

BlueCard Program

Serving out-of-state Blue plan members

Agenda



1 BlueCard Program overview

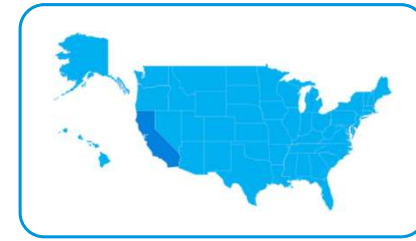
2 BlueCard process

3 BlueCard tools

4 BlueCard support

Please note: This webinar is designed for Blue Shield's contracted network of PPO providers.

BlueCard Program



- The **BlueCard® Program** is a national program that allows Blue plan members to obtain healthcare services in another Blue plan service area.
- The BlueCard Program represents your patient population insured by out-of-state Blue plans.
- The program links participating healthcare providers and independent Blue Cross and Blue Shield (BCBS) plans through a secured electronic network for provider inquiries and claims processing.

BlueCard in California



- California has **two independent Blue plans** that can process BlueCard claims.
- BlueCard claims include both facility and professional claim types.
- You can access our **Claims Routing Tool** to confirm the correct California Blue plan to process your BlueCard claims.
- Blue Shield of California processes **millions** of BlueCard claims annually.

Blue Shield of California advantages

- **Blue Shield of California** is a mission-driven, nonprofit California health plan
- **Local-payer solution** for submitting BlueCard claims. Our BlueCard claims operations is located in Northern California.
- **Timely processing** of BlueCard professional and facility claims
- **Online tools** help you to streamline your BlueCard processes and serve Blue plan members
- **Dedicated customer service team** to assist you with your claim inquiries at **(800) 622-0632**
- **Training and educational resources**, including **a dedicated BlueCard representative**, to support your BlueCard transactions.

Blue plans work together

Blue Shield of California:

- Receives claim from California provider
- Processes claim according to local contract with provider
- Sends EOB and applicable payments to contracted provider
- Supports provider claim inquiries and claim transactions

The member's Blue plan:

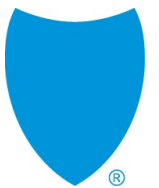
- Confirms member eligibility and benefits information
- Manages all necessary medical authorizations
- Authorizes Blue Shield to finalize claim
- Sends EOB to the member
- Supports member inquiries

 has answers





BlueCard process for serving members



Serve out-of-state Blue plan members



Collect insurance information/copy member's Blue plan ID card



Verify the member's eligibility and benefits



Confirm if prior authorization is needed or request authorization



Provide services to member



Determine California Blue plan to process your claim



Submit BlueCard claim to Blue Shield of California



Receive an explanation of benefits and applicable payment from Blue Shield of CA (for contracted providers)



Obtain patient's insurance information

Identify another state's Blue plan members with:

- **Any Blue-branded logo** (single or double)
- **Three-character prefix** beginning subscriber ID number

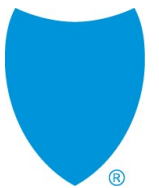


All about prefixes

- A Blue plan member will always have a three-character prefix on their health ID card.
- “Prefix” is the first three positions of the subscriber identification number.
- Prefix is a foundational component of BlueCard Program.
- Prefix may contain mix of characters – both alpha and numeric.
- Subscriber ID number may contain up to 17 characters, **including the three-character prefix**. Subscriber numbers across the nation vary in length and mix of characters.
- The prefix identifies member’s Blue plan, type of plan coverage and is necessary to support all your BlueCard business transactions and inquiries.



Blue Shield's BlueCard tools



Provider Connection


Log on to www.blueshieldca.com/provider to:


- **Verify** eligibility, benefits and patient liability
- **Confirm** where to send BlueCard claims using our Claims Routing Tool
- **Determine** whether authorization is required and request authorization online
- **Obtain** out-of-state Blue plan medical policies
- **View** claims status, payment status and EOBs
- **Preview** BlueCard Program training tutorials and videos
- **Access** statewide professional fee schedule
- **Download** provider manuals and guidelines

For assistance with website access, please call Provider Customer Service: **(800) 541-6652**.

Provider Connection


Log in/Register | Message center | Contact us | Help | Feedback


 **Provider Connection** [Eligibility & benefits](#) [Authorizations](#) [Claims](#) [Guidelines & resources](#) [News & education](#)



Powerful provider tools and resources at your fingertips

[Log in / Create account](#)





 [Find information about working with us to provide care for our members during the COVID-19 public health emergency.](#)

Live chat service available

Have a question while looking up claims, benefits, eligibility, and more?
Now you can chat online with a Blue Shield service representative.

