

Texas Vendor Drug Program **Pharmacy Provider Procedure Manual**

Contact Information

May 2018

The Pharmacy Provider Procedure Manual (PPPM) is available online at txvendordrug.com/about/policy/manual.



TEXAS
Health and Human
Services

*Medical and
Social Services*

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1 Vendor Drug Program

For general correspondence with the Vendor Drug Program (VDP).

Table 1 - Vendor Drug Program Correspondence

Media	Contact
Mailing address	Vendor Drug Program (MC-2250) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751
Phone	HHSC Pharmacy Benefits Access Help Desk <ul style="list-style-type: none">• 1-800-435-4165• Monday-Friday, 8:30 a.m. to 5:15 p.m. (central)
Fax	512-730-7483 (Central office) 512-491-1958 (Help Desk only)
Website	txvendordrug.com

The VDP website includes pharmacy provider enrollment forms; news bulletins; searchable indices of drug formulary, enrolled pharmacies, and prescribing providers; managed care resources; education opportunities; and other resources. All content is free and no account is needed to access services. We encourage all pharmacy staff to provide the proper education on how to access and utilize tools on the website so that other staff may take full advantage of the services provided.

2 Pharmacy Enrollment and Support

For general correspondence or inquiries about the pharmacy application, agreement, and other documentation.

Table 2 - Pharmacy Enrollment and Support Correspondence

Media	Contact
Mailing address	Vendor Drug Program (MC-2250) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751

Media	Contact
Phone	Pharmacy Benefits Access Help Desk <ul style="list-style-type: none"> • 1-800-435-4165 <ul style="list-style-type: none"> ○ Monday-Friday, 8:30 a.m. to 5:15 p.m. (central) ○ (Ask to be transferred to pharmacy enrollment)
Fax	512-730-7466
Email	MCDPharmacyContractManage@hhsc.state.tx.us
Website	Contact information <ul style="list-style-type: none"> • txvendordrug.com/about/contact/pharmacy-enrollment Pharmacy search <ul style="list-style-type: none"> • txvendordrug.com/providers/pharmacy-search

Pharmacy providers that want to enroll as a durable medical equipment (DME) provider should refer to:

- txvendordrug.com/providers/pharmacy-enrollment-dme-provider
- The Texas Medicaid and Healthcare Partnership, section 17 below, for contact information

Pharmacy providers that want to enroll in the Medicaid Comprehensive Care Program (CCP) should refer to:

- txvendordrug.com/providers/pharmacy-enrollment-ccp-provider
- The Texas Medicaid and Healthcare Partnership, section 17 below, for contact information

3 Children with Special Health Care Needs Services Program

The Children with Special Health Care Needs (CSHCN) Services Program helps children with special health-care needs and people of any age with cystic fibrosis. It is not a Medicaid program.

Table 3 - CSHCN Services Program Correspondence

Media	Contact
Mailing address	CSHCN Services Program (MC 1938) Texas Health and Human Services P.O. Box 149347 Austin, TX 78714-9347 For prior authorization appeals: <ul style="list-style-type: none">• Attention: CSHCN Administrative Review, Health and Developmental Services
Phone	Pharmacy Claim Processing <ul style="list-style-type: none">• 1-800-435-4165• Pharmacy Benefits Access Help Desk• Monday-Friday, 8:30 a.m. to 5:15 p.m. (central) Program <ul style="list-style-type: none">• 1-800-252-8023• 512-776-7355 (Austin) Eligibility verification <ul style="list-style-type: none">• 1-800-568-2413 (24-hour access)• CSHCN Automated Inquiry System (AIS)
Fax	512-776-7565
Website	dshs.texas.gov/cshcn/

For CSHCN Services Program pharmacy prior authorization, refer to Pharmacy Prior Authorization, section 13 below. Faxed letters of medical necessity must be sent on office letterhead.

For participation in CSHCN drug rebate program, refer to Rebate Correspondence, section 15 below.

4 Kidney Health Care Program

The Kidney Health Care (KHC) Program helps people with end-stage renal disease get their health care services. It is not a Medicaid program.

