STAR Kids Quick Reference Guide

This guide is intended to be used for quick reference only and may not contain all necessary information. For detailed information, refer to the BCBSTX Medicaid STAR Kids Provider Manual online at: **www.bcbstx.com/provider/network/medicaid.html**

Plan Highlights	
ELIGIBILITY	**STAR Kids:** Members have an ID card from both the state and BCBSTX. Members must present their *"Your Texas Benefits card"* and their BCBSTX ID card.
COST SHARING	**STAR Kids:** $0 copays
PCP ASSIGNMENTS	Members select a PCP at enrollment and must see that PCP. A PCP will be auto assigned if they do not select one. PCP is listed on their ID card. PCPs must coordinate all care. PCP referral is required for most services by specialists or other providers.
PHARMACY GEOGRAPHIC ACCESS	**Retail:** Within 2 miles of members' home if an urban county; within 5 miles of member's home if suburban and 15 miles of member's home if rural. **24-Hour Pharmacy:** within 75 miles of the members' home.
EMERGENCY PRESCRIPTIONS	72-hour emergency supply must be provided when a medication is needed without delay and prior authorization is not available within 24 hours.
PHARMACY BENEFITS	**STAR Kids Pharmacy Help Desk** 1-855-457-0757 (Travis service area) 1-855-457-0758 (MRSA Central service area) Prior Authorization STAR Kids: 855-457-1200 **Mail *(for Providers if they are mailing a prior auth request)*:** Prime Attn: Clinical Review 1305 Corporate Center Dr Eagan, MN 55121 Benefit Identification Number: BIN: 011552 PCN: TXCAID
THSTEPS CHECKUPS	Newly enrolled members must have their THSteps Check up within the first 90 days of joining the plan. Providers will be reimbursed for these services even if the member had the service on a prior plan or are not due. Part of Texas Health Steps, a new child health record for THSteps check-ups record form is available for each check-up for member five days old through 20 years.
VACCINES FOR CHILDREN PROGRAM (VFC)	BCBSTX will reimburse for the administration fee only for any vaccine serum available through the Vaccines for Children (VFC) program.

Benefits, Eligibility, Claims Status and Verification of PCP Assignment	
CUSTOMER SERVICE	Call Customer Service Center for eligibility, claims, benefits, PCP assistance and Interpreter/Hearing Impaired Services. Please have the NPI or TIN ready.
PROVIDER CUSTOMER SERVICE	877-784-6802 8 a.m. - 8 p.m. CT, M-F
ELIGIBILITY	Go to www.availity.com (Registration required) • Use the State's Automated Information System (AIS) 800-925-9126 (STAR only) • Call 24/7 Nurse Advice Line after hours 855-802-4614 • Use the State's Integrated Voice Response (IVR) or live operator at 800-252-8263
CLAIM STATUS	Go to www.availity.com (Registration required)
Claims and Correspondence	
SUBMIT CLAIMS	For more information *see page 6*.
CORRESPONDENCE, COMPLAINTS & APPEALS	**Corrected Claims:** Resubmit electronically to Payor ID 66001 **Appeals:** **Mail:** Blue Cross and Blue Shield of Texas Attn: Complaints and Appeals PO Box 27838 Albuquerque, NM 87125-7838 **Email:** GPDTXMedicaidAG@bcbsnm.com www.availity.com Log in, More, Claims, Click Medicaid Claims & Reconsideration The Provider Dispute Resolution Request Form with instructions is located on the BCBSTX website: www.bcbstx.com/provider/network/medicaid.html Click the tab Education & Reference tab, click on Forms.
Prior Authorization Reviews, Concurrent Reviews, Prior Authorization & Referrals	
PRIOR AUTHORIZATION PROCESS	Contact the member's service coordinator for assistance with obtaining authorization and include the service coordination telephone number **Acute Care:** Call Utilization Management at 877-784-6802, 8 a.m. – 8 p.m. CT, M-F Please have this information when calling: • Member name and Patient Control Number (Member ID number) • Diagnosis codes • CPT/HCPCS procedure codes • Date of injury/hospital admission and third party liability information (if applicable) • Facility name (if applicable) and NPI number • Specialist name or name of attending physician and NPI number • Clinical data that supports the request **LTSS Authorizations:** • Call Service Coordinator at 877-301-4394
Laboratory & Radiology Services	
	Providers must use in-network laboratories. Prior authorization is required for out-of-network labs and tests considered investigational. Prior authorization is required for all PET/SPECT scans, CT, CTA, MRI, MRA and some other services.

