

# IMPORTANT ACTION REQUIRED

## New Plan Announcement

MedicareBlue<sup>SM</sup> Rx



Effective January 1, 2023

Effective January 1, 2023, Prime Therapeutics (Prime) will begin processing Medicare Part D claims for Covered Persons of MedicareBlue<sup>SM</sup> Rx.

### 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, 2023.

- 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
- Pharmacy Service Type
- Patient Residence

### 2022 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, 2022.

### For more information

- Prime's Medicare payer specification sheets are available at: [PrimeTherapeutics.com > Resources> Pharmacist> Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Pharmacy Payer Sheet](https://www.primetherapeutics.com/resources/pharmacist/pharmacy-claim-processing/payer-sheet/medicare-part-d-d-0-pharmacy-payer-sheet)
- For assistance with claims that have a date of fill prior to January 1, 2023, please contact CVS Caremark at 888.639.3670
- Claims with a fill date on or after January 1, 2023, must be submitted with the BIN/PCN outlined below
- Beginning January 1, 2023, if you have questions regarding claims processing, please contact Prime's Contact Center at 866.218.5002

### 2023 Processing Information:


Plan Sponsor	Plan Name	BIN	PCN	Group Number
BlueCross BlueShield	MedicareBlue <sup>SM</sup> Rx Standard (PDP) MedicareBlue <sup>SM</sup> Rx Premier (PDP) MedicareBlue <sup>SM</sup> Rx Select (PDP)	610455	CSPDP	S5743
BlueCross BlueShield	Group MedicareBlue <sup>SM</sup> Rx (PDP)	610455	CSPDPG	S5743


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


## MedicareBlue<sup>SM</sup> Rx Standard (PDP)

	<b>MedicareBlue<sup>SM</sup> Rx Standard (PDP)</b>
<b>ELIZABETH ANN SAMPLENAME</b> Identification number 803XXXXXX	CMS <b>\$5743 001</b>
Issuer <b>80840</b> RXBIN <b>610455</b> RXPCN <b>CSPDP</b> RXGROUP <b>\$5743</b>	
<b>MedicareRx</b> Prescription Drug Coverage	


	<b>YourMedicareSolutions.com</b> For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time): Customer Service: <b>1-888-832-0075</b> TTY: <b>711</b> For questions on coverage determination and redetermination requests, please call (24 hours/day, 7 days a week): TTY: <b>1-866-577-3440</b> Pharmacy Help Desk: <b>1-866-218-5002</b> Please present this card at the time of service with every prescription.
<b>DO NOT BILL MEDICARE</b> Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970  Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark BCBS of Iowa and South Dakota*; BCBS of Minnesota*; BCBS of Montana*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; BCBS of Nebraska*; BCBS of North Dakota*; BCBS of Wyoming*. <small>*Independent licensees of the BCBS Association.</small>	


## MedicareBlue<sup>SM</sup> Rx Premier (PDP)

	<b>MedicareBlue<sup>SM</sup> Rx Premier (PDP)</b>
<b>ELIZABETH ANN SAMPLENAME</b> Identification number 803XXXXXX	CMS <b>\$5743 004</b>
Issuer <b>80840</b> RXBIN <b>610455</b> RXPCN <b>CSPDP</b> RXGROUP <b>\$5743</b>	
<b>MedicareRx</b> Prescription Drug Coverage	

	<b>YourMedicareSolutions.com</b> For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time): Customer Service: <b>1-888-832-0075</b> TTY: <b>711</b> For questions on coverage determination and redetermination requests, please call (24 hours/day, 7 days a week): TTY: <b>1-866-577-3440</b> Pharmacy Help Desk: <b>1-866-218-5002</b> Please present this card at the time of service with every prescription.
<b>DO NOT BILL MEDICARE</b> Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970  Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark BCBS of Iowa and South Dakota*; BCBS of Minnesota*; BCBS of Montana*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; BCBS of Nebraska*; BCBS of North Dakota*; BCBS of Wyoming*. <small>*Independent licensees of the BCBS Association.</small>	

## MedicareBlue<sup>SM</sup> Rx Select (PDP)


	<b>MedicareBlue<sup>SM</sup> Rx Select (PDP)</b>
<b>ELIZABETH ANN SAMPLENAME</b> Identification number 803XXXXXX	CMS <b>\$5743 008</b>
Issuer <b>80840</b> RXBIN <b>610455</b> RXPCN <b>CSPDP</b> RXGROUP <b>\$5743</b>	
<b>MedicareRx</b> Prescription Drug Coverage	


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MedicareBlue<sup>SM</sup> Rx

## Group MedicareBlue<sup>SM</sup> Rx (PDP)

	<b>Group MedicareBlue<sup>SM</sup> Rx (PDP)</b>
<b>ELIZABETH ANN SAMPLENAME</b> Identification number 803XXXXXX	CMS <b>S5743 802</b>
Issuer <b>80840</b> RXBIN <b>610455</b> RXPCN <b>CSPDPG</b> RXGROUP <b>S5743</b>	
<b>MedicareRx</b> Prescription Drug Coverage	

	<b>YourMedicareSolutions.com</b>
<b>DO NOT BILL MEDICARE</b>	For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time):
Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970	Customer Service: <b>1-877-838-3827</b> TTY: <b>711</b>
<small>Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark BCBS of Iowa and South Dakota; BCBS of Minnesota; BCBS of Montana, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; BCBS of Nebraska; BCBS of North Dakota; BCBS of Wyoming. *Independent licensees of the BCBS Association.</small>	For questions on coverage determination and redetermination requests, please call (24 hours/day, 7 days a week): <b>1-866-577-3440</b> TTY: <b>711</b>
	Pharmacy Help Desk: <b>1-866-218-5002</b>
Please present this card at the time of service with every prescription.	

	<b>Group MedicareBlue<sup>SM</sup> Rx (PDP)</b>
<b>ELIZABETH ANN SAMPLENAME</b> Identification number 803XXXXXX	CMS <b>S5743 805</b>
Issuer <b>80840</b> RXBIN <b>610455</b> RXPCN <b>CSPDPG</b> RXGROUP <b>S5743</b>	
<b>MedicareRx</b> Prescription Drug Coverage	

	<b>YourMedicareSolutions.com</b>
<b>DO NOT BILL MEDICARE</b>	For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time):
Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970	Customer Service: <b>1-877-838-3827</b> TTY: <b>711</b>
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