IMPORTANT ACTION REQUIRED

New Plan Announcement
Capital BlueCross Medicare

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Capital BlueCross.

Processing Requirements
When a health plan changes PBMs, sometimes system configurations need to be made at the pharmacy level or PBM level. To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2020.

- 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

Processing Requirements Continued:

<table>
<thead>
<tr>
<th>Plan Sponsor</th>
<th>Plan Name</th>
<th>BIN</th>
<th>PCN</th>
<th>Group Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td>BlueJourney HMO</td>
<td>610455</td>
<td>CAPD</td>
<td>H3962</td>
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<tr>
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<td>610455</td>
<td>CAPDG</td>
<td>H3962</td>
</tr>
<tr>
<td>Capital BlueCross</td>
<td>BlueJourney HMO MA Only</td>
<td>610455</td>
<td>CAPBGM</td>
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2019 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, 2019.

For more information
→ Prime’s Medicare payer specification sheets are available at: PrimeTherapeutics.com > Resources> Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet and Medicare Part B D.0 Pharmacy Payer Sheet

→ For assistance with claims that have a date of fill prior to January 1, 2020, please contact CVS Caremark at 800.345.5413

→ Claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined below

→ Beginning January 1, 2020, if you have questions regarding claims processing, please contact Prime’s Contact Center at 855.457.1209
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Capital BlueCross Medicare

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

**BlueJourney HMO**

**Capital Blue Cross**

**Keystone**

**HMO**

**Preauthorization**

**Group # 00123456**

**Primary Care Physician** $XX

**Specialist Visit** $XX

**Emergency Room** $XXX

**RxPCN:** CAPDG
**ISSUER:** (80840) H3962-###

**BlueJourney HMO**

**Capital Blue Cross**

**Keystone**

**HMO**

**Preauthorization**

**Group # 00123456**

**Primary Care Physician** $XX

**Specialist Visit** $XX

**Emergency Room** $XXX

**RxPCN:** CAPDG
**ISSUER:** (80840) H3962-###

**Capital BlueCross Medicare**

Member Services: 1-800-779-6962

Tel-e-type (TTY): 711

Preauthorization: 1-800-471-2242

Behavioral Health: 1-800-216-9746

BlueCross Dental: 1-877-387-9187

BlueCross Vision: 1-800-905-4102

Rx Claim Filing: Submit claims to
Attn: Pharmacy Services
PO Box 20970
Lehigh Valley, PA 18002-0970

**Capital Blue Medicare**

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**Group # 00123456**

**Primary Care Physician** $XX

**Specialist Visit** $XX

**Emergency Room** $XXX

**RxPCN:** CAPDG
**ISSUER:** (80840) H3962-###

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**Preauthorization**

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**Specialist Visit** $XX

**Emergency Room** $XXX

**RxPCN:** CAPDG
**ISSUER:** (80840) H3962-###

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**Keystone**

**HMO**

**Preauthorization**

**Group # 00123456**

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**Specialist Visit** $XX

**Emergency Room** $XXX

**RxPCN:** CAPDG
**ISSUER:** (80840) H3962-###

**Capital Blue Medicare**

Member Services: 1-800-779-6962

Tel-e-type (TTY): 711

Preauthorization: 1-888-471-2242

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Lehigh Valley, PA 18002-0970
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Capital BlueCross Medicare

BlueJourney PPO MA Only

Member Name

Preauthorization

Group # 00123456 Plan 361

Office Visit $XX
Specialist Visit $XX
Emergency Room $XXX

RxPCN: CAPBG M2
Issuer (80840) H3923-####

RxBIN: 610455

SecureRx PDP

RxPCN CAPPDP
RxGrp S8067

Issuer (80840)

ID 80000000000

Member Name

SecureRx PDP

RxPCN CAPPDP
RxGrp S8067

Issuer (80840)

ID 80000000000

Member Name

Capital BlueMedicare.com
Member Services: 1-866-987-4213
Tele-type (TTY): 711
Preauthorization: 1-800-471-2242
Behavioral Health: 1-800-216-9748
BlueCross Dental: 1-877-387-9167
BlueCross Vision: 1-800-905-4102

Rx Claim Filing: Submit claims to
Attn: Pharmacy Services
PO Box 20970
Lehigh Valley, PA 18002-0970

Pharmacists: Call the
Member Services number
at: 1-877-234-3853

Submit Claims to:
Attn: Pharmacy Services
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Lehigh Valley, PA 18002-0970

Member Services:
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