

11.15.2023

Children's Medical Services Health Plan Claim Processing Update

Effective January 1, 2024, Children's Medical Services Health Plan will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for Children's Medical Services Health Plan members.

BIN:	003858
PCN:	MA
Rx Group:	2EEA

Sample ID Cards

<p>MEMBER</p> <p>Name: Medicaid ID: DOB: Effective Date: PCP Name: PCP Phone: Non-emergency Transportation: 1-844-399-9469</p> <p style="text-align: right;"> Pharmacy Help Desk: 1-833-750-4401 RXBIN: 003858 RXPCN: MA RXGRP: 2EEA</p> <p style="font-size: small;">If you have health questions, call your PCP or our 24/7 nurse advice hotline at 1-866-799-5321 (TTY 1-800-955-8770). In an emergency, call 911.</p>	<p>IMPORTANT CONTACT INFORMATION FOR MEMBERS</p> <p>Children's Medical Services Health Plan P.O. Box 459086, Fort Lauderdale, FL 33345-9086 SunshineHealth.com/CMS</p> <hr/> <p>Call 1-866-799-5321 (TTY: 1-800-955-8770) for</p> <ul style="list-style-type: none"> • 24/7 Member Services • 24/7 Nurse Advice Line • Provider Services • Authorization • Non-participating Provider Services • Vision Services • Eligibility • Behavioral Health • Case Management • After Hours Care Coordination <hr/> <p>Submit Claims To: Children's Medical Services Health Plan Attn: CLAIMS P.O. Box 3070, Farmington, MO 63640-3823</p>
<p>MEMBER</p> <p>Name: CHIP ID: DOB: Effective Date: PCP Name: PCP Phone: Dental Services: 1-877-236-0246 Non-emergency Transportation: 1-844-399-9469</p> <p style="text-align: right;"> Pharmacy Help Desk: 1-833-750-4401 RXBIN: 003858 RXPCN: MA RXGRP: 2EEA</p> <p style="font-size: small;">If you have health questions, call your PCP or our 24/7 nurse advice hotline at 1-866-799-5321 (TTY 1-800-955-8770). In an emergency, call 911.</p>	<p>IMPORTANT CONTACT INFORMATION FOR MEMBERS</p> <p>Children's Medical Services Health Plan (SunshineHealth.com/CMS) P.O. Box 459086, Fort Lauderdale, FL 33345-9086</p> <hr/> <p>Call 1-866-799-5321 (TTY: 1-800-955-8770) for</p> <ul style="list-style-type: none"> • 24/7 Member Services • 24/7 Nurse Advice Line • Provider Services • Authorization • Non-participating Provider Services • Dental Services • Vision Services • Eligibility • Behavioral Health • Case Management • After Hours Care Coordination <hr/> <p>Submit Claims To: Children's Medical Services Health Plan Attn: CLAIMS P.O. Box 3070, Farmington, MO 63640-3823</p>

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>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.4401**.

Sunshine Health Claim Processing Update

Effective January 1, 2024, Sunshine Health will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for Sunshine Health members.

Plan Name	Bin	PCN	Rx Group
Sunshine Health	003858	MA	2EDA
Sunshine Health Child Welfare Specialty Plan	003858	MA	2EDA

Sample ID Cards

<p>Member</p>  <p>Name: Pharmacy Medicaid ID: Help Desk: DOB: 1-833-750-4392 Effective Date: RXBIN: 003858 PCP Name: RXPCN: MA PCP Phone: RXGRP: 2EDA</p> <p><small>If you have health questions, call your PCP or our 24/7 nurse advice hotline at 1-866-796-0530 (TTY 1-800-955-8770). In an emergency, call 911.</small></p>	<p>IMPORTANT CONTACT INFORMATION FOR MEMBERS</p> <p>Sunshine Health P.O. Box 459086, Fort Lauderdale, FL 33345-9086 SunshineHealth.com</p> <hr/> <p>Call 1-855-463-4100 (TTY: 1-800-955-8770) for</p> <ul style="list-style-type: none"> • 24/7 Member Services • 24/7 Nurse Advice Line • Provider Services • Authorization • Non-participating • Provider Services • Vision Services • Dental Services • Eligibility • Behavioral Health • Case Management <hr/> <p>Submit Claims To: Sunshine Health Attn: CLAIMS P.O. Box 3070, Farmington, MO 63640-3823</p>
<p>Member</p>  <p>Name: Pharmacy Medicaid ID: Help Desk: DOB: 1-833-750-4392 Effective Date: RXBIN: 003858 PCP Name: RXPCN: MA PCP Phone: RXGRP: 2EDA</p> <p><small>If you have health questions, call your PCP or our 24/7 nurse advice hotline at 1-866-796-0530 (TTY 1-800-955-8770). In an emergency, call 911.</small></p>	<p>IMPORTANT CONTACT INFORMATION FOR MEMBERS</p> <p>Sunshine Health P.O. Box 459086, Fort Lauderdale, FL 33345-9086 SunshineHealth.com</p> <hr/> <p>Call 1-866-796-0530 (TTY: 1-800-955-8770) for</p> <ul style="list-style-type: none"> • 24/7 Member Services • 24/7 Nurse Advice Line • Provider Services • Authorization • Non-participating • Provider Services • Vision Services • Dental Services • Eligibility • Behavioral Health • Case Management <hr/> <p>Submit Claims To: Sunshine Health Attn: CLAIMS P.O. Box 3070, Farmington, MO 63640-3823</p>

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>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.4392**.

ambetter from Sunshine Health Plan Claim Processing Update

Effective January 1, 2024, ambetter from Sunshine Health Plan will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for ambetter from Sunshine Health Plan members.

