

BlueCard® Program Tutorial

Eligibility and Benefits

Blue Shield of California's Provider Connection site provides secure, reliable access to up-to-date eligibility and benefits information for other state Blue plan members.

After completing the Eligibility and Benefits tutorial, you will be able to:

- Find eligibility and benefits information online for an other state Blue plan members
- Understand eligibility and coverage information, including the claims mailing address
- Understand benefit information, including benefit limitations



home



back

next

Provider Connection home page

To search for eligibility and benefits, click the **Check eligibility of Blue plan members** link in the BlueCard Program box.

bluecard 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](#)

Verify Eligibility page

- ① Select **Other Blue plan** as card type
- ② Choose **Subscriber** or **Dependent** as member type
- ③ Enter all required data fields
- ④ Click **Search**

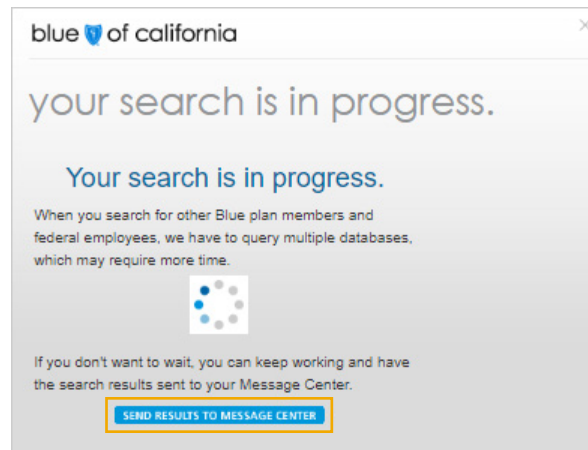
The screenshot shows the 'Verify Eligibility' web form. Callout 1 points to the 'Other Blue plan' radio button under 'Select card type'. Callout 2 points to the 'Subscriber' radio button under 'Choose member type'. Callout 3 points to the 'Enter' section, which contains several required fields marked with an asterisk: Member ID, Last Name, First Name, Date of Birth, Service Type Category (a dropdown menu), Gender (a dropdown menu), Eligibility Date (a date field with a calendar icon), and NPI (a dropdown menu). Callout 4 points to the 'Search' button, which is highlighted in blue. Below the form, there is a link 'Send results to Message Center' and a note: 'Verify eligibility of a single member. Click SEARCH when you have finished entering member data.'

“Search in progress” screen

The “Search in progress” screen appears while the search results are being retrieved.

*Note: If you don't want to wait for the search results, you can click **Send results to Message Center**.*

If the search takes longer than 45 seconds to complete, the results are automatically sent to your Message Center.



Eligibility and benefits search results

The system displays a list of members that meet the search criteria you entered.

Click **Member Name** to view eligibility and benefit details for the member.

Eligibility and Benefits Search Results

Single Search Multiple Search [Help with Eligibility & Benefits Search](#)

1 Select card type: Blue Shield of California Other Blue plan Federal employee

2 Choose member type: Subscriber Dependent Fields marked with an asterisk * are required.

3 Enter

* Member ID AAA123456789 * Last Name Patient * First Name Jane * Date of Birth 8/14/1976

* Service Type Category Physician Services > * Service Type Professional (Physician) Visit - Office

* Gender Female * Eligibility Date 9/1/2010 * NPI 2211221122

[Search](#) [Send results to Message Center](#)

[Start a new search](#)

Other Blue Plan Member Search Results

Database Information Updated: 13:07 PM 01/03/2020

Member Name	Member ID	Relationship	Plan Type	Effective/End Date	Status	Details
Jane Patient	AAA123456789	Self	Preferred Provider Organization (PPO)	09/01/2010 to Present	Active Coverage	Eligibility Claims Benefits Deductible/Out-of-Pocket Authorizations

All Services must be a benefit of the plan and obtained while the member is eligible for plan benefits. Services may be subject to referral, authorization or medical necessity requirements, which can vary based on the member's plan coverage. Please note that PPO members do not need a referral.

