



BlueCross BlueShield of Oklahoma

Quick Guide to Blue Cross and Blue Shield Member ID Cards

July 2015

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Introduction	Alpha Prefixes	Federal Employee Program ID Cards	ID Cards from International Licensees	Canadian ID Cards	Benefit Product Logos
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Introduction

This guide offers an overview of Blue Cross and Blue Shield (BCBS) ID cards, including what the symbols mean and how to use the information on them.

When Blue Plan members arrive at your office or facility, ask to see their current member identification cards at each visit. Doing so will help you:

- *Identify the member's product.*
- *Obtain health plan contact information.*
- *Speed claims processing.*

Remember: ID cards are for identification purposes only; they do not guarantee eligibility or payment of your claim. You should always verify patient eligibility by calling 800-676-BLUE (2583)

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Alpha Prefixes

Most BCBS-branded ID cards display a **three-character alpha prefix** in the first three positions of the member’s ID number. However, there are some exceptions. ID cards for the following products and programs do not have an alpha prefix:

- Stand-alone vision and pharmacy when delivered through an intermediary model*
- Stand-alone dental products*
- The BCBS Federal Employee Program (FEP) – The letter “R” appears in front of the ID number.*

*Follow instructions on these ID cards to verify eligibility, submit claims and obtain health plan contact information.

The alpha prefix is critical for inquiries regarding the member, including eligibility and benefits, and is necessary for proper claim filing.

- When filing a claim, always enter the ID number, including the alpha prefix, exactly as it appears on the member’s card.
- Always include the member’s ID number, including the alpha prefix, on any documents pertaining to services to ensure accurate handling by the BCBS Plan.

A member’s ID number includes the alpha prefix in the first three positions and all subsequent characters – numbers between 6 and 14 numbers or letters – up to 17 characters total. The following are examples of ID numbers with the alpha prefix highlighted:

ABC1234567	ABC1234H567	ABCD1234H567	ABCD1234H56789012
<i>Alpha Prefix</i>	<i>Alpha Prefix</i>	<i>Alpha Prefix</i>	<i>Alpha Prefix</i>

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Below is an example of a BCBS ID card with the alpha prefix highlighted:

 BlueCross BlueShield Geography	Blue Product ALPHA Employer Group
Member Name Member Name Member ID XYZ 23456789	Dependents Dependent One Dependent Two Dependent Three
Group No. 023457 BIN 987654 Benefit Plan HIOPT Effective Date 00/00/00	Plan PPO Office Visit \$15 Specialist Copay \$15 Emergency \$75 Deductible \$50
 	

TIPS FOR SUCCESS


Always use the alpha prefix on the member's current ID card. If there is no alpha prefix, do not create one or use an alpha prefix from another member's ID card, even one from the same BCBS Plan. Doing so may cause delays in the handling of your inquiries and claims. If the card presented has no alpha prefix, follow the instructions on the back of the ID card for inquiries and claim handling.

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Federal Employee Program ID Cards


Federal Employee Program (FEP) members' ID cards do not have a three-character alpha prefix. Rather, all FEP member identification numbers begin with the letter "R."

Below is an example of an FEP Basic ID card with the "R" highlighted:



BlueCross. BlueShield.
Federal Employee Program.

Government-Wide Service Benefit Plan




Member Name
Member Name

Member ID
R99999999

Enrollment Code **112** RxIIN **610239**
Effective Date **01/01/2008** RxPCN **FEPRX**
RxGrp **65006500**

www.fepblue.org



BlueCross. BlueShield.
Federal Employee Program.

www.fepblue.org

This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits.


Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.

Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (RI 71-005) for the applicable contract year, which is the only legal description of benefits.