Behavioral Health Services (Mental Health & Chemical Dependency)	
	Magellan Health Services (Magellan) coordinates all behavioral health (behavioral health & substance use) services for STAR Kids members. PCP referrals not required. Members can receive a referral to an in-network behavioral health provider by calling Magellan. For prior authorization, benefits, eligibility or claims status or questions, contact Magellan: 800-424-0324 www.magellanprovider.com Providers are responsible for filing claims. Submit claims to: **Magellan Health Services** **Attn: Claims** **PO Box 2154** **Maryland Heights, MO 63043**
Pharmacy Administered by Prime Therapeutics	
PROVIDER CUSTOMER SERVICE	**STAR Kids (MRSA):** 855-457-07583 **STAR Kids (Travis):** 855-457-0757 **Website:** http://www.bcbstx.com/provider/medicaid/index.html
FORMULARY	View the Formulary at: www.txvendordrug.com/formulary/formulary-search.asp Get the Formulary for Smart Phones from www.epocrates.com
PHARMACY PRIOR AUTHORIZATION	**STAR Kids:** 855-457-1200 **FAX:** 877-243-6930 Prior authorization is required for all non-preferred drugs on the Texas Medicaid Formulary. Requests will be addressed within 24 hours. BIN 011552 PCN TXCAID Rx Group# -See member ID card
E-PRESCRIBING	Available through **Surescripts®** for providers to check eligibility, review medication history, and review Formulary information. Other resources: www.txvendordrug.com
After-Hours Care	
AFTER-HOURS ACCESS	The PCP must have an after-hours system in place to help ensure that the member can reach his or her PCP or an on-call physician with medical concerns or questions.
AFTER HOURS /HOLIDAYS	Providers can use self-service Interactive Voice Response (IVR) 24/7 for eligibility and claim status at 877-784-6802.
Member Self-Referrals	
SELF-REFERRALS	Members may self-refer to in-network providers for annual well-woman, prenatal /OB/GYN care and Behavioral Health (Magellan). May also self-refer for treatment of STDs, HIV testing and family planning.
Dental and Vision Benefits	
DENTAL	**DentaQuest** STAR Kids Mon.-Fri. 8 a.m. – 7 p.m. CT, M-F; Sat 8 a.m. – 12 p.m. CT Provider Services 800-896-2374 www.dentaquest.com **Managed Care of North America (MCNA) Dental** 8 a.m. – 4 p.m. CT M-F (excluding holidays) STAR Kids 800-494-6262 www.mcna.net
VISION SERVICES	**Davis Vision** M-F: 7 a.m. – 10 p.m. Sat.: 8 a.m. – 3 p.m. Sun.: 11 a.m. – 3 p.m. Provider services: 800-77-DAVIS (800-773-2847) www.davisvision.com

Coordination of Additional Services

STAR Kids

All providers are responsible for making referrals and coordinating care for additional services, such as:

STAR Kids

- Early Childhood Intervention (ECI) Case Management.
- Texas School Health and Related Services (SHARS)
- Department for Aging and Disability Services (DADS)
- Women, Infant and Children (WIC)
- Texas Women's Program
- Case Management for Women and Children

Contact BCBSTX Service Coordinators for assistance @ 877-301-4394

Texas Health Steps
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

SERVICES

Services include:

- Periodicity Schedule
- Immunization for members <20 years of age
- Assessments
- Check-ups
- Laboratory tests
- Missed appointment referrals

THSteps Checkups Form: www.dshs.state.tx.us/thsteps/childhealthrecords.shtm

VACCINES FOR CHILDREN

- Use administration procedure codes 90460 through 90474
- Must be billed on a separate line in box 24D of the CMS-1500 Form.
- Newly enrolled members under age 21 should be seen for a Texas Health Steps visit within 90 days of joining the plan.

Service Coordination and LTSS Authorizations

Providers, nurses, social workers and members or their representative will be able to contact Service Coordination by:

- Service Coordination phone number. 1-877-301-4394 Monday – Friday, 8a.m. to 5 p.m.

Complaints and Appeals

PROVIDER COMPLAINTS

Providers may submit complaints regarding operations of the plan.
Include the following information:

- Provider's name
- Date of incident
- Description of incident

Submit complaints to:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO BOX 27838
Albuquerque, NM 87125-7838

Email: GPDTXMedicaidAG@bcbsnm.com

PROVIDER APPEALS

Providers can appeal BCBSTX's denial of a service or payment.

- Submit appeals within 120 calendar days from the receipt of the Remittance Advice or Notice of Action letter
- Provide any requested additional information within 21 calendar days

Children of Migrant Farmworkers

CMFW

Children of Migrant Farm Workers (CMFW) will be identified by the plan and assisted in receiving accelerated services prior to migration. BCBSTX must identify its CMFW population and facilitate coordination of care under Texas Health Steps.

Please refer families to the Member Outreach Representatives at: 855-497-0857; fax 512-349-4867
We will help coordinate with Federally Qualified Health Centers in other states.

ADDITIONAL INFORMATION

CLAIMS SUBMISSION

- Include provider name, legal name, National Provider Identifier (NPI), BCBSTX Payer ID number.
- **Clean Claims** – All providers must submit complete claims.
- **Timely Filing Limit** – Claims must be submitted within 95 days of date of service. Claims submitted after 95 days from date of service will be denied.
- **Claim Appeals** – Appeal deadline is 120 calendar days from date of first denial on Remittance Advice.
- **Balance Billing** – Providers are prohibited from seeking payment from members.
- Bill with the Medicaid Patient Control Number (PCN) or Medicaid/CHIP ID number (Field 1a).
- Paper claims must be submitted on the Standard CMS-1500 (08/05) or UB-04 claim form.