[Start a live chat on the Contact Us page](#)

 [Get the Blue Shield Provider Connection Guide](#)  [Get the Blue Shield Promise Provider Connection Guide](#)

Provider Connection



Eligibility & benefits

Verify eligibility of Blue Shield of California, Blue Shield of California Promise Health Plan, other Blue plan and Federal Employee Program members, and access associated benefits information.

[Eligibility verification](#)

[PCP/Medical group patients roster](#)

[Benefit summaries](#)

[Preventive health guidelines](#)



Authorizations

Submit and confirm authorizations and approval of medical and pharmacy services prior to services being rendered.

[Request medical authorization](#)

[Request pharmacy authorization](#)

[Pre-service review for out-of-area members](#)

[Prior authorization forms and list](#)

[Clinical policies and guidelines](#)



Claims

Access tools to prescreen, submit and check the status of submitted claims.

[Claim status](#)

[Professional fee schedule](#)

[Claims routing tool](#)

[Electronic transactions management](#)

[Claims submission instructions](#)

[Claims appeals and adjustments](#)

Callers to our phone lines are currently experiencing long wait times. If you need information about eligibility, benefits or claims, or want to submit or review an authorization, the best way to get up-to-date information is through our on-line resources. If you absolutely need to call, please try again at a later date. We appreciate your understanding.

BlueCard Program

The BlueCard® Program links Blue plans across the United States and abroad through a single electronic network for claims processing and reimbursement. When an out-of-area Blue plan member seeks medical care from your office, use our tools to simplify claims submission to Blue Shield of California.

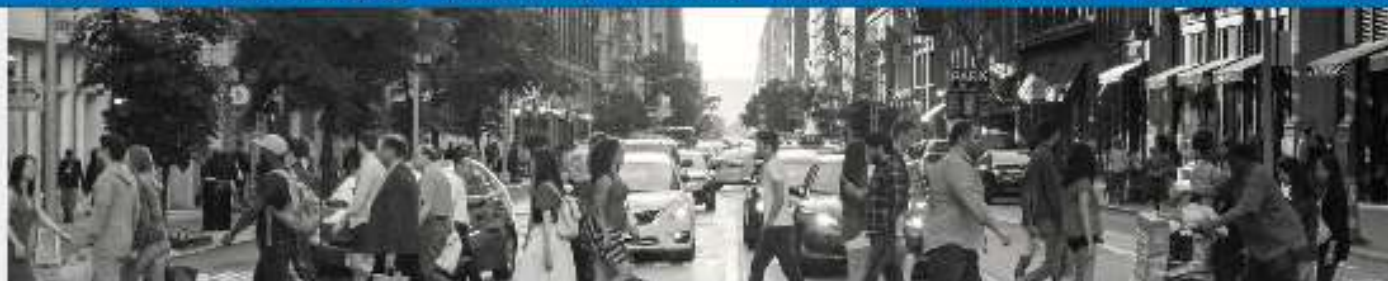
[BlueCard Program home page](#)

[Access Claims Routing Tool](#)

[Check eligibility of Blue plan members](#)

[Check BlueCard claim status](#)

[Find BlueCard Program resources](#)



BlueCard Program

The BlueCard® Program links Blue plans across the United States and abroad through a single electronic network for claims processing and reimbursement. When an out-of-state Blue plan member seeks medical care from your office, use the information and tools in this section to submit those claims to Blue Shield of California. As a mission-driven, non-profit health plan, Blue Shield of California is working every day to create a sustainably affordable healthcare system that's worthy of our family and friends.

[BlueCard Program tools](#) | [Tutorials](#) | [Resources](#) | [Training and webinars](#)

BlueCard Program tools

Use our tools when providing services and submitting claims for your patients insured by the out-of-area Blue plans.



Search eligibility & benefits

Verify member's eligibility using their subscriber ID or member name.



Search medical policy & prior authorization requirements

Check medical policy and authorization requirements.



Request prior authorization

Use pre-service review tool to request prior authorization for other Blue plan members.



Claims Routing Tool

Use this tool to instantly find where to send your BlueCard claims.



Check claim status

Check the status of a submitted claim searching by member name, date of service and more.



Get status updates

Check status update notifications in your Message center.

Provider Connection: Live Chat Feature

Live chat service available

Have a question while looking up claims, benefits, eligibility, and more?
Now you can chat online with a Blue Shield service representative.

