

New Plan Announcement

Blue Cross and Blue Shield of Rhode Island BlueCHiP for Medicare



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 Blue Shield of Rhode Island BlueCHiP for Medicare.

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, to process all new and refill claims for Covered Persons Blue Cross Blue Shield of Rhode Island BlueCHiP for Medicare.

- Covered Person ID Number (12 digits)
 - 3 alpha characters followed by 9 digits
 - Example Member ID: ABC000000000
- 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

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.
- For assistance with claims that have a date of fill prior to January 1, 2017, please contact Catamaran/OptumRx at 866.391.1164.

For More Information

- Beginning January 1, 2017, for assistance with claims processing on Prime's platform, please contact the Prime Contact Center at 855.457.1207
- Prime's Medicare Part D payer specification sheet is available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Payer Sheet

Prior Authorization



- If you need assistance with a Prior Authorization, contact Prime at 800.693.6651, print the Prior Authorization form online at PrimeTherapeutics.com > Resources > Pharmacists and providers > Prior Authorization or submit the request online at covermymeds.com

Processing Requirements Continued:

Plan Sponsor	Plan Name	BIN	PCN	ID Number Length	Group Number
BCBSRI	BlueCHiP for Medicare MAPD Individual	610455	BCRIMA	12 digits	BCRIMA
BCBSRI	BlueCHiP for Medicare MAPD Group	610455	BCRIMAG	12 digits	BCRIMA
BCBSRI	BlueCHiP for Medicare MAPD and MA Individual Part B	610455	RIPARTB	12 digits	N/A
BCBSRI	BlueCHiP for Medicare MAPD Group Part B	610455	RIPARTBG	12 digits	N/A



Blue Cross Blue Shield of Rhode Island BlueCHIP for Medicare

Front and back of BCBSRI BlueCHIP for Medicare MAPD Individual ID Card:

 Blue Cross Blue Shield		BlueCHIP for Medicare Value (HMO-POS)	
<FIRST NAME> <M> <LAST NAME> <TITLE> <ID NUMBER>		PCP: <FIRST NAME> <M> <LAST NAME>, <TITLE> PCP PHONE: <XXX-XXX-XXXX>	
RxBIN 610455 Issuer 80840 RxPCN BCRIMA RxGrp BCRIMA CMS H4152 016	PCMH Visit \$0 Non-PCMH Visit \$35 Specialist Visit \$50 Emergency Room \$75	Issued XX/XX/XX	
MEDICARE ADVANTAGE POS		 MedicareRx <small>Prescription Drug Coverage</small>	



	
	BCBSRI.com/Medicare Concierge Team: (401) 277-2958 1-800-267-0439 TTY: 711 Pharmacist Call: 1-855-457-1207
Members: See your Evidence of Coverage for benefit information. All Providers: File claims with your local Blue Cross and Blue Shield plan. Medicare charge limitations may apply. Underwritten by Blue Cross & Blue Shield of Rhode Island. An independent licensee of the Blue Cross and Blue Shield Association.	Member submit Medical claims to: Blue Cross & Blue Shield of RI Attn: Claims Dept 500 Exchange Street Providence, RI 02903 This card is for identification purposes only and does not constitute proof of eligibility.
357-0	

Front and back of BCBSRI BlueCHIP for Medicare MAPD Group ID Card:

 Blue Cross Blue Shield		BlueCHIP for Medicare Group Plus (HMO)	
<FIRST NAME> <M> <LAST NAME> <TITLE> <ID NUMBER>		PCP: <FIRST NAME> <M> <LAST NAME>, <TITLE> PCP PHONE: <XXX-XXX-XXXX>	
RxBIN 610455 Issuer 80840 RxPCN BCRIMAG RxGrp BCRIMA CMS H4152 817	PCMH Visit \$0 Non-PCMH Visit \$10 Specialist Visit \$30 Emergency Room \$65	Issued XX/XX/XX	
MEDICARE ADVANTAGE HMO		 MedicareRx <small>Prescription Drug Coverage</small>	

