

# Payer Sheet Specification



## for Prime Therapeutics' Medicare Part D M3P Program

General information	
Prime Therapeutics LLC	January 1, 2025

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
BCBS of Alabama Blue Advantage (MA-PD)	014897	MBG	90100	014897	MPPPMBG
Patrius Health	014897	PLX	91030	014897	MPPPPLX
BCBS of Alabama BlueRx (PDP)	014897	RPD	90200	014897	MPPPRPD
UTIC Insurance Company	014897	RPD	90300	014897	MPPPRPD
Florida Blue BlueMedicare Preferred HMO	012833	MEDDPRIME	EFH1035	012833	MPPPFL
Florida Healthcare Plans BlueMedicare Preferred HMO	012833	MEDDPRIME	H5434	012833	MPPPFL
Florida Blue BlueMedicare	012833	MEDDPRIME	R3332	012833	MPPPFL
BCBS of Florida BlueMedicare Premier Rx (PDP) BCBS of Florida BlueMedicare Complete Rx(PDP)	012833	MEDDPRIME	S5904	012833	MPPPFL
BCBS of Florida Employer Groups	012833	MEDDPRIMEG	H5434	012833	MPPPFL
BCBS of Florida Employer Groups	012833	MEDDPRIMEG	S5904	012833	MPPPFL
BCBS of North Carolina Blue Medicare HMO (MAPD)	015905	HMONC	NCPARTD	015905	MPPPNC
BCBS of North Carolina Blue Medicare PPO (MA-PD)	015905	PPONC	NCPARTD	015905	MPPPNC
BCBS of North Carolina Blue Medicare Rx (PDP)	015905	PDPNC	NCPARTD	015905	MPPPNC
BCBS of North Carolina Blue Medicare PPO Enhanced Freedom Employer Group (MA-PD)	015905	PPONCG	NCPARTD	015905	MPPPNC

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## for Prime Therapeutics' Medicare Part D M3P Program

BCBS of North Carolina Blue Medicare Rx (PDP) Enhanced Employer Group	015905	PDPNCG	NCPARTD	015905	MPPPNC
BCBS of North Carolina HealthyBlue + Medicare (HMO D-SNP)	015905	DSNPNC	WM2A	015905	MPPPNC
BCBS of North Carolina Blue Medicare HMO Enhanced Employer Group (MA-PD)	015905	HMONCG	NCPARTD	015905	MPPPNC
<b>Plan Name</b>	<b>Part D BIN</b>	<b>Part D PCN</b>	<b>Part D RxGroup</b>	<b>M3P BIN</b>	<b>M3P PCN</b>
HISC BCBS of Illinois Blue Cross Community MMAI (Medicare-Medicaid Plan)	011552	ILDEMD	MM01	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO)	011552	MAPDIL	0001	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO)	011552	MAPDIL	0007	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO)	011552	MAPDIL	0008	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO)	011552	MAPDIL	0012	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO)	011552	MAPDIL	0014	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO)	011552	MAPDIL2	0001	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)	011552	MAPDIL1	0003	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)	011552	MAPDIL1	0016	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)	011552	MAPDIL1	0004	011552	MPPPHCSC

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HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)	011552	MAPDIL1	0008	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)	011552	MAPDIL1	0012	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)	011552	MAPDIL1	0017	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)	011552	MAPDIL1	0018	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)	011552	MAPDIL1	0020	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)	011552	MAPDIL1	0021	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage (PPO)	011552	MAPDMT	0005	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage (PPO)	011552	MAPDMT	0003	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage (PPO)	011552	MAPDMT	0004	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage (PPO)	011552	MAPDMT	0007	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage (PPO)	011552	MAPDMT	0010	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage Flex Access (PPO)	011552	MAPDNM2	0012	011552	MPPPHCSC

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HISC BCBS of New Mexico Blue Cross Medicare Advantage Flex Access (PPO)	011552	MAPDNM2	0014	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage Flex Access (PPO)	011552	MAPDNM2	0015	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage Flex Access (PPO)	011552	MAPDNM2	0016	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage Select (HMO) and Flex (HMO POS)	011552	MAPDNM1	0002	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO SNP)	011552	NMSNP2	0029	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNM	0002	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage Choice (PPO)	011552	NMPARTD1	0010	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO SNP)	011552	NMSNP3	0009	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Basic or Premier Plus (HMO)	011552	MAPDOK	0001	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Classic (PPO)	011552	MAPDOK3	0007	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Classic (PPO)	011552	MAPDOK3	0021	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Classic (PPO)	011552	MAPDOK3	0022	011552	MPPPHCSC