Table 4 - KHC Program Correspondence

Media	Contact
Mailing address	KHC Program (MC 1938) Texas Health and Human Services P.O. Box 149347 Austin, TX 78714-9347
Phone	Pharmacy Claim Processing <ul style="list-style-type: none"> • 1-800-435-4165 • Pharmacy Benefits Access Help Desk • Monday-Friday, 8:30 a.m. to 5:15 p.m. (central) Program <ul style="list-style-type: none"> • 1-800-222-3986 • 512-776-7150 (Austin)
Fax	512-776-7162
Website	dshs.texas.gov/kidney/

For participation in KHC drug rebate program, refer to Rebate Correspondence, section 15 below.

5 Pharmacy Claim Processing

5.1 Traditional Medicaid, CSHCN, HTW, and KHC

To expedite your call, pharmacy staff should be ready to provide your 10-digit National Provider Identifier (NPI) number and the appropriate cardholder ID number(s).

Table 5 - Pharmacy Claim Processing Correspondence

Media	Contact
Mailing address	Vendor Drug Program (MC-2250) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751
Phone	Pharmacy Benefits Access Help Desk <ul style="list-style-type: none"> • 1-800-435-4165 • Monday-Friday, 8:30 a.m. to 5:15 p.m. (central)

5.2 Medicaid managed care and CHIP

Download the **Pharmacy MCO Assistance Chart** from the Downloads page at txvendordrug.com/resources/downloads. The chart identifies the appropriate pharmacy call center for each MCO. Refer to Managed Care, section 11 below, for more information about managed care organizations.

6 Drug Pricing

6.1 General Texas Formulary Questions

Table 6 - VDP Formulary Management Correspondence

Media	Contact
Mailing address	Attention: Formulary Management Vendor Drug Program (MC-2250) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751
Phone	Pharmacy Benefits Access Help Desk <ul style="list-style-type: none">1-800-435-4165<ul style="list-style-type: none">Monday-Friday, 8:30 a.m. to 5:15 p.m. (central)(Ask to be transferred to formulary management)
Fax	<ul style="list-style-type: none">512-491-1961<ul style="list-style-type: none">Pharmacy staff are encouraged to provide a copy of the manufacturer's invoice
Email	<ul style="list-style-type: none">vdp_formulary@hhsc.state.tx.us

6.2 National Average Drug Acquisition Cost Pricing Questions

Table 7 - NADAC Correspondence

Media	Contact
Phone	1-855-457-5264

Media	Contact
Fax	1-844-860-0236
Email	info@mslcrps.com
Website	medicaid.gov/medicaid/prescription-drugs/retail-price-survey/index.html
NADAC Request For Medicaid Reimbursement Review	medicaid.gov/medicaid/prescription-drugs/downloads/retail-price-survey/hdform.pdf

7 Pharmacy Verification of Eligibility

Table 8 - Pharmacy Eligibility Verification Portal Correspondence

Media	Contact
Phone	Conduent Technical Support and Interfaces Desk <ul style="list-style-type: none"> • 1-888-701-1713 <ul style="list-style-type: none"> ○ Monday-Friday, 8:00 a.m. to 5:30 p.m. (central)
Fax	1-866-780-2185
Email	PharmacyMoveIT@Conduent.com
Website	txpcra.pharmacy.services.conduent.com/PBMPortal/login.jsp

Download the **Pharmacy Eligibility Verification Portal Access** (HHSC Form 1317) from the “Enrollment Forms” section of the Downloads page at txvendordrug.com/resources/downloads. Refer to Managed Care, section 11 below, to learn how to use these tools to identify people eligible for Medicaid or CHIP. Refer to the [Eligibility](#) chapter of the PPM to learn more about real-time eligibility verification.

8 Fraud, Waste, and Abuse Reporting

The Texas HHSC Inspector General investigates waste, abuse, and fraud in all health and human services agencies in the state of Texas.

