

# Medicaid Processing Update

BCBS of Illinois Blue Cross Community ICP<sup>SM</sup> and FHP<sup>SM</sup>  
Processing Requirements for 340B

March 1, 2014

Effective March 1, 2014, as defined by the Illinois Department of Healthcare and Family Services (HFS), Participating Pharmacies who are enrolled as a 340B provider with the US Department of Health and Human Services (DHHS), are required to submit the following values below when submitting claims purchased through the 340B program for BCBS of Illinois Community ICP and FHP.

Eligible 340B Participating Pharmacies must submit the 340B claim to Prime electronically (online), which includes the applicable submission clarification code, ingredient cost, dispensing fee and basis of cost determination as a single claim.

## Processing Requirements

BIN:..... 011552

PCN:.....ILCAID

## For more information

- If you have questions regarding Blue Cross Community ICP claims processing , please contact Prime's Contact Center at 888.274.5218
- If you have questions regarding Blue Cross Community FHP claims processing , please contact Prime's Contact Center at 855.457.0173
- For software setup information, please visit Prime's website at [Primetherapeutics.com](http://Primetherapeutics.com) > Pharmacists > Payer sheets > BCBSIL Medicaid D.0 Payer Sheet
- For additional 340B information, please visit the Illinois Department of Healthcare and Family Services website at: <http://www2.illinois.gov/hfs/MedicalProvider/Pharmacy/Pages/340bfaq.aspx>

NCPDP Segment Name	NCPDP Field Number	NCPDP Field Name	Value
Claim Segment	42Ø -DK	Submission Clarification Code	2Ø
Pricing Segment	4Ø9-D9	Ingredient Cost Submitted	Lesser of Actual Acquisition Cost or HFS 340B allowable reimbursement rate
Pricing Segment	412-DC	Dispensing Fee Submitted	HFS Allowable Amount
Pricing Segment	423-DN	Basis of Cost Determination	Ø8