

# New RXGRP for CareFirst Administrators

## CareFirst Administrators

**RXBIN:** 004336  
**RXPCN:** ADV  
**RXGRP:** Varies (use what is printed on ID Card) or RX7580

CareFirst Administrators is an existing plan sponsor with CVS/caremark. Please note: Some plan members may be under a new RXGRP. Please process claims using the RXGRP information printed on the member's ID card.

If you receive the following or similar reject, please ask members to provide his or her new ID card and update profiles accordingly:

Reject 69 <<Filled After Coverage Termed>>

If the member does not have his or her new ID card, you may process the claim using the information provided in this communication or call the Pharmacy Help Desk for additional assistance.

CareFirst Administrators members will carry cards similar to the one illustrated below:

				<a href="http://www.cfblue.com">www.cfblue.com</a>
Member Name <b>JOHN TEST MEMBER</b>		Coverage Level XXXXXXX		Member Services and Benefits: 877-889-2478 Provider Claims and Eligibility: 800-676-2583 Inpatient Precertification: 800-670-7716 Outpatient Precertification: 800-670-7716 To locate Participating Providers outside the CareFirst service area, call CVS Caremark * Member Services: 800-386-7951 Pharmacist Only: 800-345-5413
Member ID XXXXXXXX		Copay		
Group No. <b>ANV</b> Benefit Plan <b>Blue HSA PLAN</b> <b>BIN/PCN/GRP 004336/ADV/RX7580</b> Effective Date <b>See Info Sec</b> BCBS Plan <b>192/692</b>	Providers outside the CareFirst service area of DC, MD and northern VA should file claims to their local Blue Cross and Blue Shield Plan. This employee benefit plan provides benefits to you and your eligible dependents. Precertification is mandatory before any hospital admission or the next business day for emergency admission. Failure to comply will reduce benefits. CareFirst Administrators, an independent corporation operating under a license from the Blue Cross and Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.		Providers within the CareFirst service area mail claims and correspondence to: <b>Mail Administrator</b> PO Box 981608 El Paso, TX 79998 Or submit claims electronically to Electronic Payer ID: 75191	
				* Pharmacy benefits administrator - not a Blue Cross Blue Shield product

**Patient Pay Amount**

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

**This update applies to:**  
All retail pharmacies

**Region:**  
National

**Line of Business:**  
Commercial

**Customer Care for Plan Members:**  
1-800-386-7951

**Pharmacy Inquiries:**  
If you have questions, call the Pharmacy Help Desk:  
1-800-364-6331

**Payer Sheets:** For additional claim processing information, refer to the CVS/caremark Payer Sheets at [www.caremark.com/pharminfo](http://www.caremark.com/pharminfo) > NCPDP Payer Sheets.