Table 9 - HHSC Inspector General Correspondence

Media	Contact
Mailing address	Texas Health and Human Services P.O. Box 85200 Austin, Texas 78708-5200 Texas Health and Human Services 11501 Burnet Road, Building 902 Austin, Texas 78758
Phone	Integrity Line • 1-800-436-6184
Website	oig.hhsc.texas.gov/

9 Medicare

- **Verification of Medicare Part D plan information**
 - ▶ Phone: 1-800-MEDICARE (800-633-4227)
- **Facilitated Enrollment**
 - ▶ Medicare Eligibility Verification Transaction
 - ◇ Website: medifacd.mckesson.com/e1/
- **Limited Income NET (LINET)**
 - ▶ Phone: 1-800-783-1307
 - ▶ Fax: 1-877-210-5592
 - ▶ Email: MedicareLINET@cms.hhs.gov
 - ▶ Website: humana.com/pharmacy/pharmacists/linet
- **Extra Help with Medicare Prescription Drug Plan Costs**
 - ▶ Contact your local Social Security office for phone number
 - ◇ US Social Security Administration
 - ◇ Phone: 1-800-772-1213
 - ◇ Website: ssa.gov/medicare/prescriptionhelp/

Refer to the [Coordination of Benefits](#) chapter of the PPPM to learn about dual Medicaid and Medicare eligibility.

10 Pharmacy Payment

10.1 Traditional Medicaid, CSHCN, HTW, and KHC

Table 10 - Pharmacy Payment Portal Correspondence

Media	Contact
Phone	Conduent Technical Support and Interfaces Desk <ul style="list-style-type: none">• 1-888-701-1713<ul style="list-style-type: none">◦ Monday-Friday, 8:00 a.m. to 5:30 p.m. (central)
Fax	1-866-780-2185
Email	PharmacyMoveIT@Conduent.com
Website	moveit.services.conduent.com

10.2 Medicaid managed care and CHIP

Download the **Pharmacy MCO Assistance Chart** from the Downloads page at txvendordrug.com/resources/downloads. The chart identifies the appropriate pharmacy call center for each managed care organization (MCO). Refer to Managed Care, section 11 below, for more information about managed care organizations.

Refer to the Pharmacy Payment chapter of the PPPM to learn more about pharmacy payment.

11 Managed Care

11.1 General Correspondence

Pharmacy staff that are unsure which managed care organization (MCO) a Medicaid- or CHIP-eligible person is enrolled with can use one of the two real-time eligibility verification tools for clarification:

- The NCPDP Eligibility Verification (E1) Transaction submitted through the pharmacy's point-of-sale system.
- The Pharmacy Eligibility Verification Portal (EVP) is a browser-based application that is free for all VDP-contracted pharmacy providers.

The Your Texas Benefits Card Provider Help Desk may also be used for to find enrollment status and the name of the MCO for Medicaid- or CHIP-eligible people.

Table 11 - Your Texas Benefits Card Provider Help Desk Correspondence

Media	Contact
Phone	1-855-827-3747 <ul style="list-style-type: none">• Select Option 3 and follow the applicable prompts. Please have the Medicaid or CHIP cardholder ID and date of birth ready to expedite your call.

Refer to Eligibility, section 7 above, to learn about accessing the VDP Eligibility Verification Portal. Refer to the [Eligibility](#) chapter of the PPPM to learn more about real-time eligibility.

Pharmacy staff should contact the appropriate MCO using the online resources shown in Table 12. Download these managed care resources from the Downloads page at txvendordrug.com/resources/downloads.

Table 12 - Managed Care Resources

Chart Name	Usage
Pharmacy MCO Enrollment	Identifies how pharmacy providers with questions pertaining to a new, pending, or existing contract can contact each MCO and pharmacy benefits manager (PBM).
Pharmacy MCO Assistance	Identifies the name and pharmacy billing information for each MCO and pharmacy call center phone numbers.
Prescriber MCO Assistance	Identifies the prior authorization and member call center phone numbers for each MCO.
Service Delivery Area	Identifies each MCO by program (e.g. STAR, STAR+PLUS, CHIP, STAR Kids, etc.) by geographic service delivery area (SDA).