[Start a live chat on the Contact Us page](#)



[Get the Blue Shield Provider Connection Guide](#)



[Get the Blue Shield Promise Provider Connection Guide](#)

Provider Connection: New Chat Feature

Welcome to Provider Connection at Blue Shield of California. We are here to help, whether you're already a member or just want to know more about our plans.

Phone

Call us for questions about:

- Authorizations
- Pharmacy advice
- Claims
- Benefits
- Member eligibility
- How to use Provider Connection
- Contracts
- Credentialing
- Demographics
- Electronic Data Interchange (EDI)
- Recoveries

Simply speak your request and our voice-activated system will direct your call to the appropriate representative.

Blue Shield of California Provider Services:

Monday through Friday, 6 a.m. to 6:30 p.m.

Phone: [\(800\) 541-6652](tel:(800)541-6652)

Blue Shield of California Promise Health Plan Provider Services:

Monday through Friday, 6 a.m. to 6:30 p.m.

Phone: [\(800\) 468-9935](tel:(800)468-9935)

Provider Connection: Live Chat

Live chat

Use live chat for questions about:

- Claims
- Benefits
- Member eligibility
- How to use Provider Connection
- Contracts
- Credentialing
- Demographics
- Electronic Data Interchange (EDI)
- Recoveries

Live chat is available:

Monday through Friday, 6 a.m. to 6:30 p.m.

[Log in to Provider Connection to start a chat](#)



Mail

For all other inquiries

Blue Shield of California Corporate

Headquarters

P.O. Box 272540

Chico, CA 95927-2540

Blue Shield of California Promise Health Plan

601 Potrero Grande Dr.

Monterey Park, CA 91755

Verify eligibility and benefits

- Log on to **blueshieldca.com/provider**
- Click “**Eligibility & benefits**” tab
- Select “**Other Blue Plan**” card type to begin online inquiry

Verify eligibility of a single member. All fields are required unless noted otherwise.

[? Help](#)

Member coverage / card type

☐ Blue Shield of California / Promise Health Plan ☒ Other Blue Plan ☐ Federal Employee Program

Member type

☒ Subscriber ☐ Dependent

Member ID 9-20 characters	Last name Deo	First name John	Date of birth MM/DD/YYYY
Gender Select one	Eligibility / Service date 01/14/2022	NPI Select related NPI	
Service type category Select one	Service type Select one		

[Clear form](#)

Feedback

- or in your Message Center within Provider Connection
- Or call BlueCard Eligibility at **(800) 676-BLUE**

Authorizations



Eligibility & benefits

Verify eligibility of Blue Shield of California, Blue Shield of California Promise Health Plan, other Blue plan and Federal Employee Program members, and access associated benefits information.

[Eligibility verification](#)

[PCP/Medical group patients roster](#)

[Benefit summaries](#)

[Preventive health guidelines](#)



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Claims

Access tools to prescreen, submit and check the status of submitted claims.

[Claim status](#)

[Professional fee schedule](#)

[Claims routing tool](#)

[Electronic transactions management](#)

[Claims submission instructions](#)

[Claims appeals and adjustments](#)

Callers to our phone lines are currently experiencing long wait times. If you need information about eligibility, benefits or claims, or want to submit or review an authorization, the best way to get up-to-date information is through our on-line resources. If you absolutely need to call, please try again at a later date. We appreciate your understanding.

Authorizations

- Authorization of medical services for other state Blue plan members is provided by the member's Blue plan.
- Providers can contact the member's Blue plan by calling the designated telephone number of the Health Care Services department located on the back of the member's ID card.
- Blue Shield provides an online capability within Provider Connection, to access other state Blue plans:
 - Medical policies
 - Authorization requirements and pre-certification policies
 - Request authorizations
- Electronic Provider Access (EPA) is the online tool allowing California providers to access other Blue Plan's provider sites via a secure routing mechanism to obtain above information.

Electronic provider access

- To access the EPA tool, log onto Provider Connection at blueshieldca.com/provider, click on the *Pre-service review for out-of-area members* link within the *Authorizations* section. Choose from the available options:
 - 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.
 - Electronic Provider Access – Select this option to submit a pre-certification and prior authorization request.
- Enter required data fields and you will then be automatically routed to the member's Blue plan provider portal to begin an authorization request. Please note that each Blue plan's website is customized to their authorization services they offer.



Home > Authorizations > Pre-service review for out-of-area members

Pre-service review for out-of-area members

[Help](#)

Use this tool to access medical policies, authorization requirements and prior authorization request systems for member insured by another state's Blue Plan. This tool allows California-based providers to access other Blue Plan's provider sites via a secure routing mechanism - Electronic Provider Access.

