

Pharmacy Update

January 1, 2025

New Implementation

This update applies to: All Network Pharmacies

State(s): Nebraska

Line of Business: Commercial

Customer Care for Plan Members: 1-833-269-9412

Prior Authorization: 1-800-294-5979

Pharmacy Inquiries: If you have questions, call the Pharmacy Help Desk number provided in the claim response or 1-800-364-6331 if one is not provided.

Payer Sheets: For additional claim processing information, refer to the CVS Caremark Payer Sheets at caremark.com/pharminfo > NCPDP Payer Sheets.

Lancaster County

RXBIN: 004336

RXPCN: ADV


RXGRP: RX24GH

Member ID Format: 12 digits, alphanumeric

Person Code: 2 digits, append to Member ID

Effective **January 1, 2025**, CVS Caremark® will begin to administer the prescription benefits for Lancaster County. Please update or create plan member profiles to reflect the changes regarding this new plan adjudicating through CVS Caremark.

Lancaster County plan members will carry cards similar to the one illustrated below:

LANCASTER COUNTY		NebraskaBlue.com	
	Member Name Valued Member ID ABC10000001 Copays may apply Issued 10/2024	Network Blue Medical and RX Benefits: RUCN: 004336 RXGRP: RX24GH RXBIN: ADV	Health Providers: File Medicare claims with Medicare. File all other claims with local Blue Cross and/or Blue Shield Plan/Licensee in whose Service Area the member received services. Admission Certification required prior to inpatient admission. Penalties may apply. Blue Cross and Blue Shield of Nebraska provides administrative claims payment services only and does not assume any financial risk with respect to claims. Pharmacy Help Desk: 800-364-6331 RX Member Services: 833-269-9412 *Employer contracts separately for Pharmacy Benefit services. Blue Cross and Blue Shield of Nebraska PO Box 3246 Omaha, NE 68180-0001 An Independent Licensee of the Blue Cross Blue Shield Association.

Patient Pay Amount: Please rely on the claims system to determine the correct amount to collect from the plan member, if applicable.

Vaccine: Lancaster County will cover the following vaccines under the applicable Network Enrollment Form(s):

- Seasonal Influenza (Standard, Cell Cultured-Based, Intranasal, Recombinant, Adjuvanted, High-Dose)
- All Non-seasonal Vaccines
- COVID-19

Please rely upon the claims adjudication system at the time of administration to confirm coverage. Submit 'MA' in the Professional Service Code field (440-E5) of the DUR/PPS Segment along with a positive incentive fee amount in the Incentive Amount Submitted field (438-E3) of the Pricing Segment when administering vaccines.

Pharmacy network participation varies by plan.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvshhealth.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of sale issues, network enrollment forms, and amendments to the Provider Manual.

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