

URGENT!!

Dear Pharmacy Provider

Independence Blue Cross (IBC) a client of FutureScripts® a Catamaran Company™, has many changes for 1/1/2014. Please see below each type of business and the change needed to set this up correctly in your system.

*******For Payer sheets related to this information please visit our Provider Portal at www.catamaranrx.com/pharmacy*******

Commercial

Effective 1/1/2014 IBC will add additional groups for their commercial business to the new Commercial Bin that was provided to you on 11-1-13. This is due to monthly migrations of members to a new medical platform. These members will have new ID cards and you will need to change this in your system. At all times ask the member for their New Member ID Card. **The Member ID's are moving to 12 digits.**

BIN	PCN	Plan Types
015814	06090000	Commercial

Submit a POS claim for a member who is NOT active and their Alt Member ID 2 field is NOT populated. The fill date is prior to the member's termination date. The Client is NOT on the Opt Out Client data structure.	Claim pays and continues through normal claims processing.
Submit a POS claim for a member who is NOT active and their Alt Member ID 2 field is NOT populated. The fill date is after the member's termination date. The Client is NOT on the Opt Out Client data structure.	Claim denies with hard error "002 - MEMBER WAS NOT ELIGIBLE ON DATE FILLED"
Submit a POS claim for a member who is active and where the Alt Member ID 2 field is populated. The claim is submitted using Primary Mbr ID. The Client is NOT on the Opt Out Client data structure.	Claim pays and continues through normal claims processing.
Submit a POS claim for a member who is NOT active and where the Alt. Member ID 2 field is populated. The Client is NOT on the Opt Out Client data structure.	Claim denies and free form message "Please Resubmit using Member ID =<13 character UMI>, BIN = 015814, PCN = 060900.
Claim is resubmitted with new Cardholder ID	Claim pays and continues through normal claims processing.
Submit a POS claim for a member who is NOT active and where the Alt Member ID 2 field is populated. The Client is on the Opt Out Client data structure.	Claim denies with hard error "002 - MEMBER WAS NOT ELIGIBLE ON DATE FILLED"

Health Exchanges

Effective 1-1-2014, IBC, will be adding new Health Exchange Groups in the Pennsylvania and New Jersey area. Please see below for Processing Information for these two groups.

BIN	PCN	Client ID	Plan Types
015814	06430000	0600 Bronze 0601 Silver 0602 Gold 0603 Platinum 0604 Misc 0605 OPM 0606 Catastrophic 0607 Misc	Commercial-Pennsylvania Health Exchanges

BIN	PCN	Client ID	Plan Types
015814	06440000	0801 Bronze 0802 Silver 0803 Gold 0804 Platinum 0805 Misc 0806 Misc 0807 Misc	Commercial-New Jersey Health Exchanges

Medicare D

Effective 1/1/2014, IBC, will be migrating Medicare Part D business to the new the Catamaran platform which will require the following BIN PCN Change. There will be no ID Change for these members.

BIN	PCN	Plan Types
610011	CTRXMEDD	Medicare Part D

As always to insure you receive the proper processing information always ask the member for their new Member ID cards. Do not hesitate to call us should you receive any eligibility rejection on these plans. For Prior Authorization IBC has a Prior Authorization policy in place to allow the patient to fill a 96 hour supply, and the prior authorization request will automatically be submitted by us to the Doctor. Please allow for the 96 hour supply to be filled.

As always, should you have any additional questions, please feel free to reach out to Catamaran Pharmacy Help Desk at 888-678-7012 to speak to Provider Relations Personnel.

03121 9240340 0000 0000001 0000001 228 3 117



**Independence
Blue Cross**

*Personal
CHOICE*

JANIE
ADAMS
ZPW501698730001

Rx BIN 015814
Rx PCN 06090000

PLAN PPO
HIGH DEDUCTIBLE HEALTH PLAN
INDIV DED \$1500
FAMILY DED \$3000
PREV \$0

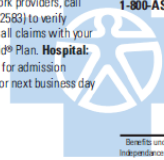


Visit www.ibxmedicare.com for benefit information

Member: You need to get approval for services offered by providers outside our network by calling 1-800-ASK-BLUE (1-800-275-2583).

Provider: For precertification, call 1-800-ASK-BLUE. Non-network providers, call 1-800-676-BLUE (1-800-676-2583) to verify eligibility and coverage. File all claims with your local Blue Cross®/Blue Shield® Plan. **Hospital:** Please call 1-800-ASK-BLUE for admission notification within 48 hours or next business day after admission.