Customer Service: **1-800-522-5566**
Precertification: **1-800-255-2042**
Mental Health/ Substance Abuse: **1-800-554-9504**
Retail Pharmacy: **1-800-626-5060**
Blue Health Connection: **1-888-258-3432**
Assistance Overseas (Call collect): **1-804-673-1678**


BlueCross and BlueShield of Geography
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Below is an example of an FEP Standard ID card with the "R" highlighted:



BlueCross. BlueShield.
Federal Employee Program.

Government-Wide Service Benefit Plan



Member Name
Member Name

Member ID
R99999999

Enrollment Code **104** RxIIN **610239**
Effective Date **01/01/2008** RxPCN **FEPRX**
RxGrp **65006500**

www.fepblue.org



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ID Cards from International Licensees

Occasionally, you may see ID cards from members of International Licensees. Currently those Licensees include Blue Cross and Blue Shield of the U.S. Virgin Islands, BlueCross & BlueShield of Uruguay, Blue Cross and Blue Shield of Panama, Blue Cross Blue Shield of Costa Rica and GeoBlue. If in doubt, always check with BCBSOK, as the list of International Licensees may change. ID cards from these Licensees will also contain three-character alpha prefixes and may or may not have one of the benefit product logos referenced in the following sections.

Please treat these members as you would domestic BCBS members (e.g., do not collect any payment from the member beyond cost-sharing amounts, such as deductible, coinsurance and copayment) and file their claims to BCBSOK.

Below is an example of an ID card from an International Licensee with the alpha prefix highlighted:



BlueCross & BlueShield de Uruguay

MEMBER NAME	Plan
Member Name	1400
MEMBER ID	RPA PREMIUM
XYZ 0123456789	Expiration Date: May. 31, 2011
Plan	PPO
GROUP	URU038
BC/BS Plan Codes: 154/654	

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FUERA DE URUGUAY 



BlueCross & BlueShield de Uruguay www.bcbsu.com.uy

Uruguay
Atención al Cliente: (598-2) 707-7575

United States (E.E.U.U.)
Customer Service: (598-2) 707-7575
Provider Finder: 1-800-810-2583
Eligibility: 1-800-676-2583

BlueCross & BlueShield de Uruguay
Lord Ponsonby 2456
11600 Montevideo, Uruguay
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Canadian ID Cards

Please note: The Canadian Association of Blue Cross Plans and its member plans are separate and distinct from the Blue Cross Blue Shield Association (BCBSA) and its member Plans in the United States.

You may occasionally see ID cards for members who are covered by a Canadian Blue Cross plan. Claims for Canadian Blue Cross members are not processed through the BlueCard[®] Program.

Please follow the instructions of Canadian Blue Cross plans as well as instructions on their ID cards for servicing their members. Canadian Blue Cross plans are:

Alberta Blue Cross
Manitoba Blue Cross
Medavie Blue Cross

Ontario Blue Cross
Pacific Blue Cross

Quebec Blue Cross
Saskatchewan Blue Cross

Source: <http://www.bluecross.ca/en/contact.html>

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Benefit Product Logos

Various logos may be displayed on member ID cards for BCBS Plans in the United States and International Licensees licensed through BCBSA. Member ID cards may include one of the logos below that identify the type of coverage the member has and/or indicate the provider’s reimbursement level.

TIPS FOR SUCCESS

The appearance of a benefit product logo is not a guarantee of payment. A provider’s reimbursement is based on a combination of the services covered under the member’s benefit plan in conjunction with a provider’s contract(s) with BCBSOK.

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Blank (Empty) Suitcase

A blank (empty) suitcase logo on the front of a member's ID card signifies that the member has out-of-area coverage that is not a PPO product. Benefit products that display a blank (empty) suitcase logo on ID cards include:

- Traditional
- Health Maintenance Organization (HMO)
- Point of Service (POS)

Traditional, HMO and Limited Benefit Products Members

If you have a traditional/indemnity contract with BCBSOK and provide medical service to a member who has a blank suitcase logo on his/her member ID card (local member or out-of-area member), you will be reimbursed for services covered under the member's benefit plan, in accordance with the traditional/indemnity contract.

