

New Plan Announcement

Blue Cross Blue Shield of Illinois Blue Cross Medicare Advantage (PPO)

Effective January 1, 2015

Effective January 1, 2015, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Blue Cross Blue Shield of Illinois (BCBSIL) Blue Cross Medicare Advantage (PPO)

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, 2015.

BCBSIL Blue Cross Medicare Advantage (PPO) Part D

BIN: -----011552

PCN: -----MAPDIL1

BCBSIL Blue Cross Medicare Advantage (PPO) Part B

BIN: -----011552

PCN: -----ILPARTB

Covered Person ID Number

Date of Birth

Gender

Group Number

U&C

Days Supply

Pharmacy NPI

Active/Valid Prescriber ID (NPI,DEA or State License)

Date Prescription Written

Prescription Origin Code

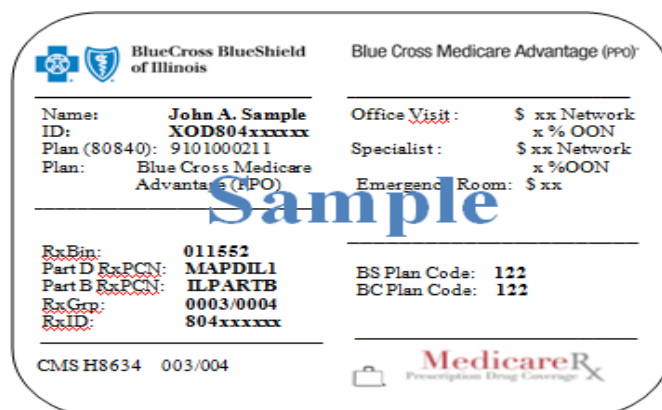
Pharmacy Service Type

Patient Residence

For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2015 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Contact Center at 877.277.7898
- For software setup information, please visit Prime's website at Primetherapeutics.com > Pharmacists > Payer sheets > Medicare Part D D.0 Payer Sheet and Medicare Part B D.0 Payer Sheet
- For Prime's helpful resources for Medicare Part D coverage and issues, please visit: PrimeTherapeutics.com>Pharmacists>Medicare Part D>Medicare Resources>Helpful Resources
- Medicare Part B Processing Requirements may be found on Prime's website at PrimeTherapeutics.com>Pharmacists>Plan Announcements>Medicare Part B Processing Requirements

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



BlueCross BlueShield of Illinois Blue Cross Medicare Advantage (PPO)

Name: **John A. Sample**
 ID: **XOD804xxxxx**
 Plan (S0840): 9101000211
 Plan: Blue Cross Medicare Advantage (PPO)

Office Visit: \$ xx Network
 x % OON
 Specialist: \$ xx Network
 x % OON
 Emergency Room: \$ xx

Sample

RxBin: **011552**
 Part D RxCN: **MAPDIL1**
 Part B RxCN: **ILPARTB**
 RxGrp: **0003/0004**
 RxID: **804xxxxx**

BS Plan Code: **122**
 BC Plan Code: **122**

CMS H8634 003/004

MedicareRx
 Prescription Drug Coverage



www.bcbsil.com

Submit Medical Claims to:
 Electronic Payer ID: 00621
 Blue Cross Medicare Advantage
 PO Box 805107, Chicago, IL
 60680

Pharmacy Line: **1-877-277-7898**
 Customer Service: **1-877-774-8592**
 TTY/TDD: **711**

Send Prescription Drug Claims to:
 Blue Cross Medicare Advantage
 PO Box 14429, Lexington, KY
 40512

Sample

PPO plans are provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve

Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization, with a Medicare contract.