11.2 MCO Complaints

Pharmacy providers must exhaust the complaint or grievance process with the MCO before filing a complaint with HHSC. If after completing this process, the pharmacy provider believes it did not receive full due process from the MCO, it may file a complaint or inquiry with HHSC.

Table 13 - MCO Complaint Correspondence

Media	Contact
Mailing address	Health Plan Management (H-320) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751
Email	hpm_complaints@hsc.state.tx.us
Website	hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/medicaid-chip-contact-us

Refer to the [Managed Care](#) chapter PPPM to learn more about the managed care pharmacy benefit.

12 Pharmacy Refunds

12.1 Traditional Medicaid, CSHCN, HTW, and KHC

Table 14 - Pharmacy Refund Correspondence

Media	Contact
Pharmacy Refunds	Attention: VDP Refunds Accounts Receivable Tracking System (BH-1470) Texas Health and Human Services P. O. Box 149055 Austin, Texas 78714
Traditional Medicaid, CSHCN, HTW, and KHC	Attention: VDP Refunds Accounts Receivable Tracking System (BH-1470) Texas Health and Human Services 4900 N. Lamar Blvd. Austin, Texas 78751

13 Pharmacy Prior Authorization

Prescribing providers or their representatives should contact one of the following authorization authorities:

13.1 Medicaid managed care

Download the **Prescriber MCO Assistance Chart** from the Downloads page at txvendordrug.com/resources/downloads. The chart identifies the appropriate prior authorization and member call center phone numbers for each MCO. Refer to Managed Care, section 11 above, to contact each MCO.

13.2 Traditional Medicaid

Contact the Texas Prior Authorization Call Center for prior authorization requests as outlined in Table 15.

Table 15 - Traditional Medicaid Prior Authorization Requests

Prior Authorization Type	Medium
<ul style="list-style-type: none">• PDL (non-preferred)• Clinical	<ul style="list-style-type: none">• 1-877-PA-TEXAS (1-877-728-3927)• Monday-Friday, 7:30 a.m. to 6:30 p.m. (central)
<ul style="list-style-type: none">• PDL (non-preferred)	<ul style="list-style-type: none">• Select the "PA Request" tab at PAXpress

PAXpress is the Texas Prior Authorization Call Center portal.

Table 16 - PAXpress Website Content

Content	Address
Main	paxpress.txpa.hidinc.com
Registering for a PAXpress Account	paxpress.txpa.hidinc.com/Account_Reg_Instructions.pdf
Provider Quick Reference	paxpress.txpa.hidinc.com/Provider_Quick_Ref_Guide.pdf
Provider Manual	paxpress.txpa.hidinc.com/TX_HHSC_Provider_Manual.pdf

Users may call the Texas Prior Authorization Technical Helpdesk when PAXpress is offline or unavailable.

Media	Contact
Phone	<ul style="list-style-type: none">• 334-321-0177<ul style="list-style-type: none">◦ Monday-Friday, 7:30 a.m. to 6:30 p.m. (central)

13.3 Medicaid Internal Review

VDP staff pharmacists review prior authorization requests for the drugs identified in Table 17 for people enrolled in traditional Medicaid. Download these forms from the Fee-For-Service Clinical Prior Authorization page at txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa.

Table 17 - Medicaid Internal Prior Authorizations

Drug	Form Number
Enzyme Replacement Therapy products	HHSC Form 1328
Xenical (orlistat)	HHSC Form 1331
Synagis	HHSC Form 1033

Please refer to each form for unique completion and submission instructions. Requests must be signed and submitted by the prescribing provider.

Table 18 - Medicaid Internal Prior Authorization Review Correspondence

Media	Contact
Mailing address	Attention: DUR/Formulary Management Vendor Drug Program (MC-2250) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751
Fax	512-491-1962

13.4 CSHCN Services Program Internal Review

CSHCN has special prior authorization requirements for drugs identified in Table 19. Download these forms from the CSHCN Prior Authorization Forms page at txvendordrug.com/formulary/prior-authorization/cshcn. Letters of medical necessity (LMN) must be sent on office stationary and faxed to CSHCN Service Program staff.

