

New Plan Announcement

Blue Cross and Blue Shield of Texas STAR Kids Medicaid Program



Effective 11/01/2016

Effective November 1, 2016, Prime Therapeutics (Prime) will begin processing pharmacy claims for eligible BCBSTX STAR Kids Covered Persons.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to setup your system prior to the effective date of 11/1/2016.

Blue Cross and Blue Shield of Texas STAR Kids 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 855.457.0757 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 > Pharmacists > Payer sheets > TX Medicaid D D.0 Payer Sheet

Prior Authorization

- If you need assistance with a Prior Authorization, contact Prime at 855.457.1200, print the Prior Authorization request form online at Primetherapeutics.com>Pharmacists or submit the request online at covermy meds.com

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 STAR Kids Program.

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

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.

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

<p>BlueCross BlueShield of Texas A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association.</p>		<p>TEXAS STAR Your Health Plan • Your Choice</p>	<p>BlueCross BlueShield of Texas</p>	<p>bcbstx.com/Medicaid</p> <p>Customer Care/Atención al Cliente (Medical/Prescription Drug/Vision): 24 hours/7 days a week: 1-888-657-6061 TTY: 711</p> <p>24-Hour Nurse Line/linea de ayuda de enfermería disponible las 24 horas: 1-844-971-8906 TTY: 711</p> <p>Prescription Drug/ Medicamentos Recetados: 1-888-657-6061 TTY: 711</p> <p>Behavioral Health Services Hotline/ Behavioral Health Línea Directa de Servicios: 24 hours/7 days a week: 1-800-327-7390 TTY: 1-800-735-2988</p>
<p>Member Name: <F_NAME M_INIT L_NAME> Alpha Prefix: ZGT Subscriber ID: <SBSB_ID> Medicaid ID Number: <MEME_MEDCD_NO></p>	<p>PCP: <PCP_NAME> <PCP_PHONE></p>	<h1>SAMPLE</h1>		
<p>PCP Effective Date: <EFF DT> Rx Group No.: <RX_GROUP2> Rx BIN: 011552 Rx PCN: TXCAID PBM: PRIME</p>	<p>Claims: PO Box 51422 Amarillo, TX 79159-1422</p>			

<p>BlueCross BlueShield of Texas A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association.</p>		<p>TEXAS STAR Kids Your Health Plan • Your Choice STAR Kids Dual Eligible</p>	<p>BlueCross BlueShield of Texas</p>	<p>bcbstx.com/Medicaid</p> <p>Customer Service/ Servicio al cliente (Medical/Prescription Drug/Vision): 24 hours/7 days a week: 1-877-688-1811 TTY: 711</p> <p>24-Hour Nurse Line/linea de ayuda de enfermería disponible las 24 horas: 1-855-802-4614 TTY: 711</p> <p>Prescription Drug/ Medicamentos Recetados: 1-877-688-1811 TTY: 711</p> <p>Behavioral Health Services Hotline/ Behavioral Health Línea Directa de Servicios: 24 hours/7 days a week: 1-800-424-0324 TTY: 1-800-635-2883</p> <p>Service Coordination/ Servicio de coordinación: 1-877-301-4394 TTY: 711</p>
<p>Member Name: <F_NAME M_INIT L_NAME> Alpha Prefix: WZG Subscriber ID: <SBSB_ID> Medicaid ID Number: <MEME_MEDCD_NO></p>	<p>PCP: <PCP_NAME> <PCP_PHONE></p>	<h1>SAMPLE</h1>		
<p>PCP Effective Date: <EFF DT> Rx Group No.: <RX_GROUP2> Rx BIN: 011552 Rx PCN: TXCAID PBM: PRIME</p>	<p>LONG TERM SERVICES AND SUPPORT BENEFITS ONLY. You receive primary, acute and behavioral health services through Medicaid. You receive only behavioral 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 Medicare. Usted solamente recibe los servicios de atención médica a largo plazo a través de BCBSTX.</p> <p>Claims: PO Box 51422 Amarillo, TX 79159-1422</p>			