

New Plan Announcement

Blue Cross and Blue Shield of Texas STAR and CHIP Medicaid Programs



Effective 12/01/2015

Effective 12/01/2015, Prime Therapeutics (Prime) will begin processing pharmacy claims for eligible BCBSTX STAR and CHIP Covered Persons.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to the effective date 12/01/2015.

Blue Cross and Blue Shield of Texas STAR and CHIP Program

BIN: -----011552

PCN: -----TXCAID

- Covered Person Medicaid ID Number (9 digits)
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID (NPI, DEA or State License)
- Date Rx Written
- Rx Origin Code

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

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

Outstanding Claim Reversals and Processing

- To prepare for this transition, Participating Pharmacies should complete all claims processing and reversals by close of business 11/30/2015.
- Medicaid claims with a submission or reversal date prior to 11/30/2015 should be submitted to Express Scripts using the following processing information:
 - BIN: 003858
 - PCN: A4
 - Rx Group: WFTA
- For assistance with claims that have a date of fill prior to 12/01/2015, please contact Express Scripts Pharmacy Help Desk at 866.323.2088 for CHIP or 866.294.1562 for STAR.

Provider Training

- Please refer to Blue Cross Blue Shield of Texas' website at: www.bcbstx.com/provider for more information; including cultural competency and training documentation on the TX CHIP and TX STAR Programs

72 Hour Emergency Supply

- A Participating Pharmacy is required to provide a 72-hour emergency supply 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 |

New Plan Announcement

Blue Cross and Blue Shield of Texas STAR and CHIP Medicaid Programs



New Plan Announcement

Blue Cross and Blue Shield of Texas STAR and CHIP Medicaid Programs



Featured below is an example of the most common ID cards used:



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

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



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 admiten: <SXX>
Emergency Room/ Emergencia en la ER: <SXX>
Pharmacy (Brand)/ farmacia (marca): <SXX>
Pharmacy (Generic)/ farmacia (generico): <SXX>



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 members only and does not prove eligibility. Muestre la tarjeta BCBS a su proveedor de atención médica cada vez que necesite 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

bcbstx.com

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/línea 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>



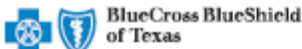
Member Name:
<F_NAME M_INIT L_NAME>
Alpha Prefix: ZGE
Subscriber ID: <SBSB_ID>
CHIP ID No:
<CHIP ID No.>

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



Perinatal

PCP: N/A
N/A



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 members only and does not prove eligibility. Muestre la tarjeta BCBS a su proveedor de atención médica cada vez que necesite 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.

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

bcbstx.com

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/línea 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

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

Card Issued <DT>

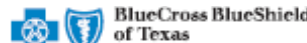


Member Name:
<F_NAME M_INIT L_NAME>
Alpha Prefix: ZGT
Subscriber ID: <SBSB_ID>
Medicaid ID Number:
<MED ID No.>

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



PCP: <PCP_NAME>
<PCP_PHONE>



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 members only and does not prove eligibility. Muestre la tarjeta BCBS a su proveedor de atención médica cada vez que necesite 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

bcbstx.com

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/línea 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>

Durable Medical Equipment (DME)

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