

Blue Cross and Blue Shield of Texas STAR and CHIP medicaid programs

Medicaid update

Travis service area

Eligibility Verification

A Participating Pharmacy should verify the Covered Person’s Medicaid coverage at the time of service. A Participating Pharmacy can verify eligibility by calling the Texas Medicaid Healthcare Partnership (TMHP) at 1-800-925-9126 or go to TexMedConnect on the TMHP website and checking the Covered Person’s Medicaid ID number (PCN).

Covered Persons may call BCBSTX customer service at 888.657.6061 with eligibility-related questions. If a Covered Person is unaware of which program he/she is enrolled in, the Covered Person may contact the Medicaid Managed Care enrollment broker. Covered Persons may call the Medicaid Client Line at 800.964.2777 for assistance with eligibility-related issues.

For more information, refer to Section 8. Eligibility Verification at <http://www.txvendordrug.com/about/downloads/procedure-manual.pdf>

72 Hour Emergency Supply

A Participating Pharmacy is required to provide a 72-hour emergency of a prescribed drug when a medication is needed without delay and a Prior Authorization (PA) is not available.

A 72-hour emergency supply should be dispensed any time a Prescription claim rejects with

→ NCPDP Reject Code 75: Prior Authorization Required

The Participating Pharmacy should resubmit the rejected claim using the following process:

| NCPDP Segment Name | NCPDP Field Number | NCPDP Field Name | Value |
|--------------------|--------------------|--------------------------------------|--------|
| CLAIM SEGMENT | 461-EU | PRIOR AUTHORIZATION TYPE CODE | 8 |
| CLAIM SEGMENT | 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | 801 |
| CLAIM SEGMENT | 405-D5 | DAYS SUPPLY | 3 |
| CLAIM SEGMENT | 442-E7 | QUANTITY DISPENSED | Varies |

Sample ID Cards:

Effective 12/01/2015, Prime Therapeutics (Prime) began processing pharmacy claims for eligible BCBSTX STAR and CHIP Covered Persons. Featured below is an example of the most common ID cards used:



bcbstx.com

Member Name:
<F_NAME M_INIT L_NAME>
Alpha Prefix: ZGC
Subscriber ID: <SBSB_ID>
CHIP ID No:
<CHIP ID No.>

PCP: <PCP_NAME>
<PCP_PHONE>

Office Visit/
Visitas al consultorio: <SXX>
Non-Emergency ER/
No emergencias en la ER: <SXX>
Hospital per admit/
por hospital admitten: <SXX>
Emergency Room/
Emergencia en la ER: <SXX>
Pharmacy (Brand)/
farmacia (marca): <SXX>
Pharmacy (Generic)/
farmacia (generico): <SXX>

PCP Effective Date: <EFF DT>
Rx Group No.: <Rx Group>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

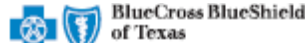
Show this BCBS card to your health care provider each time you get covered services. Some services may need preapproval. Directions for what to do in an emergency. In case of emergency call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible. This card is for member ID only and does not prove eligibility.
Muestre la tarjeta BCBS a su proveedor de atención médica cada vez que reciba servicios cubiertos. Puede que algunos servicios necesiten aprobación previa. Instrucciones en caso de emergencia. En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después de recibir tratamiento, llame al PCP de su hijo dentro de 24 horas o tan pronto como sea posible. Esta tarjeta es solo para identificación de los miembros y no es comprobante de elegibilidad.

Claims: PO Box 51422
Amarillo, TX 79159-1422

Customer Care/Atención al Cliente
(Medical/Prescription Drug/Vision):
24 hours/7 days a week 1-888-657-6061
TTY: 711
24-Hour Nurse Line/linea
de ayuda de enfermería
disponible las 24 horas: 1-800-581-0368
TTY: 711
Prescription Drug/
Medicamentos Recetados: 1-888-657-6061
TTY: 711
Behavioral Health Services Hotline/
Behavioral Health Línea Directa de Servicios:
24 hours/7 days a week 1-800-327-7890
TTY: 1-800-735-2988

For emergency care received outside of Texas:
Hospital and physicians should file claims to the local BCBS Plan.

Card Issued <DT>



bcbstx.com

Member Name:
<F_NAME M_INIT L_NAME>
Alpha Prefix: ZGE
Subscriber ID: <SBSB_ID>
CHIP ID No:
<CHIP ID No.>

PCP: N/A
N/A

Effective Date: <EFF DT>
Rx Group No.: <Rx Group>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

Perinatal

Show this BCBS card to your health care provider each time you get covered services. Some services may need preapproval. Directions for what to do in an emergency. In case of emergency call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible. This card is for member ID only and does not prove eligibility.
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Medicamentos Recetados: 1-888-657-6061
TTY: 711
Behavioral Health Services Hotline/
Behavioral Health Línea Directa de Servicios:
24 hours/7 days a week 1-800-327-7890
TTY: 1-800-735-2988

Hospital Facility Billing: Professional/Other
TMFP Services Billing:
P.O. Box 200555 BCBSTX
Austin, TX 78720-0555 P.O. Box 51422
Amarillo, TX 79159-1422

Card Issued <DT>



bcbstx.com

Member Name:
<F_NAME M_INIT L_NAME>
Alpha Prefix: ZGT
Subscriber ID: <SBSB_ID>
Medicaid ID Number:
<MED ID No.>

PCP: <PCP_NAME>
<PCP_PHONE>

PCP Effective Date: <EFF DT>
Rx Group No.: <Rx Group>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

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Card Issued <DT>

Processing Requirements for Influenza Vaccinations

Participating Pharmacies are allowed to submit influenza vaccinations for those Covered Persons that are age 18 and older who are enrolled in the Blue Cross and Blue Shield STAR and CHIP Medicaid Programs.

Participating Pharmacies must:

- Follow the Texas State Board of Pharmacy rules related to certification to immunize and vaccinate (Texas Administrative Code, Title 22, Part 15, §295.15)
- Submit the influenza vaccine claim to Prime electronically (online), which includes the applicable ingredient cost, dispensing fee and vaccine administration fee as a single claim
- Be enrolled in the Vendor Drug Program (VDP) in order to submit influenza vaccinations
- 2015-2016 Covered National Drug Codes (NDC) for Influenza Vaccines:

| NDC | Label Name |
|-------------|--------------------------------|
| 19515089811 | FLULAVAL QUAD 2015-2016 VIAL |
| 33332001501 | AFLURIA 2015-2016 SYRINGE |
| 33332011510 | AFLURIA 2015-2016 VIAL |
| 49281041510 | FLUZONE QUAD 2015-2016 VIAL |
| 49281041550 | FLUZONE QUAD 2015-2016 SYRINGE |
| 49281051525 | FLUZONE QUAD PEDI 2015-16 SYR |
| 49281062315 | FLUZONE QUAD 2015-2016 VIAL |
| 58160090352 | FLUARIX QUAD 2015-2016 SYRINGE |
| 66019030210 | FLUMIST QUAD NASAL 2015-16 VAC |
| 66521011802 | FLUVIRIN 2015-2016 SYRINGE |
| 66521011810 | FLUVIRIN 2015-2016 VIAL |

- Processing Requirements

BIN:..... 011552

PCN:..... TXCAID

Participating Pharmacies are required to submit the fields defined below from the NCPDP D.0 Telecommunication Standard for influenza vaccine claims:

| NCPDP Segment Name | NCPDP Field Number | NCPDP Field Name | Value |
|--------------------|--------------------|-------------------------------|----------------------------------|
| Claim Segment | 407-D7 | Product/Service ID | Use NDC found in the above chart |
| Claim Segment | 42Ø-DK | Submission Clarification Code | Value of 7 |
| Pricing Segment | 438-E3 | Incentive Amount Submitted | Pharmacy Submitted Incentive Fee |
| DUR/PPS Segment | 473-7E | DUR/PPS Code Counter | Value of 1 |
| DUR/PPS Segment | 440-E5 | Professional Service Code | MA-Medication Administration |

For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at 855.457.0403 for CHIP and 855.457.0405 for STAR
- For software setup information, please visit Prime's website at Primetherapeutics.com > Pharmacists > Payer sheets > TX Medicaid D D.0 Payer Sheet

Processing Requirements for 340B

Under the 340B Drug Pricing Program established by Section 340B of the Public Health Services Act, pharmaceutical manufacturers agree to charge at or below statutorily defined prices known as the 340B ceiling prices when selling to certain qualified entities. State Medicaid and Medicaid Managed Care Organization programs (collectively, Medicaid programs) cannot invoice a manufacturer for 340B drugs under the drug rebate program. Section 2501(c) of the Patient Protection and Affordable Care Act extended rebates under the drug rebate program to drugs dispensed to individuals enrolled with a Medicaid Managed Care Organization.