Customer Service
1-800-ASK-BLUE
Eligibility/Precertification
1-800-ASK-BLUE
Mental Health/Substance Abuse
1-800-ASK-BLUE





Benefits underwritten by IGC Insurance Company, a subsidiary of Independence Blue Cross, an independent licensee of the Blue Cross and Blue Shield Administration.

Traditional PPO Plan



Pharmacy Benefits Administrator

CMS KS PART D CARD

													
<p><Member Name> <ID Number> Plan 80840</p>	<p><PCP Name> <phone #> <Provider Lab></p>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">PCP</td> <td style="width: 70%;">\$5</td> </tr> <tr> <td>SPEC</td> <td>\$40</td> </tr> <tr> <td>ER</td> <td>\$65</td> </tr> </table>	PCP	\$5	SPEC	\$40	ER	\$65	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">CMS:</td> <td style="width: 70%;">H3952-020</td> </tr> <tr> <td>RxBIN</td> <td>610011</td> </tr> <tr> <td>RxPCN</td> <td>CTRXMEDD</td> </tr> </table>	CMS:	H3952-020	RxBIN	610011	RxPCN	CTRXMEDD
PCP	\$5												
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CMS:	H3952-020												
RxBIN	610011												
RxPCN	CTRXMEDD												
<p>MEDICARE ADVANTAGE HMO VISION</p>	<p>MedicareRx Prescription Drug Coverage X</p>												


<p>Member: Present this card to providers when seeking care. Contact your Primary Care Physician first for routine medical care. Specialist or hospital care services must be referred by your Primary Care Physician, or you assume payment responsibility. See your Evidence of Coverage for details. Urgent Care In Area: Call your PCP prior to receiving services. Urgent Care Out-of-Area: Call 1-800-645-3965 for assistance in obtaining out-of-area urgent care or you may seek care with another provider within the U.S. In case of emergency, seek appropriate medical care immediately. Contact your PCP for follow-up care within 48 hours. Hospitals: Must call 1-800-227-3116 for admission notification within 24 hours. Please send all written inquiries to: Keystone 65 Preferred HMO, P.O. Box 7799, Philadelphia, PA 19101-7799</p> <p>Submit prescription claims to Catamaran, P.O. Box 968021, Schaumburg, IL 60196-8021</p>	<p style="text-align: center;">Visit www.ibxmedicare.com for benefit information</p> <p>Customer Service: <phone #></p> <p>TTY/TDD: <phone #></p> <p>Mental Health / Substance Abuse: <phone #></p> <p>Submit paper medical claims to: P.O. Box 69353, Harrisburg, PA 17106-9353.</p> <p>Out-of-network providers submit paper claims to your local Blue Cross® Blue Shield® Plan.</p> <p><small>Benefits underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association. Vision services administered by Davis Vision, an independent company.</small></p> <p style="text-align: center;"><small>Pharmacy Benefits Administrator</small></p>
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AmeriHealth NJ Sample ID Card Draft

Cooper Advantage 2 Tier

BUS ID 116475



NO REFERRAL NECESSARY

**SAMPLE MEMBER
USI1234567800**

Rx BIN	015814	EPO	TIER 1	TIER 2
Rx PCN	06440000	PCP	\$15	\$50
		SPEC	\$35	\$75
		ER	20%	50%
		DED	\$2000	\$2000
PREVENTIVE CARE \$0		HOSP	20%	50%


Rx


Visit www.amerithealthexpress.com for benefit information

Member: Use Cooper Advantage providers to receive Tier 1 benefits and Value Network providers to receive Tier 2 benefits. In the event of an emergency, seek appropriate medical care immediately. Call 911 if available. For urgent care outside of NJ call 1-888-968-7241 within 48 hours of receiving care. Before CT, MRI/MRA, PET or Nuclear Cardiology Testing contact AIM. You are responsible for obtaining precertification for selected services when obtained from non-network providers. **Hospital:** please call 1-888-968-7241 for admission notification within 24 hours or next business day after admission.

