

BlueCard Program eligibility and benefits verification guide

Blue Shield of California makes it easier for you to verify eligibility and benefits for out-of-state Blue plan patients.

Thank you for being a participating provider in the national BlueCard® Program, which gives Blue Cross Blue Shield plan members access to healthcare services while traveling or living in another Blue plan's service area. There are more than 3 million Blue plan members with out-of-state coverage living in California, plus those traveling here, who obtain medical services from providers like you.

The BlueCard Program links participating healthcare providers with Blue plans across the country and worldwide through a single, electronic network for claims processing and reimbursement, allowing you to easily verify eligibility and benefits, submit claims, and receive reimbursement for patients insured by out-of-state Blue plans.

We've created this guide to help you to get eligibility and benefits information for BlueCard patients fast and efficiently.

How to submit claims for out-of-state Blue plan members

We want to make your BlueCard claims experience as easy as possible by suggesting you follow **these simple steps**:

- 1 COLLECT** the patient's insurance information. You can identify all Blue plan patients by three items on their ID cards: BlueCross BlueShield logos, the three-character prefix in the subscriber ID number, and the suitcase symbol. Most Blue plan member ID cards begin with Blue Cross Blue Shield and the state name, although some Blue plans have unique names.
- 2 VERIFY** a patient's eligibility and benefits by logging in to **blueshieldca.com/provider**, locate the BlueCard Program toolbox on the landing page, and click on *Check Eligibility of Blue Plan Members*. Then select the *Other Blue Plan* card type and the member type (subscriber or dependent), and complete the required fields. You'll receive the member's eligibility and benefits information within 45 seconds, or we'll send a response to your *Message Center*. To view it, just click the *Message Center* link at the top of the page.
- 3 REQUEST** authorization: Log in to **blueshieldca.com/provider** to request authorization through our Electronic Provider Access (EPA) tool, access out-of-state Blue plan medical policies, and verify other Blue plans' authorization requirements. See page 14 for detailed information about our EPA tool.
- 4 DETERMINE** where to send the claim with our Claims Routing Tool. Log in to **blueshieldca.com/provider**, locate the BlueCard Program toolbox on the landing page, and click on *Access Claims Routing Tool*, which appears on the right side of the page. Enter the patient's three-character prefix (in the subscriber ID number) and date of service and you'll be shown where to send your claim.
- 5 SUBMIT** the BlueCard claim to Blue Shield of California. For faster processing, you can submit your claims electronically. Please contact our electronic data interchange (EDI) team at **(800) 480-1221** or email **EDI_BSC@blueshieldca.com** for details about electronic claims submission.

If you cannot send BlueCard claims electronically, please mail them to:

Blue Shield of California
BlueCard Program
P.O. Box 1505
Red Bluff, CA 96080-1505

We'll process the claim and send you an Explanation of Benefits (EOB) and applicable claim payment, in accordance with your local Blue Shield of California contract. Log in to blueshieldca.com/provider, locate the BlueCard Program toolbox on the landing page, click on *Search BlueCard Claims*, and then select *Check Claims Status* or call our BlueCard customer claims team at **(800) 622-0632**.

Provider Connection

Provider Connection is your online resource for helpful tools to make your BlueCard experience faster and easier. With Provider Connection, you can:

- Search for a member's eligibility and benefits
- Research and request authorizations with our EPA tool
- Identify where to send claims with the Claims Routing Tool
- Find information on submitting claims electronically – at no cost
- View another Blue plan's medical policies and prior authorization requirements
- Create custom claim reporting
- Get claims status and payment details

Log in to Provider Connection at blueshieldca.com/provider. If you're not registered on Provider Connection yet, no problem – it takes just five minutes to register.

How Blue plans work together

Understanding the tasks each Blue plan performs can help you contact the correct Blue plan if you have any questions.

Blue Shield of California is responsible for:

- Receiving BlueCard claims
- Processing claims
- Sending an Explanation of Benefits and claims status
- Answering your claim inquiries

If you have BlueCard claims-related questions, please call Blue Shield's BlueCard claims team at **(800) 622-0632**, Monday through Friday from 8 a.m. to 5 p.m.

The patient's Blue plan is responsible for:

- Verifying the patient's eligibility and benefits information
- Authorizing Blue Shield to process BlueCard claims in accordance with the patient's plan benefits
- Sending the patient an Explanation of Benefits
- Answering the patient's inquiries

If you have BlueCard member questions, please call the BlueCard Eligibility toll-free number at **(800) 676-BLUE**.