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HISC BCBS of Oklahoma Blue Cross Medicare Advantage Dual Care Plus (HMO D-SNP)	011552	OKSNP1	0003	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX	0008	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX	0003	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX	0006	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0002	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0011	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0015	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0016	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0018	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX1	0001	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX1	0005	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX2	0001	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX2	0004	011552	MPPPHCSC

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HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX3	0001	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX3	0005	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX3	0007	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX3	0008	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX3	0009	011552	MPPPHCSC

HISC BCBS of Texas Blue Cross Medicare Advantage (HMO SNP)	011552	TXSNP2	0002	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx (PDP)	011552	PDPIIL	0001	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX	0006	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0002	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0011	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0015	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0016	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX4	0018	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDTX1	0001	011552	MPPPHCSC

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HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDXTX1	0005	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDXTX2	0001	011552	MPPPHCSC
<b>Plan Name</b>	<b>Part D BIN</b>	<b>Part D PCN</b>	<b>Part D RxGroup</b>	<b>M3P BIN</b>	<b>M3P PCN</b>
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)	011552	MAPDXTX2	0004	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross MedicareRx (PDP)	011552	PDPNM	0003	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross MedicareRx (PDP)	011552	PDPTX	0005	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross MedicareRx (PDP)	011552	PDPTX	0014	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross MedicareRx (PDP)	011552	PDPNM	0013	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx (PDP)	011552	PDPIIL	0012	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx (PDP)	011552	PDPIIL	0019	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross MedicareRx (PDP)	011552	PDPNM	0020	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross MedicareRx (PDP)	011552	PDPTX	0021	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO)	011552	NMPARTDG	CLCC	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDXTXG	NHA1	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG	RHC2	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG	RHC1	011552	MPPPHCSC

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HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG	AERO	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG	NMSE	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO)	011552	NMPARTDG	STJC	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	HCS1	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	HCS2	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	HCS3	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	HCS4	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	HCS5	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IMR1	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IMR2	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IMR3	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IMR4	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IMR5	011552	MPPPHCSC



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HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IMR6	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	CICE	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	BGSD	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	BSD7	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	DOHE	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	FSBS	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	HES4	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	MAHC	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	MAOC	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	MCPS	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	MMI1	011552	MPPPHCSC

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HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	MMI2	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	MMI3	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	SSD2	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	COPA	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDNMG1	UNM1	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDNMG1	UNM2	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	COC1	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	COC2	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	COC3	011552	MPPPHCSC

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Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	MTOE	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	DPU1	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	DPU2	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	EFHC	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	ENRG	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG1	ARCO	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG1	ASPL	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG1	AZDS	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG1	CIGC	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG1	LEVI	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG1	LRRI	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG1	SLFC	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG1	SPCO	011552	MPPPHCSC

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HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)	011552	MAPDNMG1	VNBP	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	BCSF	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	ALAG	011552	MPPPHCSC

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Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	DEUB	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	OCR2	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	ITCO	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	WYGO	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	CCSD	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	ZACH	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	STNI	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	WEIR	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	DELL	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	MTTE	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	LAGC	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO)	011552	NMPARTDG	AHWC	011552	MPPPHCSC

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HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	BCBA	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	GLUN	011552	MPPPHCSC

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HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	CTOT	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	COLS	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	MDLA	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IGDN	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	PMLU	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	BKNR	011552	MPPPHCSC
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDMTG	GFPS	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	BGCT	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	TCAD	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	CCAL	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage (PPO)	011552	OKMAPDG	6333	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage (PPO)	011552	OKMAPDG	Ocff	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage (PPO)	011552	OKMAPDG	STOK	011552	MPPPHCSC

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HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	CEGN	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	MACF	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IWTS	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	VMPK	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	GCAM	011552	MPPPHCSC
<b>Plan Name</b>	<b>Part D BIN</b>	<b>Part D PCN</b>	<b>Part D RxGroup</b>	<b>M3P BIN</b>	<b>M3P PCN</b>
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IBTU	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	VMDL	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	MPSM	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	PSBS	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	BSTX	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	MACR	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	RUWT	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO)	011552	NMPARTDG	SMWL	011552	MPPPHCSC



