

New Plan Announcement

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

Effective January 1, 2017

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

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2017.

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

BIN: -----610455

PCN: ----- ENEH3170

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

BIN: -----610455

PCN: -----NE4000

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

For more information

- Beginning January 1, 2017, for assistance with claims processing on Prime's platform, please contact the Prime Contact Center at 855.457.1351
- Prime's Medicare Part B and D payer specification sheets are available at: PrimeTherapeutics.com > Resources> Pharmacy + Provider >Pharmacy claim processing>Payer sheet> Medicare Part B D.0 Payer Sheet and Medicare Part D D.0 Payer Sheet

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

Blue Cross Blue Shield Nebraska

<Blue Cross and Blue Shield of Nebraska MA Core>

Enrollee Name <VALUED CUSTOMER>	Plan <H3170_001>
Enrollee ID <XXXN988888888>	RxBIN: <610455> RxPCN: <ENEH3170> RxGrp: <NEPARTD>
Issuer (80840)	Issued: <MM/YYYY>
Group Number <XXXXX>	

MEDICARE ADVANTAGE HMO MedicareRx Prescription Drug Coverage

Members: <medicare.nebraskablue.com>

<Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association>

Use of this card is subject to terms of applicable contracts, conditions and user agreements. Medicare limiting charges apply. Out-of-state providers: file with your local plan.

Nebraska health providers bill:
PO Box 3248
Omaha, NE 68180-0001

Mail Pharmacy claims to:
Prime Therapeutics
PO Box 20970
Lehigh Valley, PA 18002-0970

Member Services: 888-488-9850
Member and Provider Rx inquiries: 855-457-1349
TTY/TDD: 711

Misuse may result in prosecution. If you suspect fraud call: 877-632-2583

Provider Inquiry number: 888-505-2022
Facility prenotification: 877-399-1671
Pharmacist/Rx claims: 855-457-1351

Blue Cross Blue Shield Nebraska

<Blue Cross and Blue Shield of Nebraska MA Choice>

Enrollee Name <VALUED CUSTOMER>	Plan <H3170_002>
Enrollee ID <XXXN988888888>	RxBIN: <610455> RxPCN: <ENEH3170> RxGrp: <NEPARTD>
Issuer (80840)	Issued: <MM/YYYY>
Group Number <XXXXX>	

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To locate participating providers outside of Nebraska: 800-810-2583
Provider Inquiry number: 888-505-2022
Facility prenotification: 877-399-1671
Pharmacist/Rx claims: 855-457-1351