

11.15.2023

Medicare Claim Processing Update


Effective January 1, 2024, Centene Medicare will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and update your system with the new Member ID Number, BIN, PCN and Rx Group.

For pharmacy support, please reference the Pharmacy Help Desk phone number on the member's ID card. Sample ID card images can be found below.




Please use the following information when submitting claims for Centene Medicare members.

Plan Name	BIN	PCN	Rx Group
Medicare Advantage Prescription Drug Plan (MAPD)	610014	MEDDPRIME	2FFA
Prescription Drug Plan (PDP)	610014	MEDDPRIME	2FGA
Employer Group Waiver Plan (EGWP)	610014	MEDDPRIME	2FKA
Medicare Advantage (MA) Only	610014	MAC	2FHU

Medicare Advantage Prescription Drug Plan ID Card Example

 <p>Wellcare By Allwell <Wellcare Complete - Giveback (HMO)> CMS#: <H7399-001> Effective Date: <MM/DD/YYYY></p> <hr/> <p>MEMBER INFORMATION Name: <First MI Last> Member ID#: <XXXXXXXXXX-XXX> Issuer ID: <(80840)> <9151014609></p> <hr/> <p>PROVIDER INFORMATION PCP Name: < > PCP Phone: < > PCP Office Visit: \$X</p> <p style="color: red; font-weight: bold; font-size: small;">FOR EMERGENCIES Dial 911 or go to the nearest Emergency Room (ER).</p>	<p>PHARMACY INFORMATION</p> <p style="text-align: center;">MedicareRx <small>Prescription Drug Coverage</small></p> <p>Rx Processor Part D: <Express Scripts *> RXBIN: <610014> RXPCN: <MEDDPRIME> RXGRP: <2FFA></p>	<p style="text-align: center;">www.wellcarecomplete.com</p> <p>FOR MEMBERS</p> <p>Member Services: <1-800-977-7522 (TTY: 711)> Nurse Advice Line: <1-877-236-0230 (TTY: 711)> DentaQuest Dental: <1-844-822-8111 (TTY: 711)> Premier Vision: <1-855-865-9724 (TTY: 711)></p> <hr/> <p>FOR PROVIDERS</p> <p>For Member eligibility and Medical prior auth/referrals: <1-800-977-7522 > Medical Claims: <Wellcare By Allwell><Attn: Claims> Payor ID: <68069><P.O. Box 8050 Farmington, MO 63640-8050></p> <hr/> <p>Pharmacy prior auth: <1-800-867-6564> For help: (PHARMACY USE ONLY) <1-833-750-0202> Submit Part D Drug Claims to:<Wellcare By Allwell><Attn: Member Reimbursement Dept> <P.O. Box 31577><Tampa, FL> <33631-3577></p>
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Prescription Drug Plan ID Card Example

 Prescription Drug Plan Wellcare Classic (PDP)		MEMBER ID: 1234567890 PLAN #: S4802-075 ISSUER: 80840	
SAMPLE A SAMPLE		Scan the QR code using your smartphone to register online for your member portal and view your account details! 	
member.wellcare.com		 RXBIN: 610014 RXPCN: MEDDPRIME RXGRP: 2FGA	
Card Issued: 10/18/2023		Submit Part D Claims To: Attn: Member Reimbursement Department P.O. Box 31577 Tampa, FL 33631-3577 FOR EMERGENCIES: Dial 911 or go to the nearest Emergency Room (ER)	

Employer Group Waiver Plan ID Card Example

 Health Net Seniority Plus Employer (HMO) CMS#: <H0562-804> Effective Date: <MM/DD/YYYY>		healthnet.com	
MEMBER INFORMATION Name: <First MI Last> Member ID#: <XXXXXXXXXX-XXX> HN Group ID: <XXXXXX>		PHARMACY INFORMATION 	
PROVIDER INFORMATION PPG Name: <Provider Group Name> PPG Phone: <X-XXX-XXX-XXXX> PCP Name: <Last, First Name> PCP Phone: <X-XXX-XXX-XXXX> PCP Office Visit: \$X		Rx Processor Part D: <Express Scripts®> RXBIN: <610014> RXPCN: <MEDDPRIME> RXGRP: <2FKA>	
FOR EMERGENCIES: Dial 911 or go to the nearest Emergency Room (ER).		FOR MEMBERS Member Services: <1-800-275-4737 (TTY: 711)> Mental Health Benefits: <1-800-646-5610 (TTY: 711)> Nurse Advice Line: <1-800-893-5597 (TTY: 711)>	
		FOR PROVIDERS For Member eligibility and Medical prior auth/referrals: <1-800-929-9224> Medical Claims: <Health Net> <Attn: Claims> Payor ID: <68069> <P.O. Box 9030 Farmington, MO 63640-9030>	
		Pharmacy prior auth: <1-800-867-6564> For help: (PHARMACY USE ONLY) <1-833-750-0202> Submit Part D Drug Claims to: <Health Net> <Attn: Member Reimbursement Dept> <P.O. Box 31577, Tampa, FL 33631-3577>	

Medicare Advantage Only Plan ID Card Example

 <Wellcare By Allwell> <Wellcare Patriot Giveback (HMO MA-Only)> CMS#: <H2915-013> Effective Date: <MM/DD/YYYY>		<www.wellcare.com/allwellIPA>	
MEMBER INFORMATION Name: <First MI Last> Medicare Participant ID#: <XXXXXXXXXX-XXX> Issuer ID: <(80840)> <9151014609>		PHARMACY INFORMATION Part B Drugs Only RXBIN: <610014> RXPCN: <MAC> RXGRP: <2FHU>	
PROVIDER INFORMATION PCP Name: <> PCP Phone: <> PCP Office Visit: \$0		FOR MEMBERS Member Services: <1-800-977-7522 (TTY: 711)> Nurse Advice Line: <1-800-977-7522 (TTY: 711)> DentaQuest Dental: <1-833-206-6298 (TTY: 711)> Premier Vision: <1-866-419-2382 (TTY: 711)>	
FOR EMERGENCIES Dial 911 or go to the nearest Emergency Room (ER).		FOR PROVIDERS ONLY For Member eligibility and Medical prior auth/referrals: <1-800-977-7522> Medical Claims: <Wellcare By Allwell> <Attn: Claims> Payor ID: <68069> <P.O. Box 3060 Farmington, MO 63640-3822>	
		Pharmacy prior auth: <1-800-867-6564> For help with part B Drugs: (PHARMACY USE ONLY) <1-833-750-0202>	

If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>.