BIN:	003858
PCN:	A4
Rx Group:	2CUA

Sample Cards

 <p>Subscriber: [Jane Doe] Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p>  <p>PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]</p> <p>Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only</p> <p>RXBIN: 003858 RXPCN: A4 RXGROUP: 2CUA</p> <p>REFERRAL NOT REQUIRED</p>	<p>Ambetter.SunshineHealth.com</p> <p>Member/Provider Services: 1-877-687-1169 (Relay Florida 1-800-955-8770) 24/7 Nurse Line: 1-877-687-1169</p> <p>Medical Claims Address: Sunshine Health Attn: CLAIMS PO Box 5010 Farmingington, MO 63640-5010</p> <p>Numbers below for providers: Pharmacist Only: 1-833-750-1160 EDI Payor ID: 68069 [Envolve Vision: 1-866-703-0902] [Envolve Dental Powered by United Concordia: 1-855-934-9809]</p>  <p><small>* Exclusions and restrictions apply. See Walgreens.com/SmartSavings for details.</small></p> <p><small>Ambetter from Sunshine Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Celtic Insurance Company. All rights reserved.</small></p> <p><small>AMB23-FL-C-00048</small></p>
 <p>Subscriber: [Jane Doe] Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p>  <p>PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]</p> <p>Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only</p> <p>RXBIN: 003858 RXPCN: A4 RXGROUP: 2CUA</p> <p>REFERRAL NOT REQUIRED</p>	<p>Ambetter.SunshineHealth.com</p> <p>Member/Provider Services: 1-877-687-1169 (Relay Florida 1-800-955-8770) 24/7 Nurse Line: 1-877-687-1169</p> <p>Medical Claims Address: Sunshine Health Attn: CLAIMS PO Box 5010 Farmingington, MO 63640-5010</p> <p>Numbers below for providers: Pharmacist Only: 1-833-750-1160 EDI Payor ID: 68069</p>  <p><small>* Exclusions and restrictions apply. See Walgreens.com/SmartSavings for details.</small></p> <p><small>Ambetter from Sunshine Health is underwritten by Sunshine Health Plan, Inc., which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Sunshine Health Plan, Inc. All rights reserved.</small></p> <p><small>AMB23-FL-C-00048</small></p>

<p>ambetter FROM sunshine health.</p> <p>Subscriber: [Jane Doe] Policy #: [XXXXXXXXXX] Member: [John Doe] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p> <p>VALUE</p>  <p>AmbetterHealth.com/copays</p> <p>PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]</p> <p>Plan: [Plan name] [Line 2 if needed] RXBIN: 003858 RXPCN: A4 RXGROUP: 2CUA</p> <p>[Network Name] Network Coverage Only</p> <p style="text-align: center;">REFERRAL REQUIRED</p>	<p>Ambetter.SunshineHealth.com</p> <p>Member/Provider Services: 1-877-687-1169 Medical Claims Address: (Relay Florida 1-800-955-8770) Sunshine Health 24/7 Nurse Line: 1-877-687-1169 Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010</p> <p>Numbers below for providers: Pharmacist Only: 1-833-750-1160 EDI Payor ID: 68069</p>  <p>Scan to receive 20% off Walgreens brand health and wellness items*</p> <p><small>* Exclusions and restrictions apply. See Walgreens.com/SmartSavings for details.</small></p> <p><small>Ambetter from Sunshine Health is underwritten by Sunshine Health Plan, Inc., which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Sunshine Health Plan, Inc. All rights reserved.</small></p> <p>AMB23-FL-C-00048</p>
<p>ambetter FROM sunshine health.</p> <p>Subscriber: [Jane Doe] Policy #: [XXXXXXXXXX] Member: [John Doe] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p> <p>VIRTUAL ACCESS</p>  <p>Teladoc Virtual Access App</p> <p>AmbetterHealth.com/copays</p> <p>PCP: [\$0 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]</p> <p>Plan: [Plan name] [Line 2 if needed] RXBIN: 003858 RXPCN: A4 RXGROUP: 2CUA</p> <p>[Network Name] Network Coverage Only</p> <p style="text-align: center;">REFERRAL REQUIRED</p>	<p>Ambetter.SunshineHealth.com</p> <p>Member/Provider Services: 1-877-687-1169 Medical Claims Address: (Relay Florida 1-800-955-8770) Sunshine Health 24/7 Nurse Line: 1-877-687-1169 Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010</p> <p>Numbers below for providers: Pharmacist Only: 1-833-750-1160 EDI Payor ID: 68069</p>  <p>Scan to receive 20% off Walgreens brand health and wellness items*</p> <p><small>* Exclusions and restrictions apply. See Walgreens.com/SmartSavings for details.</small></p> <p><small>Ambetter from Sunshine Health is underwritten by Sunshine Health Plan, Inc., which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Sunshine Health Plan, Inc. All rights reserved.</small></p> <p>AMB23-FL-C-00048</p>

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>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.1160**.