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HISC BCBS of Oklahoma Blue Cross Medicare Advantage (PPO)	011552	OKMAPDG	OPHW	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage (PPO)	011552	OKMAPDG	UTUL	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	SBTS	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	CAUS	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	ECTR	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	IRVH	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	IRVL	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	CHST	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	IAWL	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage (PPO)	011552	OKMAPDG	AOKC	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	ING2	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	ING3	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	ING4	011552	MPPPHCSC

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HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	CHCU	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	HCS1	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	HCS2	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	HCS3	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	HCS4	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	HCS5	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	IMRF	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	LABF	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	MCBC	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	MEAB	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	CIFR	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	DELD	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	BCSA	011552	MPPPHCSC

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HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	PABF	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGIL	MCVS	011552	MPPPHCSC
Boeing-Blue Cross Group MedicareRx	011552	PDPIBBOG	U910	011552	MPPPHCSC
Boeing-Blue Cross Group MedicareRx	011552	PDPIBBOG	7510	011552	MPPPHCSC
Boeing-Blue Cross Group MedicareRx	011552	PDPIBBOG	7410	011552	MPPPHCSC
Boeing-Blue Cross Group MedicareRx	011552	PDPIBBOG	S925	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGNM	0001	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross MedicareRx Employer Groups (PDP)	011552	PDGNM	0002	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross MedicareRx (PDP)	011552	PDGTX	0000	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross MedicareRx (PDP)	011552	PDGTX	BEPC	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross MedicareRx (PDP)	011552	PDGTX	ONCR	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage Flex Access (PPO)	011552	MAPDNM2	0019	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
HISC BCBS of New Mexico Blue Cross Medicare Advantage Flex Access (PPO)	011552	MAPDNM2	0020	011552	MPPPHCSC

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HISC BCBS of New Mexico Blue Cross Medicare Advantage Flex Access (PPO)	011552	MAPDNM2	0021	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Classic (PPO)	011552	MAPDOK3	0023	011552	MPPPHCSC
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Classic (PPO)	011552	MAPDOK3	0024	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX	0022	011552	MPPPHCSC
(PPO)					
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX	0023	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)	011552	MAPDTX	0024	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
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HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	ZACH	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	CDHI	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	CDLO	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDTXG2	DCCH	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDTXG2	DNCH	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDTXG2	TWCH	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
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HISC BCBS of Texas Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDTXG2	PCCH	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDTXG2	TCCH	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	IBGI	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	BBU1	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	BBU2	011552	MPPPHCSC
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	VOAD	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
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HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)	011552	MAPDILG1	NPUN	011552	MPPPHCSC
HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO)	011552	NMPARTDG	NMRH	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	COLA	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	DCCP	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	DNCP	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	TWCP	011552	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
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HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	PCCP	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	TCCP	011552	MPPPHCSC
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	011552	MAPDTXG	BRAZ	011552	MPPPHCSC
Horizon BSBS of New Jersey Medicare BlueRx Standard and Enhanced (PDP)	016499	PDPNJ	RXHRZN	016499	MPPPNJ
Horizon BCBS of New Jersey Medicare Blue Group w/ Rx (Group PDP)	016499	PDPNJG	RXHRZN	016499	MPPPNJ
Braven Medicare Choice (PPO) Braven Medicare Freedom (PPO)	016499	PPOBH	RXBRVN	016499	MPPPNJ
Braven Medicare Group w/Rx	016499	PPOBHG	RXBRVN	016499	MPPPNJ
Braven Medicare Group w/Rx	016499	PPOBHG	RXBRVN2	016499	MPPPNJ



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Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Horizon BCBS of New Jersey Horizon NJ TotalCare (HMOSNP)	016499	DSNPPRI	RXHRZN	016499	MPPPNJ
Capital BlueCross	610455	CAPD2	H3923	610455	MPPPCAP
Capital BlueCross	610455	CAPD	H3962	610455	MPPPCAP
Capital BlueCross (Employer Group PDP)	610455	CAPPDPG	S8067	610455	MPPPCAP
Capital BlueCross	610455	CAPDG2	H3923	610455	MPPPCAP
Capital BlueCross	610455	CAPDG	H3962	610455	MPPPCAP
Capital Health Plan Medicare Advantage Plus (HMO) and Preferred Advantage (HMO)	610455	MEDDADV	CHPMED	610455	MPPPCHP
Capital Health Plan Medicare Retiree Advantage (HMO)	610455	MEDDADVG	CHPMED	610455	MPPPCHPG
Capital Health Plan Medicare Retiree Advantage (HMO)	610455	MEDDADVG	CHPNKY	610455	MPPPCHPG
BCBS of Rhode Island BlueCHIP for Medicare MAPD Individual	610455	BCRIMA	BCRIMA2	610455	MPPPRI