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POS Members

If you have a POS contract with BCBSOK and provide medical service to a member who has a blank suitcase logo on his/her member ID card (local member or out-of-area member) and a POS product, you will be reimbursed for services covered under the member’s benefit plan, in accordance with the POS contract.

If you don’t have a POS contract with BCBSOK and provide medical service to a member who has a blank suitcase logo on his/her member ID card (local member or out-of-area member) and a POS product, you will be reimbursed for services covered under the member’s benefit plan, in accordance with the traditional/indemnity contract.

TIPS FOR SUCCESS

Because there are different benefit plans represented by the blank (empty) suitcase logo, always verify eligibility and benefits electronically with BCBSOK or by calling 800-676-BLUE (2583).

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PPO in a Suitcase

When you see the “PPO in a suitcase” logo on the front of an ID card, it means that the member has PPO- or Exclusive Provider Organization (EPO)-type benefits available for medical services received within or outside of the United States. It also means that the provider will be reimbursed for covered services in accordance with the provider’s PPO contract with the local BCBS Plan.

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PPOB in a Suitcase

When you see the “PPOB in a suitcase” logo on the front of an ID card, it means the member has selected a PPO/EPO product from a BCBS Plan and the member has access to BlueCard PPO Basic.

TIPS FOR SUCCESS

*If you do not have a PPOB contract with BCBSOK, reimbursement for covered services will be made in accordance with your PPO or Traditional contract with BCBSOK. To be certain of a member's benefit level, always verify eligibility and benefits electronically with BCBSOK or by calling **800-676-BLUE (2583)**.*

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No Suitcase

Some BCBS ID cards do not have a suitcase logo. These include ID cards for Medicaid (State Children’s Health Insurance Programs [SCHIP] administered as part of a state’s Medicaid program), Medicare complementary and supplemental products (also known as Medigap), and ID cards for members who do not have benefits outside of their local Plan’s service area.

TIPS FOR SUCCESS

While BCBSOK routes all of these claims for out-of-area members to the member’s local BCBS Plan, most Medicare complementary or Medigap claims are sent directly from the Medicare intermediary to the member’s BCBS Plan via the established electronic Medicare crossover process.

Medicaid Members

Members enrolled in a BCBS Medicaid product are issued ID cards that:

- Do not have a suitcase logo.
- Contain disclaimer language on the back of the card indicating benefit limitations for provider awareness, for example, “This member has limited benefits outside of [state name]. Providers should request eligibility/benefit information.”

BCBS Plan Medicaid ID cards do not always indicate that a member is enrolled in a Medicaid product.

Providers should submit an eligibility inquiry if the ID card has a disclaimer with benefit limitations and no suitcase logo, using the same tools that are available for BlueCard:

- BlueCard Eligibility® Line
- BlueExchange






TIPS FOR SUCCESS

Medicaid charge limitations may apply to Medicaid claims. Contact BCBSOK for details on how this may affect your reimbursement.

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Medicare Advantage

ID Cards

<p>Member ID cards for Medicare Advantage products display one of the benefit product logos shown here.</p>		Health Maintenance Organization
		Medical Savings Account
		Private Fee-for-Service
		Point of Service
		Network Sharing Preferred Provider Organization.

When one of these logos is displayed on the front of a member’s ID card, it indicates the coverage type the member has in his/her BCBS Plan service area or region. However, when the member receives services outside his/her BCBS Plan service area or region, provider reimbursement for covered services is based on the Medicare-allowed amount, except in the case of PPO network-sharing arrangements.

BCBSOK participates in Medicare Advantage PPO network-sharing arrangements, and contracted provider reimbursement is based on the contracted rate with BCBSOK. Non-contracted provider reimbursement is the Medicare-allowed amount based on where services are rendered.

