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 set up 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 coversmymeds.com

Provider Training

- Please refer to Blue Cross Blue Shield of Texas’ website at www.bcbs.tx/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:

<table>
<thead>
<tr>
<th>NCPDP Segment Name</th>
<th>NCPDP Field Number</th>
<th>NCPDP Field Name</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLAIM SEGMENT</td>
<td>461-EU</td>
<td>PRIOR AUTHORIZATION TYPE CODE</td>
<td>8</td>
</tr>
<tr>
<td>CLAIM SEGMENT</td>
<td>462-EV</td>
<td>PRIOR AUTHORIZATION NUMBER SUBMITTED</td>
<td>801</td>
</tr>
<tr>
<td>CLAIM SEGMENT</td>
<td>405-D5</td>
<td>DAYS SUPPLY</td>
<td>3</td>
</tr>
<tr>
<td>CLAIM SEGMENT</td>
<td>442-E7</td>
<td>QUANTITY DISPENSED</td>
<td>Varies</td>
</tr>
</tbody>
</table>

Durable Medical Equipment (DME)

- Participating Pharmacies are encouraged to become Medicaid-enrolled durable medical equipment (DME) providers. Please refer to www.bcbs.tx/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:

BLUE CROSS BLUE SHIELD OF TEXAS
Member Name: [NAME]
Subscriber ID: [ID]
Medicaid ID Number: [ID]
PCP Effective Date: [DATE]
Rx Bin No.: [BIN]
Rx PCN: [PCN]
PBM: [PBM]

BLUE CROSS BLUE SHIELD OF TEXAS
Member Name: [NAME]
Alpha Prefix: [PRE]
Subscriber ID: [ID]
Medicaid ID Number: [ID]
PCP Effective Date: [DATE]
Rx Bin No.: [BIN]
Rx PCN: [PCN]
PBM: [PBM]