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BCBS of Rhode Island BlueCHIP for Medicare MAPD Individual	610455	BCRIMA	BCRIMA	610455	MPPPRI
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Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
BCBS of Rhode Island BlueCHIP for Medicare MAPD Group	610455	BCRIMAG	BCRIMA2	610455	MPPPRI
BCBS of Rhode Island BlueCHIP for Medicare MAPD Group	610455	BCRIMAG	BCRIMA	610455	MPPPRI
Blue Plus Medicare Advantage BCBS of Oklahoma PDP Region 23	610455	PDPOK	0010	011552	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma PDP Region 23	610455	PDPOK	0015	011552	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma PDP Region 23	610455	PDPOK	0018	011552	MPPPHCSC
BCBS of Nebraska MA Choice (HMO POS) and MA Core (HMO)	610455	ENEH3170	NEPARTD	610455	MPPPNE
BCBS of Nebraska	610455	ENEH8181	PARTDNE	610455	MPPPNE
BCBS of Kansas	610455	KSPARTD	H7063	610455	MPPPKS

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BCBS of Kansas Blue MedicareRx (PDP)	610455	KSPDP	S5726	610455	MPPPKS
BCBS of Minnesota Platinum Blue with Rx (Cost)	610455	HMPBD	*	610455	MPPPPB

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
BCBS of Minnesota Medicare Advantage PPO	610455	EMNH5959	*	610455	MPPPMN
BCBS of Minnesota Medicare Advantage Employer Group	610455	EMNH5959G	*	610455	MPPPMN
BCBS of Minnesota (Secure Blue (MSHO)) BCBS of Minnesota (Secure Blue (MSHO))	610455	SBPARTD	*	610455	MPPPSB
MedicareBlue <sup>SM</sup> Rx (PDP)	610455	CSPDP	S5743	610455	MPPPCS
Group MedicareBlue <sup>SM</sup> Rx (PDP)	610455	CSPDPG	S5743	610455	MPPPCS
Group MedicareBlue <sup>SM</sup> Rx (PDP)	610455	CSPDPG	S5743G	610455	MPPPCS
Alignment Health Plan	610455	AHPPARTD	H3443	610455	MPPPPARTD
Alignment Health Plan	610455	AHPPARTD	H3815	610455	MPPPPARTD
Alignment Health Plan	610455	AHPPARTD	H4961	610455	MPPPPARTD
Alignment Health Plan	610455	AHPPARTD	H5296	610455	MPPPPARTD

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Alignment Health Plan	610455	AHPPARTD	H5472	610455	MPPPPARTD
Alignment Health Plan	610455	AHPPARTD	H7074	610455	MPPPPARTD
Alignment Health Plan	610455	AHPPARTD	H8832	610455	MPPPPARTD
Alignment Health Plan	610455	AHPPARTD	H9686	610455	MPPPPARTD
Alignment Health Plan Employer Group	610455	AHPPARTDG	H4961G	610455	MPPPPARTDG

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Blue Plus Medicare Advantage BCBS of Oklahoma PDP Region 23	610455	PDPOK	0010	610455	MPPPHCSC

Blue Plus Medicare Advantage BCBS of Oklahoma PDP Region 23	610455	PDPOK	0015	610455	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma PDP Region 23	610455	PDPOK	0018	610455	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	OKFF	610455	MPPPHCSC

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Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	BFOK	610455	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	1135D3	610455	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	2198D3	610455	MPPPHCSC
<b>Plan Name</b>	<b>Part D BIN</b>	<b>Part D PCN</b>	<b>Part D RxGroup</b>	<b>M3P BIN</b>	<b>M3P PCN</b>
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	2215D2	610455	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	2215D4	610455	MPPPHCSC

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Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	315D	610455	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	6334	610455	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	8146D3	610455	MPPPHCSC
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	8770D2	610455	MPPPHCSC

