

Blue Cross and Blue Shield of Texas CHIP, STAR and STAR Kids Medicaid programs

# Medicaid update

**Travis and MRSA 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>

## STAR Kids Dual Eligible Covered Persons

STAR Kids dual Covered Persons are individuals who are eligible for both Medicare and some level of Medicaid prescription coverage. If a Covered Person has not enrolled in a Part D prescription drug plan or has issues obtaining Medicare Part D drugs, contact the Limited Income Newly Eligible Transition (LI-NET) program at 1.800.783.1307 for assistance. For further information on the LI-NET program, visit [www.cms.gov](http://www.cms.gov)

## Inhalation Medication Coverage for Dual Eligible Covered Persons

STAR Kids dual eligible Covered Persons who reside in a nursing home can receive their inhalation medication from Participating Pharmacies. As a reminder, inhalation drugs are drugs commonly used with a nebulizer in a nursing home. Participating Pharmacies are required to submit the field defined below from the NCPDP D.0 Telecommunication Standard for these claims:

NCPDP Segment Name	NCPDP Field Number	NCPDP Field Name	Value
PATIENT SEGMENT	384-4X	PATIENT RESIDENCE	03 NURSING HOME

## 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

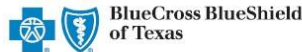
→ NCPDP Reject Code 75: Prior Authorization Required

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 health care provider within 24 hours as soon as possible. This card is for member ID only and does not prove eligibility.

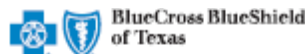
Muestre la tarjeta BCBS a su proveedor de atención médica cada vez que reciba servicios cubiertos. Puede que algunos servicios necesiten aprobación previa. Instrucciones en caso de emergencia. En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después de recibir tratamiento, 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 Linea Directade 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

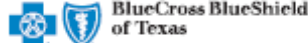
Show this BCBS card to your health care provider each time you get covered services. Some services may need preapproval. Directions for what to do in an emergency. In case of emergency call 911 or go to the closest emergency room. After treatment, call your health care provider within 24 hours as soon as possible. This card is for member ID only and does not prove eligibility.

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

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 Linea Directade Servicios: 24 hours/7 days a week 1-800-327-7890  
TTY: 1-800-735-2988

Hospital Facility Billing: Professional/Other Services/Billing: TMBP  
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

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.  
 Muestra esta 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.

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: 1-800-327-7890  
 24 hours/7 days a week 1-800-735-1958  
 TTY: 1-800-735-1958

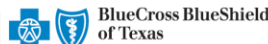
Claims: PO Box 51422  
 Amarillo, TX 79159-1422

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

Card Issued <DT>

SAMPLE

Effective 11/01/2016, Prime Therapeutics (Prime) will begin processing pharmacy claims for eligible BCBSTX STAR Kids Covered Persons. Featured below is an example of the most common ID cards used:



bcbstx.com/Medicaid

Member Name:  
 <F\_NAME M\_INIT L\_NAME>  
 Alpha Prefix: ZGT  
 Subscriber ID: <SBSB\_ID>  
 Medicaid ID Number:  
 <MEME\_MEDCD\_NO>

PCP: <PCP\_NAME>  
 <PCP\_PHONE>

PCP Effective Date: <EFF DT>  
 Rx Group No.: <RX\_GROUP2>  
 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.  
 Muestra esta 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.

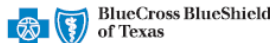
Customer Care/Atención al Cliente (Medical/Prescription Drug/Vision):  
 24 hours/7 days a week 1-888-657-6061  
 TTY: 711  
 24-Hour Nurse Line/linea de ayuda de enfermería disponible las 24 horas: 1-844-971-8906  
 TTY: 711  
 Prescription Drug/ Medicamentos Recetados: 1-888-657-6061  
 TTY: 711  
 Behavioral Health Services Hotline/ Behavioral Health Línea Directa de Servicios: 1-800-327-7390  
 24 hours/7 days a week 1-800-735-2988  
 TTY: 1-800-735-2988

Claims: PO Box 51422  
 Amarillo, TX 79159-1422

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

Card Issued March 10, 2016

SAMPLE



bcbstx.com/Medicaid

Member Name:  
 <F\_NAME M\_INIT L\_NAME>  
 Alpha Prefix: WZG  
 Subscriber ID: <SBSB\_ID>  
 Medicaid ID Number:  
 <MEME\_MEDCD\_NO>

PCP: <PCP\_NAME>  
 <PCP\_PHONE>

PCP Effective Date: <EFF DT>  
 Rx Group No.: <RX\_GROUP2>  
 Rx BIN: 011552  
 Rx PCN: TXCAID  
 PBM: PRIME

**LONG TERM SERVICES AND SUPPORT BENEFITS ONLY:** You receive primary acute and behavioral health services through Medicaid. You receive only long term care services through BCBSTX.  
**SERVICIOS A LARGO PLAZO Y SERVICIOS DE APOYO ÚNICAMENTE:** Usted recibe servicios de atención médica básica, especializada y de salud mental a través de Medicaid. Usted solamente recibe los servicios de atención médica a largo plazo a través de BCBSTX.