Customer Service
1-888-968-7241
 Eligibility/Precertification
1-888-968-7241
 Sick/Urgent Care Out-of-Area
1-888-968-7241
 Mental Health/Substance Abuse
1-800-809-9954
 Pharmacy Benefits
1-855-241-3614
 AIM
1-800-859-5288

Your insured benefits are underwritten by
 AmeriHealth Insurance Company of New Jersey
AmeriHealth Service Center
P.O. Box 41574 Philadelphia, PA 19101-1574






Pharmacy Benefits Administrator

AmeriHealth NJ

Sample ID Card Draft

Tier 1 Advantage

BUS ID 116499



VALUE NETWORK TIER 1 ADVANTAGE

NO REFERRAL NECESSARY

SAMPLE MEMBER
US1234567800

Rx BIN	015814	EPO HSA	TIER 1	TIER 2
Rx PCN	06440000	PCP	\$50	\$50
		SPEC	\$75	\$75
		ER	\$100	50%
		SNG DED	\$1350	\$1350
PREVENTIVE CARE \$0		FAM DED	\$2700	\$2700


Rx

Visit www.amerihalthexpress.com for benefit information

Member: Use Tier 1 Advantage hospitals and facilities for lower out of pocket costs and AmeriHealth New Jersey Value Network hospitals and facilities to receive the Tier 2 benefit level. In the event of an emergency, seek appropriate medical care immediately. Call 911 if available. For urgent care outside of NJ call 1-888-968-7241 within 48 hours of receiving care. Before CT, MRI/MRA, PET or Nuclear Cardiology Testing contact AIM. **Hospital:** Please call 1-888-968-7241 for admission notification within 24 hours or next business day after admission.

Customer Service
1-888-968-7241
Eligibility/Precertification
1-888-968-7241
Mental Health/Substance Abuse
1-800-809-9954
Pharmacy Benefits
1-855-241-3614
AIM
1-800-859-5288

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AmeriHealth Service Center
P.O. Box 41574 Philadelphia, PA 19101-1574



Check our online directory to find Tier 1 Advantage and Value Network Providers at www.amerihalthexpress.com.


FUTURE SCRIPTS

Pharmacy Benefits Administrator

AmeriHealth NJ Sample ID Card

EPO HSA Silver

BUS ID 116499



AmeriHealth.
NEW JERSEY

NO REFERRAL NECESSARY

**SAMPLE
MEMBER
USI1234567800**

Rx BIN	015814	PLAN	EPO HSA
Rx PCN	06440000	HIGH DEDUCTIBLE HEALTH PLAN	
		SINGLE DED	\$1350
		FAMILY DED	\$2700

PREVENTIVE CARE \$0

Rx


Visit www.amerithealthexpress.com for benefit information

Member: In the event of an emergency, seek appropriate medical care immediately. Call 911 if available. Before CT, MRI/MRA, PET or Nuclear Cardiology Testing contact AIM.


Hospital: Please call 1-888-968-7241 for admission notification within 24 hours or next business day after admission.

Customer Service
1-888-968-7241
Eligibility/Precertification
1-888-968-7241
Mental Health/Substance Abuse
1-800-809-9954
Pharmacy Benefits
1-855-241-3614
AIM
1-800-859-5288

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AmeriHealth Service Center
P.O. Box 41574 Philadelphia, PA 19101-1574




Pharmacy Benefits Administrator



AmeriHealth NJ Sample ID Card

EPO HSA VALUE NETWORK BUS ID 116710



VALUE NETWORK

NO REFERRAL NECESSARY

**SAMPLE MEMBER
USI1234567800**

Rx BIN	015814	PLAN	EPO HSA
Rx PCN	06440000	HIGH DEDUCTIBLE HEALTH PLAN	
		SINGLE DED	\$6350
		FAMILY DED	\$12700

PREVENTIVE CARE \$0

Rx


Visit www.amerithealthexpress.com for benefit information

Member: In the event of an emergency, seek appropriate medical care immediately. Call 911 if available. Before CT, MRI/MRA, PET or Nuclear Cardiology Testing contact AIM.

Hospital: Please call 1-888-968-7241 for admission notification within 24 hours or next business day after admission.

Customer Service
1-888-968-7241
Eligibility/Recertification
1-888-968-7241
Mental Health/Substance Abuse
1-800-809-9954
Pharmacy Benefits
1-855-241-3614
AIM
1-800-859-5288

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Check our online directory to find the Value Network Providers at www.amerithealthexpress.com.