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	9940D1	610455	MPPPHCSC

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Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)	610455	PDGOK	STOK	610455	MPPPHCSC
Solis Health Plan	610455	SOMAPD	H0982	610455	MPPPSO
BCBS of Nebraska	610455	ENEH8181G	PARTDNEG	610455	MPPPNNE
Regence MedAdvantage + Rx Primary (PPO) Regence MedAdvantage + Rx Enhanced (PPO) Regence MedAdvantage + Rx Classic (PPO)	610623	02100000	26500001	610623	MPPP021000
Regence Blue MedAdvantage HMO (HMO) Regence   St. Luke's Health Partners Align (HMO)	610623	02100000	26500016	610623	MPPP021000
Regence BlueAdvantage HMO (HMO) Regence BlueAdvantage HMO Plus (HMO)	610623	02100000	26500014	610623	MPPP021000

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
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Regence MedAdvantage + Rx Classic (PPO) Regence MedAdvantage + Rx Enhanced (PPO) Regence MedAdvantage + Rx Primary (PPO)	610623	02100000	26500002	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Regence MedAdvantage + Rx Enhanced (PPO)	610623	02100000	26500003	610623	MPPP021000
Regence MedAdvantage + Rx Enhanced (PPO) Regence MedAdvantage + Rx Primary (PPO) Regence MedAdvantage + Rx Classic (PPO) Regence MedAdvantage + Rx Core (PPO)	610623	02100000	26500004	610623	MPPP021000
Asuris TruAdvantage + Rx Classic (PPO) Asuris TruAdvantage + Rx Primary (PPO)	610623	02100000	26500000	610623	MPPP021000



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Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Regence BlueAdvantage HMO (HMO) Regence BlueAdvantage HMO Plus (HMO)	610623	02100000	26500012	610623	MPPP021000
Regence BlueAdvantage HMO (HMO) Regence BlueAdvantage HMO Plus (HMO)	610623	02100000	26500015	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Idaho	610623	02100001	40000205	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Idaho	610623	02100001	40000206	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Idaho	610623	02100001	40000207	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Idaho Regence MedAdvantage + Rx Primary (PPO) Idaho	610623	02100001	40000208	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Idaho	610623	02100001	40000226	610623	MPPP021000

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Regence MedAdvantage + Rx Classic (PPO) Idaho Regence MedAdvantage + Rx Primary (PPO) Idaho	610623	02100001	40000227	610623	MPPP021000
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Regence MedAdvantage + Rx Primary (PPO) Idaho	610623	02100001	40000209	610623	MPPP021000
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<b>Plan Name</b>	<b>Part D BIN</b>	<b>Part D PCN</b>	<b>Part D RxGroup</b>	<b>M3P BIN</b>	<b>M3P PCN</b>
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Regence MedAdvantage + Rx Enhanced (PPO) Idaho	610623	02100001	40000200	610623	MPPP021000
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Regence MedAdvantage + Rx Enhanced (PPO) Idaho	610623	02100001	40000201	610623	MPPP021000
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Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon Regence MedAdvantage + Rx Enhanced (PPO) Oregon	610623	02100001	40000010	610623	MPPP021000
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Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000026	610623	MPPP021000
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Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon Regence MedAdvantage + Rx Enhanced (PPO) Oregon	610623	02100001	40000028	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000029	610623	MPPP021000

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000031	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000032	610623	MPPP021000

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Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000033	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000036	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000037	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000038	610623	MPPP021000

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000039	610623	MPPP021000

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Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000040	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000041	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Oregon Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000042	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000001	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Oregon Regence MedAdvantage + Rx 02 (PPO) Oregon	610623	02100001	40000002	610623	MPPP021000

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
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Regence MedAdvantage + Rx Classic (PPO) Oregon Regence MedAdvantage + Rx Enhanced (PPO) Oregon	610623	02100001	40000007	610623	MPPP021000
Regence MedAdvantage + Rx Enhanced (PPO) Oregon	610623	02100001	40000008	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000009	610623	MPPP021000
Regence MedAdvantage + Rx Enhanced (PPO) Oregon	610623	02100001	40000014	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000016	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000019	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000021	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000022	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Oregon	610623	02100001	40000043	610623	MPPP021000
Regence MedAdvantage + Rx Enhanced (PPO) Oregon	610623	02100001	40000005	610623	MPPP021000

