

New Plan Announcement

Braven Health Medicare



Effective Jan. 1, 2021

Effective Jan. 1, 2021, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Braven Health.

Processing requirements

To ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to Jan. 1, 2021:

- Covered Person ID Number
- Date of Birth
- Gender
- RX 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 Jan. 1, 2021 must be submitted with the BIN/PCN noted below.
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at **855.457.0222**.
- Prime's Medicare Part D payer specification sheets are available at: www.PrimeTherapeutics.com > **Resources > Pharmacy + provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet.**

Processing Requirements (continued):

Plan Sponsor	Plan Name	BIN	PCN	RX Group Number
Braven Health	Braven Medicare Choice (PPO) Braven Medicare Freedom (PPO)	016499	PPOBH	RXBRVN
Braven Health	Braven Medicare Group w/Rx Braven Medicare Group w/Rx Idea Braven Medicare Group w/Rx Complete	016499	PPOBHG	RXBRVN
Braven Health	Braven Medicare Plus (HMO)	016499	HMOBH	RXBRVN
Braven Health	Braven Medicare Access Group w/Rx Braven Medicare Access Group w/Rx Value	016499	HMOPOSBHG	RXBRVN
Braven Health	Braven Medicare Group (PPO) Braven Medicare Access Group (HMO-POS)	016499	PARTBBHMA	N/A

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

Braven Medicare Freedom (PPO)

Braven HEALTH
Braven Medicare Freedom (PPO)

Member Name: **J D DOE JR**
 Member ID Number: **B7U3HZN12345678**

OFFICE VISIT: \$0
 SPECIALIST: \$20
 EMERGENCY ROOM: \$90

GROUP NUMBER: 00-12345
 EFFECTIVE DATE: [blank]
 BC/BS PLAN CODES: 280780
 ISSUER (80840): [blank]

RxBIN: 016499
 RXPCN: PPOBH
 RXGRP: RXBRVN
 RXID: 3HZN12345678

CMS-H0885-002

MedicareRx Prescription Drug Coverage
 MA PPO

Braven HEALTH

Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.
 PROVIDERS MUST NOT BILL MEDICARE.
 MEDICARE LIMITING CHARGES APPLY.
 MA PPO products are provided by Braven Health, an independent licensee of the Blue Cross and Blue Shield Association.
 Insured by Braven Health.

BravenHealth.com
 Member Services: 1-833-272-8360
 Pharmacy Services: 1-855-457-0222
 Dental Services: 1-855-648-1405
 24/7 Nurse Line: 1-888-444-0036
 Emergency Services: 911
 Medical/Pharmacy TTY: 711
 Provider Services: 1-800-624-1110
 Utilization Management: 1-800-664-2583
 Behavioral Health: 1-888-444-0422

For services rendered in NJ, submit medical claims to:
 Horizon Healthcare of NJ, Inc.
 PO Box 820
 Newark, NJ 07101-0820
 Submit Rx claims to:
 Prime Therapeutics LLC
 P.O. BOX 20970
 Lehigh Valley, PA 18002-0970

Braven Medicare Plus (HMO)

Braven HEALTH
Braven Medicare Plus (HMO)

MEMBER NAME: **I BILLSXUAT**
 MEMBER ID NUMBER: **B7T3HZN71105500**

OFFICE VISIT: \$0.00
 SPECIALIST: \$25.00
 EMERGENCY ROOM: \$90.00

GROUP NUMBER: 00-682J0
 EFFECTIVE DATE: [blank]
 BC/BS PLAN CODES: 280780
 ISSUER (80840): [blank]

RxBIN: 016499
 RxPCN: HMOBH
 RxGRP: RXBRVN
 RxID: 3HZN71105500

CMS-H4675-001

BravenHealth.com
 MedicareRx Prescription Drug Coverage
 MA HMO

Braven HEALTH

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 PROVIDERS MUST NOT BILL MEDICARE.
 MA HMO products are provided by Braven Health, an independent licensee of the Blue Cross and Blue Shield Association.
 Outside of New Jersey, the member only has coverage for urgent and emergent care.
 Insured by Braven Health.

PRIME THERAPEUTICS
 AN INDEPENDENT COMPANY ADMINISTERING PHARMACY BENEFITS.