Table 19 - CSHCN Internal Prior Authorizations

Drug	Form Number
Cystic Fibrosis products (includes Cayston, Kalydeco, Pulmozyme, and Tobi)	HHSC Form 1143
Growth Hormone products	HHSC Form 1312
Synagis	HHSC Form 1055
Human Immunodeficiency Virus products	LMN required
Family planning products	LMN required
Pulmonary hypertension drugs	LMN required

Please refer to each form for unique completion and submission instructions. Requests must be signed and submitted by the prescribing provider. Refer to Table 3 for submission information.

14 Third-party Recovery

Refer to the “Medicaid” section of the [Coordination of Benefits](#) chapter of the PPPM to learn more about third party billing.

14.1 Traditional Medicaid

Pharmacy staff should refer to Table 20 for instruction on what entity to contact in specific circumstances.

Table 20 - Third Party Contact Guidance

What Happens	Who to Contact
Pharmacy staff receives a rejection from the primary insurance.	The primary insurance. Medicaid does not have the ability to assist with the correction of a non-Medicaid rejection.
Pharmacy staff are told by the person that he/she does not have any other insurance although Medicaid has other insurance on file.	The Texas Pharmacy Third Party Insurance Call Center at 1-866-389-5594. Staff will re-verify the other insurance within 72 hours and update the claim processing system as necessary.
Pharmacy staff does not know how to enter a coordination of benefits claim in its system.	Your software help desk or corporate office.
Pharmacy staff receives a rejection from Medicaid and do not know how else to resolve it.	The HHSC Pharmacy Benefits Access Help Desk at 1-800-435-4165.

Third-party recovery is administered by the Texas Pharmacy Third Party Insurance Call Center. Call center staff will verify non-Medicare third-party requests within three business days and provide updates to allow for claim processing.

Table 21 - Texas Pharmacy Third Party Insurance Call Center Correspondence

Media	Contact
Phone	1-866-389-5594 • Monday-Friday, 8:30 a.m. to 5:15 p.m. (central)
Website	txvendordrug.com/about/contact/third-party

14.2 Medicaid Managed Care

Download the **Pharmacy MCO Assistance Chart** from the Downloads page at txvendordrug.com/resources/downloads. The chart identifies the appropriate pharmacy call center for each managed care organization (MCO). Refer to Managed Care, section 11 above, for more information about managed care organizations.

15 Rebate Correspondence

15.1 CHIP Drug Rebate Program

Download the **CHIP Drug Rebate Agreement** from the Downloads page at txvendordrug.com/resources/downloads.

Table 22 - CHIP Drug Rebate Program Correspondence

Media	Contact
Mailing address	Texas Contract Manager RE: CHIP Rebate Program Magellan Medicaid Administration 11311 Cornell Park Drive, Suite 102 Blue Ash, OH 45242
Phone	513-774-8500

15.2 CSHCN and KHC Drug Rebate Programs

Download the **CSHCN Drug Rebate Agreement** and **KHC Drug Rebate Agreement** (HHSC Form 1329) from the Downloads page at txvendordrug.com/resources/downloads.

Table 23 - CSHCN & KHC Drug Rebate Programs Correspondence

Media	Contact
Mailing address	Texas Contract Manager Re: CSHCN/KHC Rebate Program Conduent Pharmacy Rebate Operations 12365A Riata Trace Parkway Austin, TX 78727

15.3 HTW Rebate Program

Table 24 - HTW Drug Rebate Programs Correspondence

Media	Contact
Email	vdprebates@hhsc.state.tx.us

15.4 Quarterly Pricing Data Updates

Some drug manufacturers have rebate agreements that require they provide quarterly pricing data to HHSC.

Table 25 - Quarterly Pricing Correspondence

Media	Contact
Mailing address	Texas Contract Manager Conduent Pharmacy Rebate Operations 12365A Riata Trace Parkway Austin, TX 78727
Email	vdprebates@hhsc.state.tx.us pcra-ratefiles@xerox.com

15.5 Rebate Reimbursements

Manufacturers submitting reimbursements should include the invoice number as found on your invoice when issuing payment.

