

# Pharmacy MCO Assistance Chart

## Aetna Better Health

PBM: CVS/Caremark

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610591	ADV	Rx8801	877-874-3317	800-248-7767 (Bexar) 800-306-8612 (Tarrant)	800-248-7767 (Bexar) 800-306-8612 (Tarrant)
CHIP	610591	ADV	Rx8801	877-874-3317	866-818-0959 (Bexar) 800-245-5380 (Tarrant)	866-818-0959 (Bexar) 800-245-5380 (Tarrant)
STAR Kids	610591	ADV	Rx8801	877-874-3317	844-787-5437	844-787-5437

## Amerigroup

PBM: IngenioRx

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	020107	CS	WKEA	1-833-252-0329	800-454-3730	1-833-235-2022
CHIP	020107	CS	WKEA	1-833-252-0329	800-454-3730	1-833-235-2022
STAR+PLUS	020107	CS	WKEA	1-833-252-0329	800-454-3730	1-833-235-2022
STAR+PLUS MMP	020115	IS	WKUA	1-833-296-5041	1-833-293-0661	1-833-232-1711
STAR Kids	020107	CS	WKEA	1-833-252-0329	800-454-3730	1-833-370-7463

Call the TMHP Provider Line at 1-800-925-9126, select Option 2 (Provider Inquiries), then Option 1 (Client Eligibility), and then follow the prompts to find enrollment status and the name of the person's health plan.

## Blue Cross Blue Shield of Texas

PBM: Prime Therapeutics

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	011552	TXCAID	***	855-457-0405	855-457-0407	888-657-6061
CHIP	011552	TXCAID	+++	855-457-0403	855-457-0407	888-657-6061
STAR Kids	011552	TXCAID	†††	855-457-0757 (Travis) 855-457-0758 (MRSA)	855-457-1200	877-688-1811

Symbol	Claim Group Values
***	TXS1, TXS2
+++	TXC1, TXC2, TXC3, TXC4, TXC5, TXC6, TXC7
†††	600D, 600N, 601D, 601N, 602D, 602N, 603D, 603N, 604D, 604N, 605D, 605N, 606D, 606N, 60MD, 60MN, 61MD, 61MN, 62MD, 62MN, 63MD, 63MN, 64MD, 64MN, 65MD, 65MN, 66MD, 66MN

## Cigna-HealthSpring

PBM: Express Scripts

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR+PLUS	017010	CIMCAID	ZR3A	855-596-4425	877-653-0331	877-653-0327
STAR+PLUS MMP	017010	CIMCARE	CGMAPDRX	800-922-1557	877-653-0331	877-653-0327

## Community Health Choice

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	CHC	877-908-6023	877-908-6023	888-760-2600
CHIP	610602	MCD	CHC	877-908-6023	877-908-6023	888-760-2600

Call the TMHP Provider Line at 1-800-925-9126, select Option 2 (Provider Inquiries), then Option 1 (Client Eligibility), and then follow the prompts to find enrollment status and the name of the person's health plan.

## Community First Health Plan

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	CFG	877-908-6023	877-908-6023	800-434-2347
CHIP	610602	MCD	CFG	877-908-6023	877-908-6023	800-434-2347
STAR Kids	610602	MCD	CFG	877-908-6023	877-908-6023	855-607-7827

## Cook Children's

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	CCH	877-908-6023	877-908-6023	800-964-2247
CHIP	610602	MCD	CCH	877-908-6023	877-908-6023	800-964-2247
STAR Kids	610602	MCD	CCK	877-908-6023	877-908-6023	844-843-0004

## Dell Children's Health Plan

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	SHP	877-908-6023	877-908-6023	888-596-0268
CHIP	610602	MCD	SHP	877-908-6023	877-908-6023	888-596-0268

*Note: MCO has unique requirements regarding coverage of family planning products. Refer to the MCO's provider manual for details.*

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## Driscoll Health Plan

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	DCH	877-908-6023	877-908-6023	877-220-6376 (Nueces) 855-425-3247 (Hidalgo)
CHIP	610602	MCD	DCH	877-908-6023	877-908-6023	877-451-5598
STAR Kids	610602	MCD	DCSK	877-908-6023	877-908-6023	844-508-4672 (Nueces) 844-508-4674 (Hidalgo)