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. This card is for member ID only and does not prove eligibility.  
 Muestra esta 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.

Customer Service/ Servicio al cliente (Medical/Prescription Drug/Vision):  
 24 hours/7 days a week 1-877-688-1811  
 TTY: 711  
 24-Hour Nurse Line/linea de ayuda de enfermería disponible las 24 horas: 1-855-802-4614  
 TTY: 711  
 Prescription Drug/ Medicamentos Recetados: 1-877-688-1811  
 TTY: 711  
 Behavioral Health Services Hotline/ Behavioral Health Línea Directa de Servicios: 1-800-424-0324  
 24 hours/7 days a week 1-800-635-2883  
 TTY: 1-877-301-4394  
 TTY: 711

Claims: PO Box 51422  
 Amarillo, TX 79159-1422

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

Card Issued March 10, 2016

SAMPLE

## Processing Requirements for Influenza Vaccinations

Participating Pharmacies are allowed to submit influenza vaccinations for those Covered Persons and perinate mothers that are age 18 and older who are enrolled in the Blue Cross and Blue Shield STAR and CHIP Medicaid Programs. As a reminder, influenza vaccinations are not a covered benefit for Covered Persons of the Blue Cross and Blue Shield STAR Kids Medicaid Program.

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
- 2016-2017 Covered National Drug Codes (NDC) for Influenza Vaccines:

NDC	Label Name	NDC	Label Name
19515090301	FLULAVAL QUAD 2016-2017 VIAL	49281041610	FLUZONE QUAD 2016-2017 VIAL
19515090311	FLULAVAL QUAD 2016-2017 VIAL	49281041650	FLUZONE QUAD 2016-2017 SYRINGE
19515090841	FLULAVAL QUAD 2016-2017 SYR	58160090541	FLUARIX QUAD 2016-2017 SYRINGE
19515090852	FLULAVAL QUAD 2016-2017 SYR	58160090552	FLUARIX QUAD 2016-2017 SYRINGE
33332001601	AFLURIA 2016-2017 SYRINGE	70461011902	FLUVIRIN 2016-2017 SYRINGE
33332001602	AFLURIA 2016-2017 SYRINGE	70461011910	FLUVIRIN 2016-2017 VIAL
33332011610	AFLURIA 2016-2017 VIAL	70461011911	FLUVIRIN 2016-2017 VIAL
33332011611	AFLURIA 2016-2017 VIAL	70461011912	FLUVIRIN 2016-2017 SYRINGE
42874001601	FLUBLOK 2016-2017 VIAL	70461020001	FLUCELVAX QUAD 2016-2017
42874001610	FLUBLOK 2016-2017 VIAL	70461020011	FLUCELVAX QUAD 2016-2017

→ 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) > Resources > Pharmacists and providers > Pharmacy claim processing > Payer sheet > BCBS of Texas STAR and CHIP Medicaid

## 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, 855.457.0405 for STAR, 855.457.0757 for STAR Kids Travis Service Area and 855.457.0758 for STAR Kids MRSA Central Service Area
- For software setup information, please visit Prime's website at [PrimeTherapeutics.com](http://PrimeTherapeutics.com) > Resources > Pharmacists and providers > Pharmacy claim processing > Payer sheet > BCBS of Texas STAR and CHIP Medicaid
- 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.

STAR Kids dual Covered Persons are individuals who are eligible for both Medicare and some level of Medicaid prescription coverage. Most drugs are covered by another primary Medicare Part D insurance plan and follow Medicare rules.

Participating Pharmacies should bill these drugs directly to the primary Medicare Part D plan. As a reminder, Medicaid is the payer

of last resort and provides a wrap around benefit for non covered drugs.

BCBSTX will continue to pay for some drugs not covered by the Medicare Part D including:

- Over-the-counter drugs
- Cough and colds products
- Vitamins and mineral products
- Limited home health supplies

## 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 for CHIP and STAR and 855.457.1200 for STAR Kids and print the Prior Authorization request form online at [Primetherapeutics.com > Resources > Pharmacists and providers > Prior authorization 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)