Enter the valid three-character prefix - the first three characters of the Member/Subscriber ID as displayed on the member ID card to get the authorization information. All fields required

NOTE: In order to access other state's Blue Plan site you must enable browser pop-ups.

What would you like to do?

- ☒ Obtain medical policy information
- ☐ Get pre-service review and pre-authorization requirements information
- ☐ Request a pre-certification or service prior authorization via Electronic Provider Access

3-character prefix

XXX

Requesting provider's National Provider Identifier (NPI)

[Look up NPI](#)

10-digit number

Requesting provider's location

Select location

Are you a Blue Shield of California contracted provider?

- ☐ Yes
- ☐ No

Submit

[Cancel](#)

QUICK LINKS

- [Verify other Blue Plan member's eligibility and benefits](#)
- [BlueCard program](#)
- [Claims-routing tool](#)
- [Enroll in EDI](#)




* Check the member's [eligibility and benefits](#) for coverage details and authorization requirements, as some plans do not cover services provided by non-preferred or non-network providers or may require prior authorization. In addition, authorization may be required by an outside vendor (not a health plan).

Confirm where to send the claim

- It's easy with our Claims Routing Tool!
 - Enhanced tool provides:
 - Calendar feature for choosing date of service
 - Claim mailing address and customer service number
 - Blue plan that can process your BlueCard claims
 - Key billing information on local Blue Shield accounts, Medicare, FEP, Commercial business
 - What this means for you:
 - Accurate claims submissions
 - Eliminate misrouted claims

Claims routing tool

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[Overview](#) | [How to submit claims](#) | [Claims-routing tool](#) | [Check claim status](#) | [Manage electronic transactions](#) | [Fee schedule](#) | [Appeals & adjustments](#) | [Policies & guidelines](#)

[Home](#) > [Claims](#) > Claims-routing tool

Claims-routing tool



To find where to submit your claim, enter the first 3 characters of the relevant member's ID displayed on their member ID card. All fields required.

Date of service (up to 36 months before and 31 days after current date)



mm/dd/yyyy

[Start over](#) [Search](#)

**BlueCross
BlueShield** 

Member Name	XXXXXXXXXX XXXXXXXX
Jane A. Sample	XXXXXXXXXX XXXXXXXX
Member ID	XXXXXXXXXX XXXXXXXX
XYZ234567890123	XXXXXXXXXX XXXXXXXX

Provider tools
[Become a Blue Shield Provider](#)

Quick links
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prefix example

Claims-routing tool

To find where to submit your claim, enter the first 3 characters of the relevant member's ID displayed on their member ID card. All fields required.


3-character prefix
WMW

Date of service (up to 36 months before and 31 days after current date)
12/01/2021

mm/dd/yyyy

Start over

Search

BlueCross
BlueShield

Member Name
Jane A. Sample


Member ID
XYZ234567890123

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Send claims to:


Blue Shield of California

BlueCard Program

P.O. Box 272630

Chico, CA 95927-2630

BlueCard.

Customer Service

Claims phone: (800) 622-0632

Eligibility and benefits phone: (800) 676-BLUE (2583)

More information

BlueCard Program

Learn how to get claims processed for healthcare services provided to out-of-state Blue plan members.

[Learn more about BlueCard Program](#)

Feedback

claim enhancement options

We have made significant improvements to the BlueCard® Program claims pages. You will now be able to:


- View additional status details for claims in process
- Request status from out-of-state plans for a claim straight from the claim page
- Request member eligibility and benefits details from out-of-state plans in the context of a claim
- View available letters for a claim

The details pages for all types of claims have also been updated. The new layout will enable you to easily view:

- The claim summary page, expanding member and claim information sections together if needed
- All claims for the same member
- The claim history sequence for adjusted claims and claims that may be of relevance based on member ID, dates of service, provider name, and billed amount
- The claim notes for service/procedure details via jump links

check claim status

[Logout](#) | [Message center](#) **331** | [Account Management](#) | [Manage my profile](#) | [Contact us](#) | [Help](#) | [Feedback](#) |

 **Provider Connection** | [Eligibility & benefits](#) ▾ | [Authorizations](#) ▾ | [Claims](#) ▾ | [Guidelines & resources](#) ▾ | [News & education](#) ▾

[Overview](#) | [Real-time claims](#) | [How to submit claims](#) | [Claims-routing tool](#) | [Check claim status](#) **NEW** | [Manage electronic transactions](#) | [Fee schedule](#) | [Appeals & adjustments](#) | [Claim issues & disputes](#) | [Policies & guidelines](#)

