

New Plan Announcement

Blue Cross Blue Shield of Oklahoma Blue Cross Medicare Advantage Basic (HMO) and Premier Plus (HMO POS)



Effective January 1, 2017

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

Processing Requirements

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

BCBSOK Blue Cross Medicare Advantage Basic (HMO) and Premier Plus (HMO POS) Part D

BIN: -----011552

PCN: -----MAPDOK2

BCBSOK Blue Cross Medicare Advantage Basic (HMO) and Premier (HMO POS) Part B

BIN: -----011552

PCN: -----OKPARTB2

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

2016 Outstanding Claim Reversals and Processing

- To prepare for this transition, Participating Pharmacies should complete all claims processing and reversals by close of business December 31, 2016
- Medicare Part D claims with a submission or reversal date prior to January 1, 2017 will reject at point-of-sale. Please use the following information for submissions or reversals with a date of fill prior to January 1, 2017
 - BIN: 012353
 - PCN: 03736801
- For assistance with claims that have a date of fill prior to January 1, 2017, please contact Argus Health System at 855.816.6460

For more information

- Beginning January 1, 2017, for assistance with claims processing on Prime's platform, please contact the Prime Contact Center at 877.277.7898
- Prime's Medicare Part B and D payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Payer Sheet and Medicare Part D D.0 Payer Sheet

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

 BlueCross BlueShield of Oklahoma		Blue Cross Medicare Advantage (HMO-POS)	
Name: Member Name		Office Visit: \$20	
ID: YUB804xxxxx	Plan (80840): 9101000252	Specialist: \$45	Emergency Room: \$75
Plan: Blue Cross Medicare Advantage Premier Plus (HMO-POS)		PCP: PCP Name	
RxBin: 011552	RxPCN: MAPDOK2	PCP Phone #: 1-###-###-####	
PartB RxPCN: OKPARTB2		BS Plan Code: 344	
RxGrp: 0006	RxD: 804xxxxx	BC Plan Code: 344	
CMS H6801 006		 	

www.getblueok.com/mand	
	
Submit Medical Claims to: Electronic Payor ID: 66006 Blue Cross Medicare Advantage c/o Member Reimbursement P.O. Box 3686, Scranton, PA 18505	Pharmacy Line: 1-877-277-7898 Customer Service: 1-877-774-8592 TTY/TDD: 711
Send Prescription Drug Claims to: Blue Cross Medicare Advantage c/o Member Reimbursement P.O. Box 20970 Lehigh Valley PA 18002-0970	 BlueCross BlueShield of Oklahoma
HMO and HMO-POS plans are provided by Blue Cross and Blue Shield of Oklahoma, which refers to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) and GHS Managed Health Care Plans, Inc. (GHS-MHC).	GHS-MHC and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract.