

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

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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](http://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	Value Determined by Pharmacy
Pricing Segment	412-DC	Dispensing Fee Submitted	\$6.50

### 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](http://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](mailto: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.

## 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](mailto:pharmacyops@primetherapeutics.com)