

****90-Day PROVIDER NOTICE****

Minnesota Department of Human Services (DHS) Effective October 1, 2024

Minnesota Health Care Programs Pharmacy Modernization Module

Effective **October 1, 2024**, Prime Therapeutics State Government Solutions LLC (Prime) will be the contracted vendor for the Minnesota DHS Fee-For-Service Point-of-Sale and AIDS Drug Assistance Program.

** Alert ** Claim Submission Differences

Beginning **October 1, 2024**, all pharmacy claims, regardless of date of service, must be processed using Prime's RxBIN and RxPCN assigned numbers, which are included in the table below.

Prime's Pharmacy Call Center can be contacted for assistance with medication dispensing and access issues at **1-844-575-7887** on or after **October 1**, **2024**.

The following claim submission fields and requirements are highlighted to assist in your claim filing success during this transition. All claims must be submitted under the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Version/Release D.0.

Transaction Header Segment				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	026787	M	NEW!
104-A4	Processor Control Number (PCN)	5309662024	M	NEW!
Insurance Segment				
301-C1	GROUP ID	MNMEDICAID	R	NEW!

Please note, in the Payer Usage column: M = Mandatory and R = Required

Payer Sheets

Updated payer sheets will be available in early August 2024. The payer sheets will include the claim submission fields and requirements to assist in claim filing. We encourage you to contact your software vendor soon to make them aware of the upcoming transition.

Pharmacy Testing

Prime encourages pharmacies to submit test claims prior to the transition. Prime is offering a testing window of <u>August 12, 2024</u>, <u>through September 13, 2024</u>. If you would like to submit test claims, please email

<u>PharmacyTesting@primetherapeutics.com</u> with your Contact Name, Phone Number, Pharmacy NPI, and Switch information to receive test claim information.