by HCSC Insurance Services Company (HSC), an Independent Licensee of the Blue Cross and Blue Shield Association.**

**HSC is a Medicare Advantage Organization with a Medicare contract and a contract with the Texas Medicaid program.**
New Plan Announcement

Blue Cross & Blue Shield of Rhode Island – Healthmate for Medicare

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Blue Cross & Blue Shield of Rhode Island – Healthmate.

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, 2020.

BCBS RI Healthmate for Medicare (PPO) Part D

BIN: 610455
PCN: BCRIMA

BCBS RI Healthmate Coast to Coast for Medicare Group (PPO) Part D

BIN: 610455
PCN: BCRIMAG

→ 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, 2020 must be submitted with the BIN/PCN outlined on the left
→ If you have questions regarding claims processing, please contact Prime’s Pharmacy Help Desk at 855.457.1207
→ Prime’s Medicare Part D payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet

Featured below is an example of the most common ID card used:
New Plan Announcement
Blue Cross & Blue Shield of Rhode Island – Healthmate for Medicare (continued)

Effective January 1, 2020

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

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BCBSRI.com/Medicare

Concierge Team: (401) 277-2958
1-800-267-0439

TTY: 711
Pharmacist Call: 1-855-457-1207
DentaCall: 1-800-831-2400

Member submit Medical claims to:
Blue Cross & Blue Shield of RI
Attn. Claims Dept
500 Exchange Street
Providence, RI 02903

This card is for identification purposes only and does not constitute proof of eligibility.

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

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Blue Cross Blue Shield

FIRSTNAME
LASTNAME
MEMBERID

Issued 08/08/19

PCHM Visit $0
Non-PCHM Visit $10
Specialist Visit $25
Emergency Room $75

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Healthmate Coast to Coast for Medicare Group (PPO)

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Medicare Rx

MA PPO

MEDICARE ADVANTAGE

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Medicare

DENTAL

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BCBSRI.com/Medicare

Concierge Team: (401) 277-2958
1-800-267-0439

TTY: 711
Pharmacist Call: 1-855-457-1207
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Member submit Medical claims to:
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Attn. Claims Dept
500 Exchange Street
Providence, RI 02903

This card is for identification purposes only and does not constitute proof of eligibility.

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An independent licensee of the Blue Cross and Blue Shield Association.
New Plan Announcement
Regence BlueCross BlueShield of Oregon Align HMO NoRX

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Advantage (MA) Part B claims for Covered Persons of Regence BlueCross BlueShield of Oregon Align HMO NoRX.

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, 2020.

Regence BlueCross BlueShield of Oregon Align HMO NoRX
BIN: -------------------- 610623
PCN: -------------------- CBPARTB

→ Covered Person ID Number
→ Date of Birth
→ Gender
→ 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
→ MA Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
→ If you have questions regarding claims processing, please contact Prime’s Pharmacy Help Desk at 844.765.6826
→ Prime’s Medicare Part B payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Pharmacy Payer Sheet

Featured below is an example of the most common ID card used:
Featured below are examples of the most common ID cards used:
New Plan Announcement
BlueCross BlueShield of New Mexico – Medicare Advantage Dual Care (HMO SNP)

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of BlueCross BlueShield of New Mexico.

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, 2020.

BCBSNM Part D - Medicare Advantage Dual Care (HMO SNP)
BIN: --------------------- 011552
PCN: --------------------- NMSNP2
→ 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, 2020 must be submitted with the BIN/PCN outlined on the left
→ If you have questions regarding claims processing, please contact Prime’s Pharmacy Help Desk at 877.277.7898
→ Prime’s Medicare Part D payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet

Featured below is an example of the most common ID card used:
Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of BlueCross BlueShield of Nebraska.

**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, 2020.

**BCBSNE PPO Part D**
BIN: ----------------------- 610455
PCN: ----------------------- ENEH8181

→ 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, 2020 must be submitted with the BIN/PCN outlined on the left
→ If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 855.457.1351
→ Prime's Medicare Part D payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D 0.0 Pharmacy Payer Sheet

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

BlueCross BlueShield of Kansas Preferred Blue Medicare Advantage

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of BlueCross BlueShield of Kansas Preferred Blue Medicare Advantage

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, 2020.

BCBSKS Preferred Blue Medicare Advantage
BIN: 610455
PCN: KSPARTD

→ 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, 2020 must be submitted with the BIN/PCN outlined on the left
→ If you have questions regarding claims processing, please contact Prime’s Pharmacy Help Desk at 866.325.5231
→ Prime’s Medicare Part D and Part B payer specification sheets are available 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

Featured below is an example of the most common ID card used:
Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Advantage (MA) Part B claims for Covered Persons of Regence BlueShield of Idaho SLHP Align NoRX.

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, 2020.

**Regence BlueShield of Idaho SLHP Align NoRX**
BIN: ------------------- 610623
PCN: ------------------- CBPARTB
→ Covered Person ID Number
→ Date of Birth
→ Gender
→ 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
→ MA Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
→ If you have questions regarding claims processing, please contact Prime’s Pharmacy Help Desk at 844.765.6826
→ Prime’s Medicare Part B payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Pharmacy Payer Sheet

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

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For more information on Medicare Part B claims with a fill date on or after January 1, 2020, please refer to PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Pharmacy Payer Sheet.
Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Alignment Health Plan.

For more information

→ Medicare Part D and Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the right.

→ If you have questions regarding claims processing, please contact Prime’s Pharmacy Help Desk at 844.227.7615.

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

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, 2020.

Alignment Health Plan PPO Part D

BIN: 610455
PCN: AHPARTD

 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 is an example of the most common ID card used:

[Alignment Health Plan Medicare PPO & HMO]
Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Advantage (MA) Part B claims for Covered Persons of Regence BlueShield Align HMO NoRX.

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, 2020.

**Regence BlueShield Align HMO NoRX**
BIN: 610623
PCN: CBPARTB

- Covered Person ID Number
- Date of Birth
- Gender
- 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
- MA Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime’s Pharmacy Help Desk at 844.765.6826
- Prime’s Medicare Part B payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Pharmacy Payer Sheet

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

Vaccine coverage

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

- BridgeSpan Health Oregon
- BridgeSpan Health Idaho
- BridgeSpan Health Utah
- BridgeSpan Health 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 BlueCross
- Capital Health Plan
- Florida Blue
- Horizon BCBS of New Jersey
- Regence BlueCross
- Regence BlueShield of Oregon
- Regence BlueShield of Idaho
- Regence BlueCross
- Regence BlueShield of Utah
- Regence BlueShield

Pharmacy licensure

Participating Pharmacies with independent contracts must provide Prime with the following on an annual basis:

- Certificate of Insurance with proof of general and professional liability insurance

To update our records, please visit our website at: https://www.PrimeTherapeutics.com/en/resources/pharmacists/ac.html.

Choose Pharmacy Certificate of Insurance Renewal from the options, and follow the instructions to upload and submit a PDF of your current or renewed Certificate of Insurance.

MAC list updates

If a 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

Where do I find 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.ncpdp.org > NCPDP Provider ID (on the left side).

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

Prime offers the following hotlines to report compliance, privacy, and Fraud, Waste and Abuse (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: fraudtiphotline@primetherapeutics.com

Anonymous Reporting

Report a compliance concern or suspected Fraud, Waste or Abuse anonymously by contacting Prime’s 24-hour anonymous compliance hotline:

→ Phone: 800.474.8651
→ Email: reports@lighthouse-services.com
→ Third-party vendor’s website: www.lighthouse-services.com/prime

Product names listed are the property of their respective owners.
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