

New Plan Announcement

Regence BlueCross BlueShield of Oregon Align HMO NoRX

Effective January 1, 2020

Effective January 1, 2020, Prime Therapeutics (Prime) will begin processing Medicare Advantage (MA) Part B claims for Covered Persons of Regence BlueCross BlueShield of Oregon Align HMO NoRX.

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, 2020.

Regence BlueCross BlueShield of Oregon Align HMO NoRX

BIN: ----- 610623


PCN: ----- CBPARTB


- Covered Person ID Number
- Date of Birth
- Gender
- 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

- MA Part B claims with a fill date on or after January 1, 2020 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at 844.765.6826
- Prime's Medicare Part B payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Pharmacy Payer Sheet

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


		Align HMO NoRX	
SUBSCRIBER SAMPLE		RX BIN 610623	PCN CBPARTB
ID NO ABC123456789		Issuer (80840)	
00 SUBSCRIBER SAMPLE		Card Issue Date: MM/DD/YYYY	
Group No. 26500012		M	D
PCP Name Provider Name		RX	V
PCP/SPEC Copay \$5/\$40		Y	Y
		N	Y
		CMS-H6237-006	
		MEDICARE ADVANTAGE HMO	

		www.regence.com/medicare	
Hospitals or Physicians: File claims with local Blue Cross and/ or Blue Shield plan/ANSI 837 transaction.		Members Call	1 (800) 541-8981
MEDICARE LIMITING CHARGES APPLY		TTY/TDD Line	711
This card is for information only and does not certify eligibility or guarantee benefits.		24 Hour Nurseline	1 (800) 267-6729
Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association.		MDLIVE	1 (888) 725-3097
		Providers Call	1 (877) 508-7362
		VSP Vision Care	1 (844) 872-6065
		Send inquiries to Mail Administrator: Regence BlueCross BlueShield of Oregon PO BOX 1827 Medford, OR 97501	

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Align HMO NoRX

<p>SUBSCRIBER SAMPLE</p> <p>ID NO ABC123456789</p> <hr/> <p>00 SUBSCRIBER SAMPLE</p> <p>Group No. 26500015</p> <p>PCP Name Provider Name</p> <p>PCP/SPEC Copay \$5/\$40</p>	<p>RX BIN 610623 PCN CBPARTB</p> <p>Issuer (80840)</p> <p>Card Issue Date: MM/DD/YYYY</p> <p>M D RX V</p> <p>Y Y N Y</p> <hr/> <p style="text-align: right;">CMS-H6237-006</p> <p style="text-align: right; font-size: small;">MEDICARE ALIGN HMO</p>
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