TIPS FOR SUCCESS

While all Medicare Advantage PPO members have suitcases on their ID cards, some have limited benefits outside of their primary carrier’s service area. Providers should refer to the back of the member’s ID card for language indicating that such restrictions apply.

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Medicare Advantage Provider Network – BCBSOK Members

If you treat a BCBSOK member and have a contract for that member’s product, then you will receive your contracted rate. If you do not have a contract for the member’s product, then you will receive reimbursement for covered services based on the Medicare-allowed amount.

Out-of-Area Members

If you are contracted for Medicare Advantage PPO, then you will receive your contracted rate when you treat any BCBS member with a Medicare Advantage PPO logo on his/her ID card. If you are not contracted for Medicare Advantage PPO, then you will receive the Medicare-allowed amount for covered services when you treat Medicare Advantage PPO members. If you are contracted for Medicare Advantage PPO and you treat members who have other Medicare Advantage products, you will receive the Medicare-allowed amount for covered services.

Important note: If you are contracted for BCBS PPO members but not contracted for Medicare Advantage PPO, you will receive the Medicare-allowed amount for covered services.

TIPS FOR SUCCESS

Medicare charge limitations may apply to Medicare Advantage claims. Contact BCBSOK for details on how this may affect your reimbursement.

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Consumer-Directed Healthcare and Healthcare Debit Cards

Members who have Consumer-Directed Healthcare (CDHC) plans often carry healthcare debit cards that allow them to pay for out-of-pocket costs using funds from their Health Reimbursement Arrangement (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA). All three are types of tax-favored accounts often offered by the member’s employer to pay for eligible expenses not covered by the health plan.

Some cards are “stand-alone” debit cards that cover eligible out-of-pocket costs, while others also serve as a health plan member ID card. These debit cards can help you simplify your administration process and can potentially help:

- Reduce bad debt.
- Reduce paperwork for billing statements.
- Minimize bookkeeping and patient account functions for handling cash and checks.
- Avoid unnecessary claim payment delays.

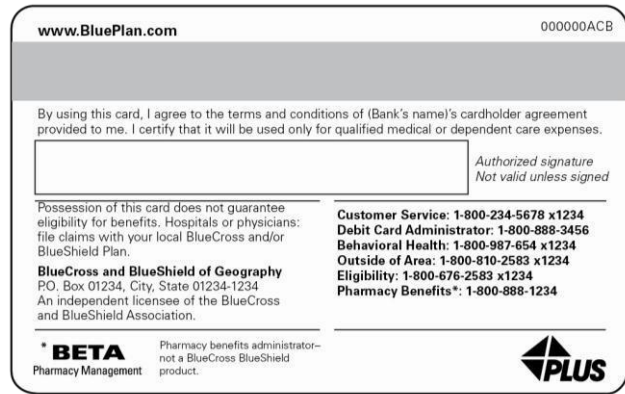
In some cases, the card will display the Blue Cross and Blue Shield trademarks, along with the logo from a major debit card, such as MasterCard® or Visa®.

Below is an example of a stand-alone healthcare debit card:



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Below is an example of a combined healthcare debit card and member ID card:



Members can pay for copayments and other out-of-pocket expenses by swiping the card through any debit card swipe terminal. The funds will be deducted automatically from the member's appropriate HRA, HSA or FSA account.

TIPS FOR SUCCESS

- Use the member's current ID number, including alpha prefix, to determine the member's financial responsibility before processing payment. Check eligibility and benefits electronically through BCBSOK or by calling 800-676-BLUE (2583).
- Regardless of whether or not you collect the member's payment at the time of service, all services must be billed to BCBSOK to determine proper benefits and update the member's claim history.
- Please do not use the card to process full payment up front. If you have any questions about the member's benefits, please contact 800-676-BLUE (2583).

If you have questions about healthcare debit card processing instructions or payment issues, please contact the toll-free debit card administrator's number on the back of the card.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.