Eligibility and benefits details – Eligibility tab

Scroll down to view detailed information about this **member's eligibility and coverage.**

Eligibility and Benefits Details

Single Search Multiple Search [Help with Eligibility & Benefits Search](#)

1 Select card type: ☐ Blue Shield of California ☒ Other Blue plan ☐ Federal employee

2 Choose member type: ☒ Subscriber ☐ Dependent Fields marked with an asterisk * are required.

3 Enter

* Member ID: AAA123456789 * Last Name: Patient * First Name: Jane * Date of Birth: 8/14/1976

* Service Type Category: Physician Services > * Service Type: Professional (Physician) Visit - Office

* Gender: Female * Eligibility Date: 9/1/2010 * NPI: 2211221122 [search](#) [Send results to Message Center](#)

[Return to Search Results](#) | [Start a new search](#)

Jane Patient Other Blue Plan | [View claims for Jane Patient](#) (Note: This starts a new search.) [Printer-friendly version](#)

Member

Member Name	Subscriber ID	Plan Name	Coverage Level
Jane Patient	AAA123456789	Preferred Provider Organization (PPO)	Active Coverage

Information is valid and up to date as of: 13:07 PM 01/03/2020

Eligibility Benefits Deductible / Out-of-Pocket

Member Information		Member ID		BlueCard Eligibility: 800-676-BLUE (2583) BlueCard Claims: 800-622-0632 Claims Mailing Address Blue Shield of California P.O. Box 1505 Red Bluff, CA 96080-1505 Send claims electronically
Member Name	Jane Patient	Member ID	AAA123456789	
DOB	08/14/1976	Subscriber Last Name	Patient	
Relationship to Subscriber	Self	Subscriber Address		
Gender	Female			
Member Address				
Coverage - 09/01/2010 - Present				
Insurance Type	Preferred Provider Organization (PPO)	Coverage Description	PPO - PREFERRED BLUE PPO DEDUCTIBLE	Messages
Status	Active Coverage			
Effective Date	09/01/2010			
End Date	Present			

All Services must be a benefit of the plan and obtained while the member is eligible for plan benefits. Services may be subject to referral, authorization or medical necessity requirements, which can vary based on the member's plan coverage. **Please note that PPO members do not need a referral.**

Eligibility and benefits details – Benefits tab

The **Benefits** section displays detailed information about:

- Copayments
- Authorization requirements
- Benefit limits

Member Name

Jane Patient ▼

Subscriber ID

AAA123456789

Plan Name

Preferred Provider Organization (PPO)

Coverage Level

Active Coverage

> Eligibility

> Benefits

> Deductible / Out-of-Pocket

Information is valid and up to date as of: 13:07 PM 01/03/2020

Benefit Details

Service Description	Eligibility or Benefit Info	Procedure Code	Diagnosis Code	Coverage Amount	Time Period	In Plan Network?	Notes
Physician Visit - Office: Well	Co-Insurance			0%		No	Routine pediatric.
	Co-Insurance			20%		No	After deductible (and amount above allowed charge). Additional Information
	Co-Insurance			20%		No	After deductible (and amount above allowed charge). Additional Information
	Co-Insurance			20%		No	After deductible (and amount above allowed charge). Additional Information
	Co-Insurance			0%		Yes	Routine pediatric.
	Co-Insurance			0%		Yes	Routine pediatric.
	Co-Insurance			0%		Yes	Routine adult.
	Co-Insurance			0%		Yes	Routine adult tests and screenings.
	Co-Payment			\$0		No	Routine pediatric.
	Co-Payment			\$0		Yes	Routine pediatric.
	Co-Payment			\$0		Yes	Routine pediatric.
	Co-Payment			\$0		Yes	Routine adult.
	Co-Payment			\$0		Yes	Routine adult tests and screenings.
	Deductible			\$0		No	Routine pediatric.
	Deductible			\$0		Yes	Routine pediatric.
	Deductible			\$0		Yes	Routine pediatric.
	Deductible			\$0		Yes	Routine adult.
	Deductible			\$0		Yes	Routine adult tests and screenings.
	Limitations					No	Routine pediatric. Additional Information

Eligibility and benefits details – Out-of-Pocket tab

The **Deductible/Out-of-Pocket section** displays detailed information about annual deductible amounts, accumulations, maximums, and more.