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Regence MedAdvantage + Rx Enhanced (PPO) Oregon	610623	02100001	40000027	610623	MPPP021000
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Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Regence MedAdvantage + Rx Enhanced (PPO) Oregon	610623	02100001	40000030	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Utah	610623	02100001	40000330	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Utah Regence MedAdvantage + Rx Classic (PPO) Utah	610623	02100001	40000332	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Utah Regence MedAdvantage + Rx Classic (PPO) Utah	610623	02100001	40000333	610623	MPPP021000
Regence MedAdvantage + Rx Primary (PPO) Utah Regence MedAdvantage + Rx Classic (PPO) Utah	610623	02100001	40000335	610623	MPPP021000

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Regence MedAdvantage + Rx Primary (PPO) Utah Regence MedAdvantage + Rx Classic (PPO) Utah	610623	02100001	40000336	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Utah	610623	02100001	40000334	610623	MPPP021000

Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Regence MedAdvantage + Rx Enhanced (PPO) Washington	610623	02100001	40000139	610623	MPPP021000
Regence MedAdvantage + Rx Enhanced (PPO) Washington	610623	02100001	40000140	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Washington Regence MedAdvantage + Rx Primary (PPO) Washington	610623	02100001	40000152	610623	MPPP021000
Regence MedAdvantage + Rx Enhanced (PPO) Washington	610623	02100001	40000155	610623	MPPP021000
Regence MedAdvantage + Rx Enhanced (PPO) Washington	610623	02100001	40000156	610623	MPPP021000



**Payer Sheet Specification**  
**for Prime Therapeutics' Medicare Part D M3P Program**



Regence MedAdvantage + Rx Classic (PPO) Washington Regence MedAdvantage + Rx Primary (PPO) Washington	610623	02100001	40000144	610623	MPPP021000
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Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Regence MedAdvantage + Rx Classic (PPO) Washington Regence MedAdvantage + Rx Primary (PPO) Washington	610623	02100001	40000148	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Washington Regence MedAdvantage + Rx Primary (PPO) Washington	610623	02100001	40000149	610623	MPPP021000
Regence MedAdvantage + Rx Classic (PPO) Washington Regence MedAdvantage + Rx Primary (PPO) Washington	610623	02100001	40000150	610623	MPPP021000

**Payer Sheet Specification**  
**for Prime Therapeutics' Medicare Part D M3P Program**



Regence MedAdvantage + Rx Classic (PPO) Washington Regence MedAdvantage + Rx Primary (PPO) Washington	610623	02100001	40000151	610623	MPPP021000
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Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
Regence MedAdvantage + Rx Primary (PPO) Washington	610623	02100001	40000153	610623	MPPP021000
Regence MedAdvantage + Rx (PPO) Washington	610623	02100001	40000146	610623	MPPP021000
Asuris Medicare Script (PDP) Washington	610623	02110001	40000625	610623	MPPP021100
Asuris Medicare Script (PDP) Washington	610623	02110001	40000622	610623	MPPP021100
Asuris Medicare Script (PDP) Basic Oregon	610623	02110001	40000514	610623	MPPP021100
Asuris Medicare Script (PDP) Basic Oregon	610623	02110001	40000521	610623	MPPP021100

**Payer Sheet Specification**  
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Asuris Medicare Script (PDP) Basic Oregon Asuris Medicare Script (PDP) Enhanced Oregon	610623	02110001	40000532	610623	MPPP021100
Asuris Medicare Script (PDP) Enhanced Oregon	610623	02110001	40000507	610623	MPPP021100
Regence Medicare Script (PDP) Enhanced Idaho	610623	02120001	40000751	610623	MPPP021200

Regence Medicare Script (PDP) Enhanced Idaho	610623	02120001	40000752	610623	MPPP021200
Regence Medicare Script (PDP) Basic Utah	610623	02120001	40000851	610623	MPPP021200
Regence Medicare Script (PDP) Enhanced Utah Experience	610623 020289	02120001 EHPARTD	40000855 MAPDEH	610623 020289	MPPP021200 MPPPEH

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



Health

### Processor

Effective as of: 01/01/2011	NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: October 2023
Contact/Information Source: Prime Contact Center Phone number 800.821.4795. Other reference materials are available on Prime's web site. <a href="https://www.primetherapeutics.com/24-hour-contact-center">https://www.primetherapeutics.com/24-hour-contact-center</a>	
Other versions supported: Will continue to accept NCPDP Telecommunication version 5.1 based upon the CMS statement of "Discretionary Enforcement" until 03/30/2012	

### OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Reversals

### FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	<b>RW</b>	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) are excluded from the template.

### CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	Multiple	M	BIN's listed in General Information Section
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	Multiple	M	PCN's listed in General Information Section
1Ø9-A9	TRANSACTION COUNT	Ø1-Ø4	M	Up to 4 transactions per B1 transmission accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1-NPI	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Use value for Switch's requirements

# Payer Sheet Specification

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This Segment is always sent	X	
<b>Insurance Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, <i>Payer Situation</i>

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID		M	Refer to the Medicare Part D Response Other Payers Segment, the last other payer occurrence to obtain the Cardholder ID (302-C2) required for the M3P COB transaction.

<b>Patient Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
<i>Field#</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
311-CB	PATIENT LAST NAME		R	
307-C7	PLACE OF SERVICE	01-Pharmacy	RW	Payer Requirement: Required for Long Term Care, Asst Living or Home Infusion claim processing
384-4X	PATIENT RESIDENCE	00-Not Specified 01-Home 03-Nursing Facility 04-Assisted Living Facility 06-Group Home 09-Intermediate Care Facility /Mentally Retarded 11-Hospice	R	Payer Requirement: Required for Long Term Care, Asst Living or Home Infusion claim processing

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This payer does not support partial fills	X	

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1-Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1-Universal Product Code (UPC) Ø2-Health Related Item (HRI) Ø3-National Drug Code (NDC)	M	If billing for a Multi-Ingredient Compound, value is "ØØ"-Not Specified
407-D7	PRODUCT/SERVICE ID		M	Universal Product Code (UPC) Health Related Item (HRI) National Drug Code (NDC)
46Ø-ET	QUANTITY PRESCRIBED		RW	Required when Schedule II drug
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	



# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



	Claim Segment	Segment Identification			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation	
405-D5	DAYS SUPPLY		R		
406-D6	COMPOUND CODE	1-Not a Compound 2-Compound	R	See Compound Segment for support of multiingredient compounds	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R		
414-DE	DATE PRESCRIPTION WRITTEN		R		
419-DJ	PRESCRIPTION ORIGIN CODE	1-Written 2-Telephone 3-Electronic 4-Facsimile 5-Pharmacy	R		
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW	Payer Requirement: Required if Submission Clarification Code (420-DK) is used	

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



42Ø-DK	SUBMISSION CLARIFICATION CODE	<p>8- Process Compound for Approved Ingredients</p> <p>15- Medication has been contaminated during administration in an LTPAC facility</p> <p>16- Long Term Care</p>	RW	<p><i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client or when for Prescriber ID clarification</p>
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	Claim Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



		<p>Emergency box (kit) or automated dispensing machine. Replacement supply for doses previously dispensed to the patient (ekit)</p> <p>17- Remainder of the medication originally begun from an Emergency Kit</p> <p>19- Split Billing</p> <p>21- LTC dispensing: 14 days or less not applicable</p> <p>22- LTC dispensing: 7 days</p> <p>23- LTC dispensing: 4 days</p> <p>24- LTC dispensing: 3 days</p> <p>25- LTC dispensing: 2 days</p>		
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	Claim Segment Identification (111-AM) = "Ø7"	Segment		Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



		<p>26- LTC dispensing: 1 day</p> <p>27- LTC dispensing: 4-3 days</p> <p>28- LTC dispensing: 223 days</p> <p>29- LTC dispensing: daily and 3-day weekend</p> <p>30- LTC dispensing: Per shift dispensing</p> <p>31- LTC dispensing: Per med pass dispensing</p> <p>32- LTC dispensing: PRN on demand</p> <p>33- LTC dispensing: 7 day or less cycle not otherwise represented</p> <p>34- LTC dispensing: 14 days dispensing</p> <p>35- LTC dispensing: 8-</p>		
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	<b>Claim Segment Identification</b>	<b>Segment</b>		<b>Claim Billing/Claim Rebill</b>
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# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



(111-AM) = "Ø7"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		14 day dispensing method not listed above 36- LTC dispensing: dispensed outside short cycle 42- Prescriber ID Submitted is valid and prescribing requirements have been validated 43- Prescriber's DEA is active with DEA Authorized Prescriptive Right 45- Prescriber's DEA is a valid Hospital DEA with Suffix and has prescriptive authority for this drug DEA Schedule 46- Prescriber's DEA has prescriptive authority for this drug DEA Schedule		