Table 26 - Rebate Reimbursement Correspondence

Media	Contact
Mailing address	Attention: VDP Drug Rebates Accounts Receivable Tracking System (BH-1470) Texas Health and Human Services P. O. Box 149055 Austin, Texas 78714
Physical address for overnight mail	Attention: VDP Drug Rebates Accounts Receivable Tracking System (BH-1470) Texas Health and Human Services 4900 N. Lamar Blvd. Austin, Texas 78751

16 Texas Drug Utilization Review Board

The Texas Drug Utilization Review Board develops recommendations for the preferred drug list, suggests clinical prior authorizations on outpatient prescription drugs, recommends educational interventions for Medicaid providers, and reviews drug utilization across the Medicaid program.

The public may submit written testimony for consideration by board members. Please refer to the website in Table 27 for instructions for testifying at meetings.

Table 27 - Texas Drug Utilization Review Board Correspondence

Media	Contact
Mailing address	Attention: Drug Utilization Review Board Vendor Drug Program (MC-2250) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751
Email	vdp_advisory@hhsc.state.tx.us
Website	txvendordrug.com/resources/drug-utilization-review-board

17 Texas Medicaid and Healthcare Partnership

To enroll a pharmacy as a durable medical equipment (DME) provider or as part of the Medicaid Comprehensive Care Program (CCP), contact the Texas Medicaid and Healthcare Partnership (TMHP) at noted in Table 28.

Refer to Pharmacy Enrollment and Support, section 2 above, for enrollment in the Vendor Drug Program.

Table 28 - TMHP Contact Center Correspondence

Media	Contact
Phone	1-800-925-9126 <ul style="list-style-type: none"> Monday-Friday, 7:00 a.m. to 7:00 p.m. (central)
Email	provider.relations@tmhp.com

A pharmacy not enrolled as part of the Medicaid CCP should direct people to the TMHP Client Line to locate a CCP provider.

Table 29 - TMHP Client Line Correspondence

Media	Contact
Phone	1-800-335-8957 <ul style="list-style-type: none"> Monday-Friday, 7:00 a.m. to 7:00 p.m. (central)

Additional resources available at tmhp.com.

Table 30 - TMHP Online Resources

Media	Contact
Provider Enrollment	tmhp.com/Pages/ProviderEnrollment/PE_Home.aspx
Provider Information	tmhp.com/Pages/Medicaid/Medicaid_home.aspx
Texas Medicaid Provider Procedures Manual (TMPPM)	tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx

Media	Contact
Learning Management System (LMS)	learn.tmhp.com
Computer Based Training	tmhp.com/Pages/Education/Ed_CBT.aspx
Support Services	tmhp.com/Pages/SupportServices/PSS_Home.aspx
Contacts	tmhp.com/pages/tmhp/tmhp_contacts.aspx

18 Your Texas Benefits Card

A Medicaid medical provider site with electronic eligibility verification and Texas Health Steps checkup information. Providers and office staff need user IDs and passwords to access secure features of the site. A Site Administrator must first setup an account, then the Site Administrator can setup provider and staff user IDs.

Table 31 - Your Texas Benefits Card Resources

Media	Contact
Website	YourTexasBenefitsCard.com
Provider Frequently Asked Questions	tmhp.com/TMHP_File_Library/HealthIT/YTB%20Provider%20FAQs%20-%20Release%2011%20-%20Feb2013.pdf
IVR System User Guide	yourtexasbenefitscard.com/mehisprelogin-theme/pdf/Provider%20IVR%20User%20Guide.pdf

The Provider Help Desk is used for to find enrollment status and the name of the MCO for people eligible for Medicaid or CHIP.

Table 32 - Your Texas Benefits Card Provider Help Desk Correspondence

Media	Contact
Phone	1-855-827-3747 <ul style="list-style-type: none"> Select Option 3 and follow the applicable prompts. Please have the Medicaid or CHIP cardholder ID and date of birth ready to expedite your call.

Refer to the [Eligibility](#) chapter of the PPM to learn more about real-time eligibility verification.