

Texas Medicaid Providers Billing Errors

05/21/2024

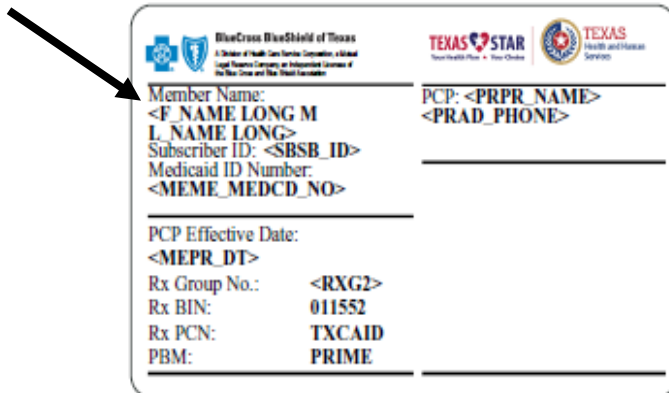
Issue

Blue Cross and Blue Shield of Texas Medicaid has seen an increase of rejected claims due to billing the incorrect member's name.

Resolution

For claims to process correctly, the member's name on the BCBSTX ID Card, must match the information in our system.

STAR Insurance Card



BlueCross BlueShield of Texas
A Division of Health Care Service Corporation, a Mutual
Legal Reserve Company, an Equal Opportunity Employer of
The Blue Cross and Blue Shield Companies

TEXAS STAR
Your Health Plan • Your Choice

TEXAS
Health and Human
Services

Member Name:
<F_NAME LONG M
L_NAME LONG>
Subscriber ID: <SBSB_ID>
Medicaid ID Number:
<MEME_MEDCD_NO>

PCP: <PRPR_NAME>
<PRAD_PHONE>

PCP Effective Date:
<MEPR_DT>

Rx Group No.: <RXG2>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

BlueCross BlueShield of Texas
bcbstx.com/medicaid

Show this BCBSTX card to your health care provider each time you get covered services. Some services may need preapproval. **Directions for what to do in an emergency:** In case of emergency call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible. This card is for member ID only and does not prove eligibility.

Customer Service/ Servicio al Cliente (Medical/Prescription Drug/Vision) 24 hours/7 days a week (atm. medicación, recetas/para la vista) atención las 24 horas: 1-888-657-6061
TTY: 711
24-Hour Nurse Hotline/Línea de enfermería (24 h): 1-844-971-8906
TTY: 711
Prescription Drug/ Medicamentos Recetados: 1-888-657-6061
TTY: 711
Behavioral Health Services Hotline/ Servicios de salud mental (24 h): 1-800-327-7390
TTY: 1-800-735-2988

Presente esta tarjeta cada vez que recibe servicios que cubra su plan. Puede que algunos servicios necesiten aprobación previa.
Instrucciones en caso de emergencia: Llame al 9-1-1 o acuda a la sala de emergencia más cercana. Después de recibir tratamiento, llame al médico de cabecera (PCP) de su hijo dentro de las siguientes 24 horas o tan pronto como sea posible. Esta tarjeta es para identificar al asegurado y no demuestra elegibilidad.

For emergency care received outside of Texas: Hospital and physicians should file claims to the local BCBSTX Plan.
Para servicios médicos de emergencia recibidos fuera del Estado de Texas: Hospitales y médicos deben presentar la documentación ante el plan de BCBSTX.
Card issued September 8, 2020
Hoja impresa el 8 de septiembre del 2020

Claims/Reclamaciones:
PO Box 51422
Amarillo, TX 79159-1422

Questions

Providers, for questions or additional information, please:

- Contact your BCBSTX Medicaid Network Representative at **1-855-212-1615**
- Submit via email [Texas Medicaid Network Department](#)