

**BCBSTX Medicaid (STAR) and CHIP At-A-Glance**  
**Effective December 1, 2015**

<b>Dates of Service Prior to December 1, 2015</b>	<b>Dates of Services on or after December 1, 2015</b>
<b>Payor ID</b> 84980	<b>Payor ID</b> 66001
<b>Customer Care Center</b> Providers: 888-292-4487 7 a.m. – 6 p.m. CST, M – F Check Benefits, Eligibility, Claim Status and Verification of PCP Assignment	<b>Customer Service</b> Providers: 877-560-8055 8 a.m. – 8 p.m. CST, M – F Check Benefits, Eligibility, Claim Status and Verification of PCP Assignment
<b>Claims</b> Mail Paper Claims to: Blue Cross and Blue Shield of Texas PO Box 684787 Austin, TX 78768-4787	<b>Claims</b> Mail Paper Claims to: Blue Cross and Blue Shield of Texas PO Box 51422 Amarillo, TX 79159-1422
<b>Correspondence, Complaints &amp; Appeals</b>	<b>Corrected Claims and Appeals</b>
Blue Cross and Blue Shield of Texas Attn: Complaints and Appeals PO Box 684249 Austin, TX 78768 Provider Dispute Resolution Form located @ <a href="http://www.bcbstx.com/provider/medicaid/forms.html">http://www.bcbstx.com/provider/medicaid/forms.html</a> , Other Forms	<i>Corrected Claims</i> Resubmit Electronically to Payor ID 66001  <i>Appeals</i> <b>Mail:</b> Blue Cross and Blue Shield of Texas Attn: Complaints and Appeals PO Box 27838 Albuquerque, NM 87125-7838  <b>Email:</b> <a href="mailto:GPDTXMedicaidAG@bcbsnm.com">GPDTXMedicaidAG@bcbsnm.com</a>  <b>Fax:</b> 855-235-1055  <b>Website:</b> <a href="http://www.availity.com">www.availity.com</a>  Provider Appeal Request Form will be located @ <a href="http://www.bcbstx.com/provider/medicaid/forms.html">http://www.bcbstx.com/provider/medicaid/forms.html</a> , Other Forms
<b>Medical Prior Authorization</b> Utilization Management Intake: 855-879-7178 Fax: 855-879-7180 8 a.m. – 5 p.m. CST, M – F Concurrent Review Fax: 855-723-5102	<b>Medical Prior Authorization</b> Customer Service: 877-560-8055 (follow prompts for UM) Fax: 855-653-8129
<b>Case Management</b> Phone: 855-879-7178, 8 a.m. – 5 p.m. CST, M – F Fax: 855-417-1289	<b>Case Management</b> Phone: 877-560-8055 Fax: 855-653-8129
<b>24/7 Nurse Line</b> Phone: 877-351-8392	<b>Nurse Advice Line</b> Phone: 844-971-8906 (24/7)
<b>Pharmacy Benefits Administered by Express Scripts, Inc.</b> <i>Provider Customer Service</i> Medicaid (STAR): 866-294-1562 CHIP: 866-323-2088  <i>Prior Authorization</i> Medicaid (STAR): 866-533-7008 CHIP: 866-472-2095 Fax (Both programs): 800-357-9577	<b>Pharmacy Benefits Administered by Prime Therapeutics</b> <i>Provider Customer Service</i> Medicaid (STAR) Pharmacy Help Desk: 855-457-0405 CHIP Pharmacy Help Desk: 855-457-0403  <i>Prior Authorization</i> Medicaid (STAR) and CHIP: 855-457-0407 Fax (both programs): 877-243-6930

BIN: 003858  
PCN A4  
Group # WFTA

Mail: Prime  
Attn: Clinical Review  
1305 Corporate Center Dr  
Eagan, MN 55121

BIN 011552  
PCN TXCAID