Participating Pharmacies who are enrolled as a 340B provider with the US Department of Health and Human Services (DHHS), are required to submit the following values below when submitting claims purchased through the 340B program for the Blue Cross and Blue Shield of Texas STAR and CHIP Medicaid Programs.

Processing Requirements

BIN:..... 011552
 PCN:.....TXCAID

Eligible 340B Participating Pharmacies are required to submit the fields defined below from the NCPDP D.0 Telecommunication Standard for 340B claims:

| NCPDP Segment Name | NCPDP Field Number | NCPDP Field Name | Value |
|--------------------|--------------------|-------------------------------|--------------------------------------------------------------------------------------------|
| Claim Segment | 42Ø -DK | Submission Clarification Code | 2Ø |
| Pricing Segment | 4Ø9-D9 | Ingredient Cost Submitted | HIV Products: WAC – 43% Hemophilia Products: WAC – 35% All Other Products: WAC – 60% |
| Pricing Segment | 412-DC | Dispensing Fee Submitted | Texas VDP Allowable Amount |

For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at 855.457.0403 for CHIP and 855.457.0405 for STAR
- For software setup information, please visit Prime's website at **Primetherapeutics.com > Pharmacists > Payer sheets > BCBSTX Medicaid D.0 Payer Sheet**
- For additional 340B information, please visit the HRSA 340B Drug Pricing Program website at: <http://www.hrsa.gov/opa/>

Prescription Drug Benefits

Prime uses the Texas Vendor Drug Program Preferred Drug List.

How to Use the Drug Formulary

The Drug Formulary lists the brand name or generic name of a given drug. If a medication does not appear on this Drug Formulary, the medication is not covered under the pharmacy benefit. In some instances, a medication may require a PA. A PA form should be completed by the Prescriber and submitted to Prime before the prescription may be filled. To obtain the PA form for medications requiring PA, please contact Prime's contact center for STAR Covered Persons at 855.457.0405 and for CHIP Covered Persons at 855.457.0403.

You may search the Drug Formulary at the [Texas Vendor Drug Program](#) or through [Epocrates](#).

Prior Authorization

If you need assistance with a Prior Authorization, contact Prime at 855.457.0407, print the Prior Authorization request form online at [Primetherapeutics.com > Pharmacists](#) or submit the request online at [covermymeds.com](#)

Durable Medical Equipment (DME)

Participating Pharmacies are encouraged to become Medicaid-enrolled durable medical equipment (DME) providers. Please contact bcbstxancillarycontracting@bcbstx.com to request a DME application. To be listed as a DME provider, a pharmacy must be a VDP pharmacy and attested with TMHP.

Pharmacy Re-enrollment Reminder

Pharmacy providers that want to participate in the Vendor Drug Program (VDP) and in managed care networks must enroll as new applicants in accordance with the Affordable Care Act. To be considered enrolled with VDP all currently contracted pharmacy providers must complete and submit the revised VDP Pharmacy Provider Enrollment Application ("application") and then have received an executed VDP Pharmacy Provider Agreement ("agreement"). Completed application packets may be mailed to HHSC.

Questions about the new application or the pharmacy enrollment process may be submitted via email to:
MCD_Pharmacy_Re-Enrollment@hhsc.state.tx.us.

For more information, visit <http://www.txvendordrug.com/providers/downloads/vdp-provider-enrollment-faq.pdf>

Recognition for FREW Training

If a Participating Pharmacy has a Pharmacist or Pharmacy Technician that would like to be recognized for receiving this training information from Blue Cross and Blue Shield of Texas, please email your name, pharmacy name, and city to pharmacyops@primetherapeutics.com

How to reach Prime Therapeutics

As a service to Participating Pharmacies, Prime publishes Prime Perspective quarterly to provide important information for claims processing. Prime values your opinion and your participation in our network. If you have comments or questions, please contact us:

- By phone: Prime Pharmacy Contact Center 800.821.4795 (24 hours a day, seven days a week)
- By email: pharmacyops@primetherapeutics.com