

# Processing Update

Horizon Blue Cross Blue Shield of New Jersey  
St. Joseph's HealthCare System



Effective January 1, 2021

Effective January 1, 2021, Prime will begin processing pharmacy claims for Covered Persons of the St. Joseph's Healthcare System, an employer group of Horizon Blue Cross Blue Shield of New Jersey.

## Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons of St. Joseph's Healthcare System, please use the following information to set up your system prior to January 1, 2021.

**BIN:**..... 016499

**PCN:**..... HZRX

- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID (NPI, DEA or State License)
- Date Prescription Written
- Rx Origin Code

## 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, 2020.
- For assistance with claims that have a date of fill prior to January 1, 2021, please contact CVS Caremark at 888.792.3862

## For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at 877.686.6875
- For software setup information, please visit Prime's website at [Primetherapeutics.com](http://Primetherapeutics.com) > Resources > Pharmacy+ provider> Pharmacy claim processing> Payer sheet> Commercial D.0 Payer Sheet

Featured below is an example of the most common ID cards used:

Member Name <b>D D DOE</b>	PCP/SPEC (Inner Circle): \$5 / \$10 PCP/SPEC (OMNIA Tier 1): \$20 / \$35 PCP/SPEC (Tier 2): \$30 / \$50 EMERGENCY ROOM (Inner Circle): \$30 EMERGENCY ROOM (OMNIA Tier 1 & 2): \$300		
Member ID Number <b>S7J3HZNXXXXXXX</b>			
GROUP NUMBER 76322-0000	RXBIN 016499		
TYPE FAMILY	RXPCN HZRX ISSUER (80840)		
BC/BS PLAN CODES 280780	RXGRP 0763220000		
OMNIA...		PPO	

		<a href="http://www.horizonblue.com/sjh">www.horizonblue.com/sjh</a>
Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.		Member Services: 1-800-355-2583 Behavioral Health Services: 1-800-626-2212 Utilization Management: 1-800-664-2583 Pharmacy Member Services: 1-800-370-5088 Provider Services: 1-800-624-1110 Pharmacists: 1-877-686-6875
Members: See your Member's Handbook for covered services. Possession of this card does not guarantee eligibility for benefits.		
Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. This plan has no out of network benefits. Out of state benefits only available from a BlueCard PPO network provider.		
Horizon BCBSNJ provides administrative services only and does not assume any financial risk for claims.		

Member Name <b>M YGUYEN</b>	PCP/SPEC (Inner Circle): \$5/\$10 EMERGENCY ROOM (Inner Circle): \$30	
Member ID Number <b>S7K3HZN11111111</b>	<b>ST. JOSEPH'S INNER CIRCLE ONLY PLAN</b>	
GROUP NUMBER 76322-0003	RXBIN 016499	
CONTRACT TYPE 2ADULT	RXPCN HZRX ISSUER (80840)	
BC/BS PLAN CODES 280780	RXGRP 0763220003	

		<a href="http://www.horizonblue.com/sjh">www.horizonblue.com/sjh</a>
Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.		Member Services: 1-800-355-2583 Behavioral Health Services: 1-800-626-2212 Pharmacy Member Services: 1-800-370-5088 Utilization Management: 1-800-664-2583 Provider Services: 1-800-624-1110 Pharmacists: 1-877-686-6875
Members: See your plan document for covered services. Possession of this card does not guarantee eligibility for benefits.		<b>OUT OF NETWORK SERVICES ARE NOT ELIGIBLE. SERVICES OUTSIDE OF ST. JOSEPH'S INNER CIRCLE ARE NOT ELIGIBLE.</b>
Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. Horizon BCBSNJ provides administrative services only and does not assume any financial risk for claims.		
		AN INDEPENDENT COMPANY ADMINISTERING PHARMACY BENEFITS.