

New Plan Announcement

Blue Cross Blue Shield of Texas Blue Cross Medicare Advantage (HMO SNP)

Effective January 1, 2016

Effective January 1, 2016, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Blue Cross Blue Shield of Texas (BCBSTX) Blue Cross Medicare Advantage (HMO SNP)

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, 2016.

BCBSTX Blue Cross Medicare Advantage (HMO SNP) Part D

BIN: -----011552

PCN: -----TXSNP

BCBSTX Blue Cross Medicare Advantage (HMO SNP) Part B

BIN: -----011552

PCN: -----TXPARTBS

- 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, 2016 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 Texas		Blue Cross Medicare Advantage (HMO SNP)
Name: Member Name ID: ZGJ804xxxxxx Plan (80840): 9101000260 Plan: Blue Cross Medicare Advantage Dual Care (HMO SNP)		Office Visit : \$ xx Specialist : \$ xx Emergency Room: \$ xx
RxBin: 011552 RxPCN: TXSNP Part B RxPCN: TXPARTBS RxGrp: 0009 RxID: 804xxxxxx		PCP: PCP Name / NO PCP Selected / Unassigned PCP Phone1- ###-###-#### Medical Group BS Plan Code: 401 BC Plan Code: 401
HPID: TBD CMS H8133 009		MEDICARE HMO ADVANTAGE MedicareRx <small>Prescription Drug Coverage</small>
www.getbluetx.com/dsnp		
Submit Medical Claims to: Electronic Payer ID: 84980 Blue Cross Medicare Advantage PO Box 660044 Dallas, TX 75266-0044		Pharmacy Line: 1-877-277-7898 Customer Service: 1-877-895-6437 TTY/IDD: 711 Behavioral Health: 1-800-327-9251
Send Prescription Drug Claims to: Blue Cross Medicare Advantage PO Box 14429 Lexington, KY 40512		 BlueCross BlueShield of Texas
HMO Special Needs Plan is provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent Licensee of the Blue Cross and Blue		Shield Association. GHS is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program.