Note: Year-to-date benefit accumulations are for the service type and category you searched.

Annual Out-Of-Pocket Maximums - 09/01/2010 to Present						
The most the member has to pay for applicable covered services						
Description	Coverage Level	Amount	Notes about Amount	Year-To-Date Paid Totals	Remaining Totals	Notes about YTD and Remaining Totals
Out-of-Pocket for IN-Network Services	Individual	\$5,350	For medical benefits. More Information	\$1,070	\$4,280	For medical benefits. More Information
	Family	\$10,700	For medical benefits. More Information	\$1,090	\$9,610	For medical benefits. More Information
Out-of-Pocket for OUT-of-Network Services	Individual	\$5,350	For medical benefits. More Information	\$1,070	\$4,280	For medical benefits. More Information
	Family	\$10,700	For medical benefits. More Information	\$1,090	\$9,610	For medical benefits. More Information
Individual Lifetime Maximum						
Data not available for this member.						
Benefit Disclaimer						
UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.						
All Services must be a benefit of the plan and obtained while the member is eligible for plan benefits. Services may be subject to referral, authorization or medical necessity requirements, which can vary based on the member's plan coverage. Please note that PPO members do not need a referral.						

Message Center

To view BlueCard responses that you sent to the Message Center – or that the system did not return within 45 seconds – select **Get status updates**.

blue california Provider Connection

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

Overview Forms Drugs & pharmacy resources Guidelines & standards Provider manuals Patient care resources Prospective providers Patient reviews Healthcare reform

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, dates of service and more.
- Get status updates**
Check status update notifications in your Message center.

Get status updates

Check status update notifications in your Message center.

Message Center

Messages are sorted by the member name shown in the "Subject" column.

View details for any row by clicking the **Subject** link for a particular message.

Note: Columns can be sorted by clicking on the column header.

message center

View messages about:

Eligibility, Benefits & Claims: Eligibility inquiries for Other Blue Plan and Federal Employee Program members, and claim inquiries for Other Blue Plan members are responded to by the members' home plan. Delayed responses may take several minutes to complete. Please check back.

Explanation of Benefits (EOB): EOBs for Blue Shield of California and Federal Employee Program members longer than 10 pages will be delivered here to your message center each quarter hour.

Authorizations: You can check back in 24 to 72 hours to view a status.

To see the message details, click the subject. To sort your messages, click the column name you want them sorted by.

Unread messages are in bold. Messages are automatically deleted in 45 days.

Note: If no response to an Eligibility or Claim status inquiry is received within 72 hours of your request, please resubmit.

MARK AS UNREAD DELETE

Select	Date Submitted	Category	Type	Status	Subject
<input type="checkbox"/>	06/18/2016	Search	Eligibility	Complete	PATIENT, JANE - AAA123456789
<input type="checkbox"/>	06/09/2016	Search	EOB	Complete	PATIENT, JOHN - AAA123498765
<input type="checkbox"/>	06/08/2016	Search	EOB	Complete	PATIENT, - AAA12344411
<input type="checkbox"/>	06/08/2016	Search	Eligibility	Complete	PAT, JOHN - AAA987654321
<input type="checkbox"/>	06/06/2016	Authorization	Medical	Complete	PATIENT, JANE - AAA123333432
<input type="checkbox"/>	06/06/2016	Search	Eligibility	Timeout	PATIENT, JOHN - AAA122333445
<input type="checkbox"/>	06/01/2016	Search	Claims	Timeout	PATIENT, - AAA128675309
<input type="checkbox"/>	06/01/2016	Authorization	Medical	Complete	PAT, JOHN - AAA999888777
<input type="checkbox"/>	06/01/2016	Authorization	Medical	Complete	PATIENT, JANE - AAA555444333

Conclusion

Congratulations! You have completed the Eligibility and Benefits 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 phone 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](#)