	
	BCBSRI.com/Medicare Concierge Team: (401) 277-2958 1-800-267-0439 TTY: 711 Pharmacist Call: 1-855-457-1207 Dentist Call: 1-800-831-2400
Members: If you need care when you are outside the service area, your health care coverage is limited. See your Evidence of Coverage for benefit information. All Providers: File claims with your local Blue Cross and Blue Shield plan. Medicare charge limitations may apply. Underwritten by Blue Cross & Blue Shield of Rhode Island. An independent licensee of the Blue Cross and Blue Shield Association.	Member submit Medical claims to: Blue Cross & Blue Shield of RI Attn: Claims Dept 500 Exchange Street Providence, RI 02903 This card is for identification purposes only and does not constitute proof of eligibility.
302-0	

Front and back of BCBSRI BlueCHIP for Medicare MA Individual Part B ID Card:

 Blue Cross Blue Shield		BlueCHIP for Medicare Core (HMO)	
<FIRST NAME> <M> <LAST NAME> <TITLE> <ID NUMBER>		PCP: <FIRST NAME> <M> <LAST NAME>, <TITLE> PCP PHONE: <XXX-XXX-XXXX>	
RxBIN 610455 RxPCN RIPARTB RxGrp BCRIMA CMS H4152 004	PCMH Visit \$0 Non-PCMH Visit \$10 Specialist Visit \$40 Emergency Room \$75	Issued XX/XX/XX	
MEDICARE ADVANTAGE HMO		 MedicareRx <small>Prescription Drug Coverage</small>	

	
	BCBSRI.com/Medicare Concierge Team: (401) 277-2958 1-800-267-0439 TTY: 711 Pharmacist Call: 1-855-457-1207 Dentist Call: 1-800-831-2400
Members: If you need care when you are outside the service area, your health care coverage is limited. See your Evidence of Coverage for benefit information. All Providers: File claims with your local Blue Cross and Blue Shield plan. Part B pharmacy benefit only. Medicare charge limitations may apply. Underwritten by Blue Cross & Blue Shield of Rhode Island. An independent licensee of the Blue Cross and Blue Shield Association.	Member submit Medical claims to: Blue Cross & Blue Shield of RI Attn: Claims Dept 500 Exchange Street Providence, RI 02903 This card is for identification purposes only and does not constitute proof of eligibility.
354-0	

Processing Requirements for Blue Cross Blue Shield of Rhode Island Medicare Part B Drugs:

Blue Cross Blue Shield of Rhode Island BlueCHiP for Medicare

Participating pharmacies must submit Part B covered drugs to the Part B BIN and PCN outlined below. When processing a claim for Part B:

- If the claim is submitted to the Part D BIN/PCN, Prime will reject the claim with the following messages:
 - SUBMIT TO PART B BIN: 610455, PCN: RIPARTB. NOT COVERED UNDER PART D LAW
- A second transaction will then be required for the Part B covered drug
- Pharmacies must review point-of-sale (POS) messaging to ensure that claims are submitted appropriately

Plan Sponsor	Plan Name	BIN	PCN	ID Number Length	Group Number
BCBSRI	BlueCHiP for Medicare MAPD and MA Individual Part B	610455	RIPARTB	12 digits	N/A
BCBSRI	BlueCHiP for Medicare MAPD Group Part B	610455	RIPARTBG	12 digits	N/A

Multi Ingredient Compound Processing Requirements

- Prime will accept multiple ingredient compound submissions utilizing NCPDP's Compound Segment for up to 25 ingredients.
- Prime will reject multiple ingredient compound claims when an ingredient within the compound is not covered.
- The Participating Pharmacy can submit a Submission Clarification code 08 (Process Compound for Approved Ingredient) which will allow the rejected claim to process only covered ingredients