

BlueCard® Program Tutorial

Program Overview

Learn more about the BlueCard process and value

After completing the Program Overview tutorial, you will be able to:

- Understand the benefits of submitting your BlueCard claims to us
- Understand how to submit claims for other state Blue plan members
- Access resources to support you in processing your BlueCard claims



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Understanding the BlueCard Program

- The BlueCard Program is a national program that allows Blue plan members to obtain healthcare services in another Blue plan service area.
- BlueCard represents your patients insured by other state Blue Cross Blue Shield (BCBS) plans.
- The program links participating healthcare providers and independent BCBS plans through a secured electronic network for claims processing and reimbursement.
- As a participating provider with Blue Shield of California, you are a BlueCard service provider.
- BlueCard claims include both facility and professional claim types.
- There is a significant California patient population insured by other states' Blue plans who can access medical services from you.



One in three Americans receive healthcare coverage from a Blue plan.
[That's more than 100 million Americans!](#)

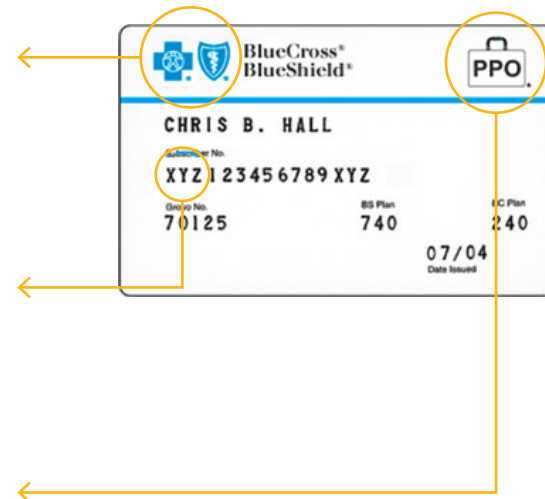
Blue Shield of California advantages

- **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** to help you streamline your BlueCard processes and serve other state Blue plan members.
- **Dedicated customer service team** to assist you with your claims inquiries at **(800) 622-0632**.
- **Training and educational resources**, including **a dedicated BlueCard representative**, to support your BlueCard transactions.

Blue plan identification cards

Identify other states' Blue plan members with:

- 1 Any Blue-branded logo (either a single or double logo)
- 2 Three-character prefix that precedes the subscriber ID number
- 3 Suitcase symbol (with or without "PPO" inside the suitcase)



All about prefixes

- A Blue plan member will always have a three-character prefix on their ID card.
- The prefix is the first three characters of the subscriber identification number. These can be letters and/or numbers.
- The prefix is a foundational component of the BlueCard Program.
- The prefix identifies the member's Blue plan and the type of plan coverage, and is necessary to support all your BlueCard business transactions and inquiries.
- The subscriber ID number may contain up to 17 characters, **including the three-character prefix**. Subscriber ID numbers across the nation vary in length and mix of characters.

BlueCard claims are easy to submit

- Use our Claims Routing Tool to instantly find where to submit your claims.
- Submit your claims electronically for faster processing.
- BlueCard claims – including hospital, ambulatory surgery center (ASC), professional, and ancillary – can be processed by Blue Shield of California.

The screenshot shows the 'Claims-routing tool' interface. At the top, it says '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.' Below this is a '3-character prefix' input field with the value 'ent'. To the right is a member ID card for Jane A. Seayle with member ID XY234567890123. Below the input field is a 'Date of service' field with the value 01/01/2023. A 'Search' button is present. Below the search section, it says 'Send claims to:' and lists 'Blue Shield of California' as the destination, including the BlueCard Program address and contact information. A 'Feedback' button is visible on the right side of the interface.

- Specific claims not processed via the BlueCard Program are:
 - Federal Employee Program (FEP)
 - Standalone vision plans
 - Prescription drugs

Blue plans work together

Blue Shield of California will:

- Receive claim from California provider
- Process claim according to your contract agreement with Blue Shield
- Send Explanation of Benefits (EOB) and applicable payments to contracted provider
- Support provider claims inquiries and claims transactions

The member's Blue plan will:

- Confirm member eligibility and benefits information
- Manage all necessary medical authorizations
- Authorize Blue Shield to finalize claim
- Send EOB to the member
- Support member inquiries

Blue Shield's payor portal, Provider Connection

Log in to blueshieldca.com/provider to:

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



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

BlueCard claims are easy to submit

All the tools you'll need to help serve other state Blue plan members are available from the Provider Connection home page.

blue california | Provider Connection

Eligibility & benefits | Authorizations | Claims | Guidelines & resources | News & education

Blue Shield of California provider network tools and resources at your fingertips

Eligibility & benefits

Verify eligibility of Blue Shield of California members, other Blue plan members and Federal employees, 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](#)

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](#)

Simply scroll down to the BlueCard Program section and select one of the five links listed.

Conclusion

Congratulations! You have completed the BlueCard Program Overview tutorial.

We encourage you to continue your learning. The [BlueCard Tutorials web page](#) contains other informative BlueCard tutorials, plus additional resources you may find helpful.

For questions related to:

- BlueCard eligibility: **(800) 676-BLUE (2583)**
- BlueCard Claims Unit: **(800) 622-0632**
- Authorization requests: Visit blueshieldca.com/provider. On the home page, under Authorizations, click *Pre-service review for out-of-area members*. You may also call the Medical Management number printed on the member's ID card
- Web technical support: **(800) 541-6652**

BlueCard claims mailing address:

Blue Shield of California
BlueCard Program
P.O. Box 272630
Chico, CA 95927-2630

Your online resources for:

- [Member eligibility](#)
- [Authorization requests](#)
- [Claims status](#)