## El Paso Health

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	EPH	877-908-6023	877-908-6023	877-532-3778
CHIP	610602	MCD	EPH	877-908-6023	877-908-6023	877-532-3778

## FirstCare

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	FCH	877-908-6023	877-908-6023	800-431-7798
CHIP	610602	MCD	FCH	877-908-6023	877-908-6023	800-431-7798

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## Molina Healthcare

PBM: CVS/Caremark

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	004336	ADV	RX0825	877-874-3317	855-322-4080	866-449-6849
STAR+PLUS	004336	ADV	RX0826	877-874-3317	855-322-4080	866-449-6849
CHIP	004336	ADV	RX0824	877-874-3317	855-322-4080	866-449-6849
STAR+PLUS MMP	004336	MEDDADV	RX5008	877-874-3317	855-322-4080	866-856-8699

## Parkland

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	PHS	877-908-6023	877-908-6023	888-814-2352
CHIP	610602	MCD	PHC	877-908-6023	877-908-6023	888-814-2352

## Scott & White RightCare

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	SWH	877-908-6023	877-908-6023	855-897-4448

Call the TMHP Provider Line at 1-800-925-9126, select Option 2 (Provider Inquiries), then Option 1 (Client Eligibility), and then follow the prompts to find enrollment status and the name of the person's health plan.

## Superior

PBM: Envolve Pharmacy Solutions

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	004336	MCAIDADV	RX5458	800-311-0552	866-399-0928	800-783-5386
CHIP	004336	MCAIDADV	RX5458	800-311-0552	866-399-0928	800-783-5386
STAR+PLUS	004336	MCAIDADV	RX5458	800-311-0552	866-399-0928	877-277-9772
STAR Health	004336	MCAIDADV	RX5458	800-311-0552	866-399-0928	866-912-6283
STAR Kids	004336	MCAIDADV	RX5458	800-311-0552	866-399-0928	844-590-4883
STAR+PLUS MMP	004336	MEDDADV	RX8144	888-865-6567	800-867-6564	866-896-1844

## Texas Children's

PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	TCH	877-908-6023	877-908-6023	866-959-2555
CHIP	610602	MCD	TCH	877-908-6023	877-908-6023	866-959-6555
STAR Kids	610602	MCD	CHSK	877-908-6023	877-908-6023	800-659-5764

## United Healthcare

PBM: Optum Rx

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610494	4400	ACUTX	877-305-8952	800-310-6826	888-887-9003
CHIP	610494	4400	ACUTX	877-305-8952	800-310-6826	888-887-9003
STAR+PLUS	610494	4400	ACUTX	877-305-8952	800-310-6826	888-887-9003
STAR KIDS	610494	4400	ACUTX	877-305-8952	800-310-6826	877-597-7799
STAR+PLUS MMP	610097	8500	MMPTX	877-889-6510	800-711-4555	888-887-9003

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## Vendor Drug Program

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center
Medicaid	610084	DRTXPROD	MEDICAID	800-435-4165	877-728-3927
CSHCN	610084	DRTXPROD	CSHCN	800-435-4165	800-252-8023, opt. 2
KHC	610084	DRTXPRODKH	KHC	800-435-4165	NA

## Revision History

Date	Revision
09/01/2020	<ul style="list-style-type: none"> <li>Children's Medical Center Health Plan: removed 08/31/2020</li> </ul>
06/01/2020	<ul style="list-style-type: none"> <li>Parkland: Claims billing and contact update</li> </ul>
01/01/2020	<ul style="list-style-type: none"> <li>Aetna - Phone number changes</li> <li>Cigna-HealthSpring - PBM change</li> <li>Molina - Phone number changes</li> <li>Parkland - BIN, PCN and Group changes; phone number changes</li> <li>Superior - STAR+PLUS MMP PCN change; phone number changes</li> </ul>

Call the TMHP Provider Line at 1-800-925-9126, select Option 2 (Provider Inquiries), then Option 1 (Client Eligibility), and then follow the prompts to find enrollment status and the name of the person's health plan.