Blue plan ID card tips

You can identify another state's Blue plan patients by looking for three key elements on the patient's ID card:

- Any Blue-branded logo (either a single or double logo) in the upper left corner of the ID card
- A three-character prefix in the subscriber ID number
- Suitcase symbol (with or without "PPO" inside the suitcase)

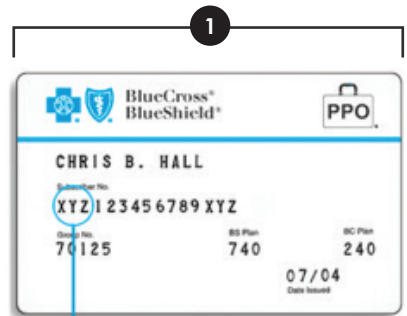
Blue plan patient ID cards are formatted to reflect brand guidelines established by the BlueCross BlueShield Association, and make it easier for patients and providers to find information they need.

Design elements include:

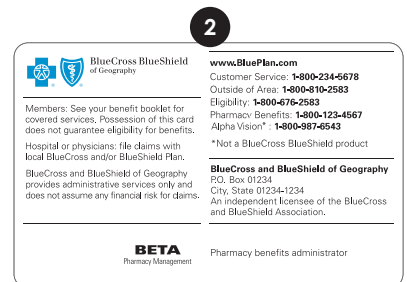
1 Easier-to-read patient information featured on the front of the card.

2 Contact information including the Blue plan's website. Customer service numbers are located on the back of the card.

A single toll-free provider phone number for provider customer service, hospital pre-admission, or pre-authorization information and prescription processing information for pharmacists, listed together on the back of the card.



The three-character prefix.



Blue plan ID card tips (cont'd)

- When Blue plan patients seek service, always ask for their current member ID cards during each visit. This helps you obtain current healthcare plan contact information to assist with claims processing.
- Remember: ID cards are for identification purposes only; they do not guarantee eligibility or payment of your claim. Verify patient eligibility electronically on Provider Connection at blueshieldca.com/provider or call **(800) 676-BLUE (2583)**.
- Always use the three-character prefix from the patient's current ID card. If there is no prefix on the card, never create one or use a three-character prefix from another patient's ID card, even if it's from the same Blue plan. Creating prefixes may cause delays in the handling of your inquiries and claims. If the card presented has no three-character prefix displayed, follow the instructions on the back of the ID card for inquiries and claim handling.
- A correct member ID includes a three-character prefix, followed by a variation of alpha or numeric characters, up to a possible 17 characters.
- The three-character prefix is critical for the electronic routing of specific HIPAA-compliant transactions to the appropriate Blue plan.
- Double-check your entry to ensure it's the correct patient ID number.
- Carefully determine the patient's financial responsibility before processing payment. Online eligibility and benefits for out-of-state Blue plan patients also include the following financial elements:
 - Other payor information, if the patient has other insurance
 - Accumulated year-to-date deductible amounts
 - Accumulated year-to-date out-of-pocket costs
 - Accumulated year-to-date benefit maximum amounts

Most out-of-state Blue plan IDs begin with the wording “Blue Cross Blue Shield” and then indicate a state. However, there are some Blue plans that have unique plan names.

Blue plans with unique names

- Capital Blue Cross
- Carefirst Blue Cross Blue Shield
- Empire Blue Cross Blue Shield
- HMSA (Hawaiian Medical Service Association)
- HealthNow
- Horizon Blue Cross Blue Shield
- Independence Blue Cross
- Highmark
- Premera Blue Cross
- Regence Blue Shield
- Regence Blue Cross Blue Shield
- Trigon Blue Cross Blue Shield
- Triple S
- Wellmark Blue Cross Blue Shield

You can check an out-of-state Blue plan patient's financial responsibility electronically through an eligibility and benefits request through Provider Connection at blueshieldca.com/provider or by calling **(800) 676-BLUE (2583)**.

- All services, regardless of whether you've collected payment for the patient's responsibility at the time of service, must be billed to Blue Shield of California for proper benefit determination and to update the member's claim history.
- Please do not ask patients for full payment up front. At the time of service, you may only ask for applicable copayments, deductibles, and coinsurance due after accessing their eligibility and benefits information. If you have any questions about the patient's financial responsibility, please contact **(800) 676-BLUE (2583)**.