# Payer Sheet Specification

for Prime Therapeutics' Medicare Part D M3P Program



	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>

**Payer Sheet Specification**  
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		<p>47-Shortened Days Supply Fill - only used to request an override to plan limitations when a shortened days supply is being Dispensed</p> <p>48-Fill Subsequent to a Shortened Days Supply Fill - only used to request an override to plan limitations when a fill subsequent to a shortened days supply is being dispensed</p> <p>57-Discharge Medication- new dispensing of medication and continuation of care due to the patient's discharge from LTPAC, Clinic, Hospital or similar setting.</p> <p>60- Long Term Care Same Drug Strength and Dosage</p>		
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# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		From with Multiple Dosing Directions- Separate prescriptions of the same drug being taken concurrently exist due to different dosing direction.		
3Ø8-C8	OTHER COVERAGE CODE	8-Claim is billing for patient financial responsibility only	RW	<i>Payer Requirement:</i>  All M3P claims must use COB Method 2 - Other Payer Patient Responsibility Amount (OPPRA).
429-DT	SPECIAL PACKAGING INDICATOR		RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound



# Payer Sheet Specification

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461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<i>Payer Requirement:</i> Situation Determined by Client
	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Payer Requirement:</i> Situation Determined by Client
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



147-U7	PHARMACY SERVICE TYPE	1- Community/Retail Pharmacy Services  3- Home Infusion Therapy Provider Services  5- Long Term Care Pharmacy Services  6- Mail Order Pharmacy Services  8- Specialty Care Pharmacy Services	R	
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Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
409-D9	INGREDIENT COST SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Payer Requirement:</i> Required when field 440-E5 is used

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax  Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when provider is claiming sales tax  Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage
	<b>Pricing Segment Segment Identification (111-AM) = "11"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				Sales Tax Basis Submitted (484-JE)

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when provider is claiming sales tax  Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483HE)
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Prescriber Segment Segment Identification (111-AM) = "03"				Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER	01-NPI	R	NPI Required
Prescriber Segment Segment Identification (111-AM) = "03"				Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



411-DB	PRESCRIBER ID		R	<i>Payer Requirement:</i> Applicable value for the qualifier used in 466-EZ
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Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 2-Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111AM) = "Ø5"				Claim Billing/Claim Rebill  Scenario 2 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9	M	
Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill  Scenario 2 - Other Payer Amount Paid Repetitions Only

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program

338-5C	OTHER PAYER COVERAGE TYPE	Ø1-Primary-First Ø2-SecondarySecond Ø3-TertiaryThird	M	
339-6C	OTHER PAYER ID QUALIFIER	Ø3-Bank Identification Number (BIN)	RW	<i>Payer Requirement:</i>
34Ø-7C	OTHER PAYER ID		RW	
443-E8	OTHER PAYER DATE		RW	
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT		RW	
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø6-Patient Pay Amount	RW	
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is situational	X	

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>

# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences	RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used
439-E4	REASON FOR SERVICE CODE	DC-Drug-Disease(Inferred) DD-Drug-Drug Interaction	RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used
440-E5	PROFESSIONAL SERVICE CODE	M0-Prescriber Consulted MA-Medication Administration MR-Medication Review PH-Patient Medication History PO-Patient Consulted	RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used
441-E6	RESULT OF SERVICE CODE		RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required when Compound Code is =2

	<b>Compound Segment Segment Identification (111-AM) = "10"</b>			<b>Claim Billing/Claim Rebill</b>
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# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø1-Universal Product Code (UPC) Ø3-National Drug Code (NDC)	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	<i>Payer Requirement:</i> Required for each ingredient
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	<i>Payer Requirement:</i> Required for each ingredient

Clinical Segment Questions	Check	Claim Billing/Claim Rebill
		If Situational, <i>Payer Situation</i>
This Segment is situational	X	
<b>Clinical Segment</b> <b>Segment Identification</b> <b>(111-AM) = "13"</b>		<b>Claim Billing/Claim Rebill</b>



# Payer Sheet Specification

## for Prime Therapeutics' Medicare Part D M3P Program



<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	<i>Payer Requirement:</i> Required When instructed by POS Messaging
492-WE	DIAGNOSIS CODE QUALIFIER	Ø2- International Classification of Diseases (ICD1Ø)	RW	<i>Payer Requirement:</i> Required When instructed by POS Messaging
424-DO	DIAGNOSIS CODE		RW	<i>Payer Requirement:</i> Required When instructed by POS Messaging