FUTURE SCRIPTS

Pharmacy Benefits Administrator

AmeriHealth NJ Sample ID Card

EPO HSA VALUE NETWORK BUS ID 116611



VALUE NETWORK

NO REFERRAL NECESSARY

**SAMPLE MEMBER
USI1234567800**

Rx BIN	015814	PLAN	SEH EPO HSA
Rx PCN	06440000	HIGH DEDUCTIBLE HEALTH PLAN	
		SINGLE DED	\$2350
		FAMILY DED	\$4700

PREVENTIVE CARE \$0

Rx

Visit www.amerithealthexpress.com for benefit information

Member: In the event of an emergency, seek appropriate medical care immediately. Call 911 if available. Before CT, MRI/MRA, PET or Nuclear Cardiology Testing contact AIM.

Hospital: Please call 1-888-968-7241 for admission notification within 24 hours or next business day after admission.


Customer Service
1-888-968-7241
 Eligibility/Pre-certification
1-888-968-7241
 Mental Health/Substance Abuse
1-800-809-9954
 Pharmacy Benefits
1-855-241-3614
 AIM
1-800-859-5288

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FUTURE SCRIPTS


Pharmacy Benefits Administrator



AmeriHealth NJ Sample ID Card

HMO Standard Local Gold


BUS ID 116649



**VALUE
NETWORK**

<p>SAMPLE MEMBER USI1234567800</p>	<p>DR BENJAMIN FRANKLIN MD 215-555-1212 LAB Q</p>
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Rx BIN</td> <td style="width: 50%;">015814</td> </tr> <tr> <td>Rx PCN</td> <td>06440000</td> </tr> </table> <p>PREVENTIVE CARE \$0</p>	Rx BIN	015814	Rx PCN	06440000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PLAN</td> <td style="width: 50%;">HMO</td> </tr> <tr> <td>PCP</td> <td>\$15</td> </tr> <tr> <td>SPEC</td> <td>\$30</td> </tr> <tr> <td>ER</td> <td>\$100</td> </tr> <tr> <td>DED</td> <td>\$2000</td> </tr> <tr> <td>HOSP</td> <td>40%</td> </tr> </table>	PLAN	HMO	PCP	\$15	SPEC	\$30	ER	\$100	DED	\$2000	HOSP	40%
Rx BIN	015814																
Rx PCN	06440000																
PLAN	HMO																
PCP	\$15																
SPEC	\$30																
ER	\$100																
DED	\$2000																
HOSP	40%																



Visit www.amerithealthexpress.com for benefit information

Member: See your Primary Care Physician first for care. In the event of an emergency, seek appropriate medical care immediately. Call 911 if available. For urgent care outside of NJ, DE or Southeastern PA call 1-888-968-7241 within 48 hours of receiving care. Specialist and hospital care require a referral. Before CT, MRI/MRA, PET or Nuclear Cardiology Testing contact AIM.

Hospital: Please call 1-888-968-7241 for admission notification within 48 hours or next business day after admission.

Customer Service
1-888-968-7241

Eligibility/Precertification
1-888-968-7241

Sick/Urgent Care Out-of-Area
1-888-968-7241


Mental Health/Substance Abuse
1-800-809-9954


Pharmacy Benefits
1-855-241-3614

AIM
1-800-859-5288

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P.O. Box 41574 Philadelphia, PA 19101-1574

Check our online directory to find the Value Network Providers at www.amerithealthexpress.com.





Pharmacy Benefits Administrator

AmeriHealth NJ

Sample ID Card

POS Plus Platinum BUS ID 116712



NO REFERRAL NECESSARY

**SAMPLE
MEMBER
USI1234567800**

Rx BIN 015814
Rx PCN 06440000

PREVENTIVE CARE \$0

PLAN	POS PLUS
PCP	\$15
SPEC	\$25
ER	\$75
HOSP	\$300

Visit www.amerihalthexpress.com for benefit information

Member: For Customer Service and precertification please call 1-888-968-7241. You are responsible for obtaining precertification for selected services when obtained from non-network providers. Benefits may be reduced for non-network services if you fail to obtain precertification. See your benefit materials for details. Before CT, MRI/MRA, PET or Nuclear Cardiology Testing contact AIM. **Provider:** For precertification call 1-888-968-7241. Hospital admissions must be reported within 48 hours or the next business day after admission.

Customer Service
1-888-968-7241
Eligibility/Precertification
1-888-968-7241
Sick/Urgent Care Out-of-Area
1-888-968-7241
Mental Health/Substance Abuse
1-800-809-9954
AIM
1-800-859-5288

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