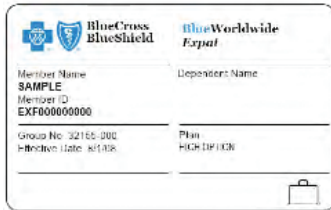
Other Blue plan member ID cards you may occasionally see

International Blue plan cards are available for Blue plan patients residing abroad or patients of Blue plans in more than 200 countries.



Blue Shield Global Core expat cards provide coverage for employees of U.S.-based companies living abroad (also known as expatriates).

Whether the patient is from the United States or another country, the eligibility and benefit steps and claims processing are the same as outlined in this guide.



Blue plan limited benefits cards provide patients with annual benefits limited to \$50,000 or less. Patients with out-of-state Blue plan's limited benefits coverage carry ID cards that show:

- Either of two product names: InReach or MyBasic
- A tagline in a green stripe at the bottom of the card
- A black cross and/or shield logo to help differentiate it from other ID cards



“Standalone” Blue debit cards or combo Blue plan health plan patient ID/debit cards for patients who pay out-of-pocket costs using funds from their health reimbursement arrangement (HRA), health savings account (HSA), or flexible spending account (FSA). Some Blue plans around the country have implemented electronic health ID cards to facilitate a seamless coverage and eligibility verification process for their patients.



If you have any questions about verifying these Blue plan patients' eligibility status, call BlueCard Eligibility at **(800) 676-BLUE (2583)**. If you're unsure about your participation status in relation to serving these Blue plan patients, call the Blue Shield Provider Information and Enrollment department at **(800) 258-3091**.

Please note: The Canadian Association of Blue Cross Plans and its member plans are separate from the BlueCross BlueShield Association and its member plans in the United States. Claims for these members are not processed through the BlueCard Program.

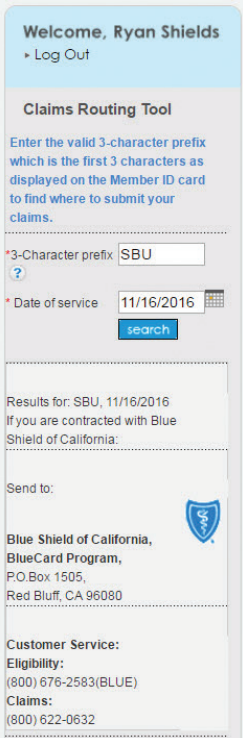
Three-character prefix tips

- Capture the complete subscriber ID number, including the three-character prefix in the patient's ID number.
- Avoid claim processing problems by ensuring that you have the correct prefixes and ID numbers on your BlueCard claims.
- The three-character prefix identifies the member's Blue plan and the coverage type, and is vital for eligibility/benefits verification and claims processing.
- Three-character prefixes XEA through XEZ are Blue Shield's local account prefixes. Check the Claims Routing Tool for the correct local Blue Shield of California claims mailing address.
- To verify if a patient is an out-of-state Blue plan member and where that patient's claim should be submitted for processing and payment, use our Claims Routing Tool at **blueshieldca.com/provider**.

The Claims Routing Tool provides you with instant information such as:

- The claim type (i.e., whether it's a BlueCard claim, local Blue Shield claim, FEP claim, or Medicare claim)
- The correct claims mailing address for the claim type
- Customer service numbers where you can call to get answers to your questions on member information or claims
- Which California Blue plan can process your BlueCard claims

Using the Claims Routing Tool can help you submit claims more accurately, process claims faster, and will ultimately reduce your outbound phone calls to ask where to send claims.




Welcome, Ryan Shields
• Log Out

Claims Routing Tool

Enter the valid 3-character prefix which is the first 3 characters as displayed on the Member ID card to find where to submit your claims.


* 3-Character prefix:

* Date of service: 

Results for: SBU, 11/16/2016
If you are contracted with Blue Shield of California:

Send to:

**Blue Shield of California,
BlueCard Program,
P.O.Box 1505,
Red Bluff, CA 96080**



Customer Service:
Eligibility:
(800) 676-2583 (BLUE)
Claims:
(800) 622-0632

Reducing COB denied claims at registration

Coordination of Benefits (COB) refers to how the Blue system ensures that Blue plan patients receive full benefits and prevent double payment for services when a Blue plan patient has coverage from two or more sources. The patient's contract language explains the order for which entity has primary responsibility for payment and which entity has secondary responsibility for payment.

Blue plan patient benefit structures vary, and state requirements for collecting other insurance information differ across the country. To reduce the number of BlueCard claims being denied for lack of COB information, standard processing requirements are in place to limit instances when Blue plans can reject claims for COB investigations.

Your involvement is needed to assist in collecting other insurance information from Blue plan patients. To avoid claim rejections due to lack of COB information, use the COB Questionnaire to collect information from any Blue plan patient with insurance coverage in addition to out-of-state Blue plan coverage.

When out-of-state Blue plan patients indicate that they have other insurance coverage in addition to their out-of-state Blue plan coverage, please select one of the two options:

Option 1. During the patient's office visit, have the patient complete and return the COB Questionnaire to you, then submit the completed form on behalf of the patient to Blue Shield:

- By mail to:
Blue Shield of California
BlueCard Program
P.O. Box 1505
Red Bluff, CA 96080

or

- By fax to (248) 733-6331

Option 2. During the patient's office visit, give the patient a COB Questionnaire with instructions to complete and submit the form to his or her out-of-state Blue plan as soon as possible.

The COB Questionnaire is located in the *Forms* section of our *Guidelines & Resources* tab at blueshieldca.com/provider.

Requesting authorizations for other state Blue plan members

To help you request authorization and pre-service review quickly and easily for out-of-area BlueCross BlueShield patients, Blue Shield provides you with instant access to another state's Blue plan provider portal through Provider Connection.

Located on the *Authorizations* tab on our provider portal, the Electronic Provider Access (EPA) tool allows you to connect directly to another state's Blue plan within a secured routing mechanism.

Before using the EPA tool, however, you have choices to assist you in obtaining the necessary authorization information:

- *Medical Policy Information* – Select this option to obtain medical policy for a service.
- *Prior Authorization Information* – Select this option to determine if pre-service and pre-authorization is required for a service.

To access and use the EPA tool, take the following steps:

1. Log in to Provider Connection with your username and password.
2. Click on the *Pre-Service Review for Out-of-Area Members* link in the *Authorizations* section.
3. Select the *Electronic Provider Access* radio button that appears on this page to access a precertification and prior authorization request.
4. Enter the Blue plan patient's three-character prefix.
5. Enter the requesting provider practice location and National Provider Identifier (NPI).
6. Identify if you are a Blue Shield of California contracted provider.
7. Click *Search*.

Your request will be instantly navigated to the patient's Blue plan Web portal to begin working directly with them in requesting and gaining approvals for your authorization.

If, in the event the member's Blue plan does not have electronic provider access available due to website maintenance or other temporary outages, call the toll-free medical management number on the back of the patient's Blue plan ID card.

The screenshot shows a web form for requesting authorizations. It includes a '3 Character Prefix' input field, three radio buttons for 'Medical Policy Information', 'Prior Authorization Information', and 'Electronic Provider Access' (which is selected). Below these are a dropdown menu for 'Location of Requesting Provider' with the text 'Please select a location', an 'NPI' input field with a 'Look up NPI' link, and a question 'Are you a Blue Shield of California Contracted Provider?' with 'Yes' and 'No' radio buttons. At the bottom, there is a 'Submit' button and a note: 'If you have questions about your Provider location or NPI information, please call Provider Services Liaison Unit at 1-800-258-3091.'

Tips on verifying benefits

- **To verify specialty, complex, or unique benefits** (infertility, complex surgical procedures, hematology, etc.) for Blue plan patients, these are your best resources:
 1. Access the *Prior Authorization Router* on Provider Connection, to obtain policies and requirements of other state Blue plan members.
 2. Call BlueCard Eligibility at **(800) 676-BLUE** so you can speak directly with the patient's Blue plan customer service staff and ask questions regarding benefit coverage for special circumstances.
- **To verify radiology procedures** for other state Blue plan members, access Provider Connection to verify eligibility and benefits, access medical policy, check precertification requirements, or request authorization. Blue Shield of California uses National Imaging Associates (NIA) for radiology utilization and management for Blue Shield members. NIA is not applicable for utilization and management of other state Blue plan members.
- **Eligibility and benefits verification is available 24 hours a day, seven days a week** through Provider Connection. Some Blue plans have extended call center service hours to accommodate eligibility and benefit verification needs for California providers. Provider Connection is available to access eligibility and benefits verification 24 hours a day, seven days a week.

Learn more about BlueCard

For more information, including instructions from our online tutorials, informative guides on how to use our online tools, and other helpful resources, visit Provider Connection at **blueshieldca.com/provider**. And of course, our knowledgeable BlueCard customer service team is always happy to answer your questions at **(800) 622-0632**, Monday through Friday, from 8 a.m. to 5 p.m.

blueshieldca.com/bluecard