For more information, see Chapter 6, Claims and Billing, in the BCBSTX Medicaid (STAR) & CHIP Provider Manual online at:
www.bcbstx.com/provider/network/medicaid.html.

CLAIMS ASSISTANCE

- For help with claims submitted to Availity, other transactions available through Availity, information on electronic claims submission or other questions, please contact Availity Client Services at **800-AVAILITY (800-282-4546)**.
- For information on electronic filing, access the website at **www.availity.com** or use the optional Texas Medicaid & Healthcare Partnership (TMHP) Managed Care Organization (MCO) claims portal for Medicaid STAR claims.
- Duplicate claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period.
- If services are rendered directly by the physician and other professional provider, the services may be billed by the physician and other professional provider. However, if the physician and other professional provider does not directly perform the service and the service is rendered by another provider, only the rendering provider can bill for those services. Note: This does not apply to services provided by an employee of a physician and other professional provider, e.g. Physician Assistant, Surgical Assistant, Advanced Practice Nurse, Clinical Nurse Specialist, Certified Nurse Midwife or Registered Nurse First Assistant who is under the direct supervision of the billing physician and other professional provider.

Note: Authorized out-of-network services within the service area will be reimbursed 95% of the Texas Medicaid Fee Schedule.

ELECTRONIC FUND TRANSFER AND ELECTRONIC REMITTANCE ADVICE

- BCBSTX allows the electronic fund transfer (EFT) option for claims payment transactions. This allows claims payments to be deposited directly into a previously selected bank account.
- Providers contracted with BCBSTX can choose to receive electronic remittance advices (ERAs) and will receive these advises through their clearinghouse. Enrollment is required.

PROVIDER RECORD & NETWORK EFFECTIVE DATES

- A minimum of 30 days advance notice is required when making changes affecting the provider's BCBSTX status, especially in the following areas:
  (1) Physical address (primary, secondary, tertiary)
  (2) Billing address
  (3) NPI & Provider Record changes
  (4) Moving from Group to Solo practice
  (5) Moving from Solo to Group practice
  (6) Moving from Group to Group practice
  (7) Backup/covering providers.
- New Provider Record effective dates will be established as of the date the completed application is received in the BCBSTX corporate office. This applies to all additions, changes and cancellations.
- BCBSTX will not add, change or cancel information related to the Provider Record on a retroactive basis. Retroactive Provider Record effective dates will not be issued.
- Delays in status change notifications will result in reduced benefits or non-payment of claims filed under the new Provider Record.
- If the provider files claims electronically and their Provider Record changes, the provider must contact the Availity Health Information Network at **800-AVAILITY** or **(800-282-4546)** to obtain a new EDI Agreement.

ELIGIBILITY

- **Member Information Changes** – Must be reported to Texas HHSC at **877-541-7905** or **www.211texas.org/211**.
- **Eligibility** – Providers can access member eligibility information via Availity at **www.availity.com**, or by calling us at **877-784-6802**.
- **Plan Changes** – Members may contact Maximus at **800-964-2777** if they would like to change plans.
- **PCP Changes** – Members may request a PCP transfer by calling Customer Service at **877-784-6802**
- **PCP Rosters** – PCP rosters of assigned members will be delivered by mail.

A PCP can request a member reassignment to another PCP by completing and submitting the Provider Request for Member Deletion from PCP Assignment form located online at:
www.bcbstx.com/provider/network/medicaid.html.

UTILIZATION MANAGEMENT AND PRIOR AUTHORIZATION REVIEW

- All out-of-network referrals (except emergency care and behavioral health), elective inpatient except labor and delivery, most durable medical equipment, home health, some outpatient surgeries or procedures that are cosmetic or investigational and some radiology services all PET/SPECT scans, CT, CTA, MRI, MRA and some other services).
- Prior Authorization requests are reviewed for eligibility, appropriate level of care, benefit coverage and medical necessity. A list of services requiring prior authorization can be found in the BCBSTX Provider Manual and on the BCBSTX website under the Education and Reference tab, Forms.

TRANSPORTATION

- **STAR Medical Transportation Program:** HHSC will pay for a bus ride or ride sharing service, pay a friend or relative by the mile, round trip, or provide gas money directly to the member, parent or guardian. HHSC may also pay for out-of-town services including lodging and meals for member and parent/guardian.

COMPLAINTS AND APPEALS

- An acknowledgement letter is sent within five business days of receipt of Provider's complaint.
- A resolution letter is sent within 30 calendar days of receipt of complaint.
- BCBSTX may request additional information. Providers are expected to comply with such requests within 10 days of request.
- Appeals will be resolved within 30 calendar days for standard appeals unless more time is needed, within 3 business days for STAR expedited appeals and within 1 working day for CHIP expedited appeals.
- To request an external review after an adverse decision after the initial appeal process, submit a written request to:

BCBSTX
Attn: Complaints and Appeals Department
PO Box 27838
Albuquerque, NM 87125-7838