

New Plan Announcement

Alignment Health Plan Medicare PPO & HMO

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 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.O 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: ----- AHPPARTD
- 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 example of the most common ID card used:

PPO

[PLAN NAME (PPO)]
A Medicare Health Plan with Prescription Drug Coverage

<MEMBER NAME>	Member Since: [XXXX]
Member ID: <XXXXXXXXXXXX>	In-Network
Plan Code: <XXX>	Office Visit: <\$XX>
RxGRP: <H4961>	Specialist: <\$XX>
RxBIN: <610455>	Hospital
RxPCN: <AHPPARTD>	Emergency: <\$XX>
RxID: <XXXXXXXXXXXX>	Out-of-Network
	Office Visit: <\$XX>
	Specialist: <\$XX>
	Hospital
	Emergency: <\$XX>

All Claims must be mailed to:

Alignment Health Plan
P.O. Box 14010, Orange, CA 92863

Pharmacy Technical Help Desk: (844) 227-7615
Member Pharmacy Help: (844) 227-7616
Eligibility Verification: (888) 517-2247
Dental Benefits: (866) 454-3008

For information regarding special added benefits such as vision, hearing, etc. contact Concierge or Member Services. Pre-authorization is required for all non-emergent hospital admissions, please call 1-866-646-2247, Opt 4.

www.alignmenthealthplan.com

PLAN NAME (HMO)
Member: John Doe

Member ID: 00012345678	Eff Date: 01/01/20
PCP Name: Doctor Name	Rx Grp: H3815
PCP Phone: (800) 100-1000	RxBin: 610455
Med Grp: Medical Group	RxPCN: AHPPARTD
Med Grp #: (405) 888-8888	RxD: 00012345678
Member Services: (866) 634-2247/TTY 711	Plan Code: XXX

Primary Care: \$0 | Specialist: \$0 | ER: \$0 | Urgent Care: \$0

Member Services: 1-866-634-2247 (TTY 711)

Eligibility Verification: 1-888-517-2247 (TTY 711)

Pharmacy Technical Help Desk: 1-844-227-7615
Member Pharmacy Help: 1-844-227-7616

Claims:
 <PO Box XXXXX>
 <Street Address>
 <City, ST, ZIP>

Medicare limiting charges apply
 Please visit us at <www.website.com>