Blue Cross Blue Shield Texas Medicaid Managed Care Program (STAR) and Children's Health Insurance Program (CHIP) Transition Effective December 1, 2015

Blue Cross and Blue Shield of Texas became one of the plans to administer the STAR and CHIP programs for the Texas Health and Human Services Commission (HHSC) in the Travis Service Area in March 2012. These plans can be identified by the following BCBSTX plan prefixes on the members ID card –ZGT = STAR,   ZGC = CHIP,   ZGE = CHIP Perinate

Electronic Claim Submission Changes

Effective for services rendered on and after December 1, 2015 - BCBSTX is changing Third Party Administrators (TPAs) to our BCBSTX subsidiary - TMG. BCBSTX Medicaid is transitioning all its administrative functions to TMG - Customer Service, Claims Processing, Utilization Management, Case Management, etc.

Professional claims with Dates of Service and institutional claims with a Statement From Date prior to December 1, 2015 must continue to be submitted using the current commercial payer ID. Claims with service dates prior to December 1, 2015 will continue to be forwarded to the current TPA until the timely filing period ends March 4, 2016.

To ensure a clean cutover and smooth transition, a new payer ID of "66001" has been established for BCBSTX Medicaid professional claims with Dates of Service and institutional claims with a Statement from Date on and after December 1, 2015. *You must contact your clearinghouse to confirm the payer ID they have assigned to the new BCBSTX Medicaid payer.*

Additionally, the following Payer Specific Edits (PSEs) will be implemented to ensure efficient and accurate claims routing and processing:

Error message: *Note: exact text of messages may vary slightly based on the clearinghouse.*	Resolution:
Invalid; Service From Date must be valid for Payer Or Invalid payer ID for Service Date – Resubmit to BCBSTX Medicaid	Verify you are submitting the claim with the correct payer ID based on the earliest DOS. Professional claims will compare the Date of Service (2400, DTP*472); Institutional claims will compare the Statement From Date (2300, DTP*434) to 12/1/15.
Duplicate of Previously Processed Claim	Claims will be rejected as duplicates if all of the fields (except the following) within the claim are an exact match and the existing claim is sent within 90 days of the

	previous claim.
	- Patient Control Number (2300, CLM01)
	- Line Item Control Number (2400, REF02)
Subscriber Not Found with Information Provided on Claim	Verify the following data is correct:
	- First and Last name is EXACTLY as it appears on the BCBSTX ID card
	- Member ID is the Subscriber ID with the alpha Prefix (ZGC, ZGE or ZGT) or Medicaid ID Number EXACTLY as it appears on the BCBSTX ID card
	- Member Date of Birth (DOB) is correct
	- Remove the "X" prefix required by the previous TPA

Our mission is to make this transition as seamless as possible for our Texas Medicaid providers. If you have any questions or concerns regarding this transition, please contact Provider Relations at 855.212.1615.