

# 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	855-240-0535	800-248-7767 (Bexar) 800-306-8612 (Tarrant)
CHIP	610591	ADV	Rx8801	877-874-3317	855-240-0535	866-818-0959 (Bexar) 800-245-5380 (Tarrant)
STAR Kids	610591	ADV	Rx8801	877-874-3317	844-787-5437	844-787-5437

## Amerigroup

**PBM: Express Scripts**

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	003858	MA	WKEA	844-367-6115	800-454-3730	800-600-4441
CHIP	003858	MA	WKEA	844-367-6115	800-454-3730	800-600-4441
STAR+PLUS	003858	MA	WKEA	844-367-6115	800-454-3730	800-600-4441
STAR+PLUS MMP	003858	MD	WKUA	855-878-1785	855-878-1785	855-878-1784
STAR Kids	003858	MA	WKEA	844-367-6115	800-454-3730	844-756-4600

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.

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## 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

## Children's Medical Center Health Plan

### PBM: Navitus

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR Kids	610602	MCD	CMK	877-908-6023	877-908-6023	800-947-4969

## Cigna-HealthSpring

### PBM: OptumRx

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR+PLUS	017010	CIHSCAID	Blank	888-625-5686	877-653-0331	877-653-0327
STAR+PLUS MMP	017010	CIHSCARE	Blank	888-625-5686	877-653-0331	877-653-0327

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.

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## Community First

**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

## 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

## 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

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.

# Pharmacy MCO Assistance Chart



## 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 Provider Manual for details.*

## 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

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.

# Pharmacy MCO Assistance Chart



## 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

## 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	866-449-6849	866-449-6849
STAR+PLUS	004336	ADV	RX0826	877-874-3317	866-449-6849	866-449-6849
CHIP	004336	ADV	RX0824	877-874-3317	866-449-6849	866-449-6849
STAR+PLUS MMP	004336	MEDDADV	RX5008	866-856-8699	866-856-8699	866-449-6849

## Parkland

**PBM: Navitus**

Program	Claim BIN	Claim PCN	Claim Group	Pharmacy Call Center	Prior Authorization Call Center	Member Call Center
STAR	610602	MCD	PCH	877-908-6023	877-908-6023	888-672-2277
CHIP	610602	MCD	PCH	877-908-6023	877-908-6023	888-814-2352

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.

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## 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

## 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	866-516-4501
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	06244501	RX8144	844-857-4347	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

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## 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

## 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

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.