[Home](#) > [Claims](#) > [Check claim status](#)

[Search](#)

[Other Blue plans](#)

[Appeal status](#)

BlueCard. [?] Request the status of claims currently with out-of-state Blue plans for eligibility and benefits review

All fields are required unless otherwise noted

<input type="text" value="Member ID (9-12 characters)"/>	<input type="text" value="Last name"/>	<input type="text" value="First name"/>	<input data-bbox="1843 922 1885 963" type="text" value="Date of birth"/>
Dates of service		Optional	
<input data-bbox="415 1076 457 1117" type="text" value="Start date"/>	<input data-bbox="720 1076 762 1117" type="text" value="End date"/>	<input data-bbox="1402 1076 1434 1109" type="text" value="Gender"/>	<input type="text" value="Subscriber last name (for dependents)"/>
<input type="text" value="Billed amount"/>	<input data-bbox="972 1230 1003 1255" type="text" value="Provider tax ID"/>	<input data-bbox="1402 1230 1434 1255" type="text" value="Provider NPI"/>	

[Start over](#) |

[Feedback](#)

EDI Inquiry Tool

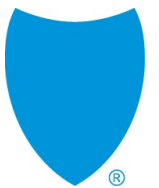
- Submit electronic data interchange (EDI) inquiries online using our EDI inquiry tool at www.blueshieldca.com/provider.
- Inquiries with personal health information (PHI) can be submitted securely online using the EDI inquiry tool.
- EDI inquiry tool supports the following inquiries:
 - 270/271 (Eligibility and Benefit Inquiry)
 - 276/277 (Claims Status Inquiry)
 - 278 (Authorization Inquiry)
 - 835/Electronic Remittance Advice (ERA)
 - 837/838 (Claims Inbound/Outbound)
 - Electronic Funds Transfer (EFT) for electronic payments
 - TA1/999/277CA (837 Acknowledgement Files)
 - Trading Partner Enrollment/Implementation
- After submitting an online EDI inquiry, an acknowledgment and case number will be sent to you and contacted within 48 hours.

Submit BlueCard claims to Blue Shield

- Submit BlueCard claims electronically:
 - To ensure accuracy
 - For faster claims processing
- Contact EDI (Electronic Data Interchange) to assist with electronic claims:
 - **(800) 480-1221**
 - **EDI_BSC@blueshieldca.com**
- The EDI Team can provide the following services:
 - Electronic Remittance Advice (ERAs)
 - Electronic Fund Transfers (EFTs)
 - Installation of BlueCard claims routing with your clearinghouse/vendor
 - Instruction on submitting corrected claims electronically



Blue Shield's BlueCard support



BlueCard contact information

BlueCard eligibility questions: **(800) 676-2583**

BlueCard customer service team: **(800) 622-0632**

Provider Customer Service: **(800) 541-6652**

Provider Information & Enrollment: **(800) 258-3091**

BlueCard claims mailing address:

Blue Shield of California

BlueCard Program

P.O. Box 272630

Chico, CA 95927-2630

BlueCard training and education:

bluecardmarketing@blueshieldca.com



BlueCard Training Team

	Joey Freeman	Michelle Elek	Monica Klemens		
Territory:	Coastal/Southern CA	Southern CA	Northern/Central CA		
Phone:	(916) 942-9829	(714) 428-4883	(916) 350-8539		
Email:	joey.freeman@blueshieldca.com	michelle.elek@blueshieldca.com	monica.klemens@blueshieldca.com		
Counties:	Imperial	Los Angeles	Alameda	Lake	San Joaquin
	Los Angeles	Orange	Alpine	Lassen	San Mateo
	Monterey	San Diego	Amador	Madera	Shasta
	Riverside		Butte	Marin	Sierra
	San Benito		Calaveras	Mariposa	Siskiyou
	San Bernardino		Colusa	Mendocino	Solano
	San Luis Obispo		Contra Costa	Merced	Sonoma
	Santa Barbara		Del Norte	Modoc	Stanislaus
	Santa Clara		El Dorado	Mono	Sutter
	Santa Cruz		Fresno	Napa	Tehama
	Ventura		Glenn	Nevada	Trinity
			Humboldt	Placer	Tulare
			Inyo	Plumas	Tuolumne
			Kern	Sacramento	Yolo
			Kings	San Francisco	Yuba



thank you



For participating in the national BlueCard Program

For your partnership in supporting your BlueCard inquiries and processing your BlueCard claims



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