



BlueCard® is a national program that enables members to obtain health care services while traveling or living in another Blue Cross and/or Blue Shield Plan's (Blue Plan's) service area. It applies to all covered inpatient, outpatient and professional health care services. The program links participating health care providers with Blue Plans across the country through a single electronic network for claims processing and reimbursement.

Following are five easy steps to follow when you provide services to a BlueCard member. For detailed information, refer to the *BlueCard Program Manual* on our website, [www.bcbsfl.com](http://www.bcbsfl.com).

## 1. Check the member's identification (ID) card for the suitcase logo and alpha prefix.

- A "suitcase" logo on the member's ID card indicates the BlueCard Program applies.

**Note:** If there is no suitcase logo, call BlueCard Eligibility to verify whether the BlueCard Program applies (see step 2).



A "PPO" inside the suitcase logo identifies members with PPO coverage. These members use the PPO network for the highest benefit level and lowest out-of-pocket costs; in Florida that is Blue Cross and Blue Shield of Florida's (BCBSF) Preferred Patient Care (PPC) network. PPO BlueCard members may also use the Traditional/PPS/PHS network, but will usually have higher out-of-pocket costs.



A "blank" suitcase logo identifies members with Traditional, Indemnity, POS, HMO, and some Medigap (Medicare Complementary/Supplemental) coverage. These members use BCBSF's Traditional/ PPS/PHS network.

- An alpha prefix (three letters at the beginning of the ID number) identifies the member's Blue Plan or national account. The alpha prefix is followed by 9-17 numbers or a combination of letters and numbers (e.g., ABC1234A560789, ABCD1234567899876).

**Note:** If there is no alpha prefix, this indicates that claims and other transactions are handled outside the BlueCard Program. Look for filing instructions or a telephone number on the ID card.

## 2. Verify eligibility and benefits.

You can verify eligibility and benefits in one of two ways:

- Use the Availity®<sup>1</sup> Health Information Network to submit an electronic inquiry. Submit the complete ID number with alpha prefix; do not include spaces or hyphens.
  - Hours of operation for other Blue Plans may vary. For Blue Plans that operate in real-time, the response time typically will be less than one minute.
  - The following minimum information will be returned: patient name, date of birth, gender, insurance type code (i.e., PPO, HMO), effective date, coinsurance (in- and out-of-network), copay and deductible (annual static value only). Whether additional information is returned depends on the other Blue Plan.
- Call the BlueCard Eligibility line at **(800) 676-BLUE (2583)**. You will be asked for the alpha prefix on the ID card to be routed to the member's home plan. You may inquire about:
  - Eligibility and benefits.
  - Whether the BlueCard Program applies to the member. (There are a few exempt groups.)
  - Precertification and referral authorization requirements.

**Note:** For claim-related information, do not call BlueCard Eligibility; call BCBSF at **(800) 727-2227**.

<sup>1</sup> Availity, L.L.C., is a multi-payer joint venture company. For more information or to register, visit Availity's website at [www.availity.com](http://www.availity.com).

### 3. File BlueCard claims to BCBSF.

All claims for BlueCard members should be filed to BCBSF. Submit the complete member ID number including the alpha prefix. BlueCard claim processing by BCBSF is based on eligibility, benefit and medical coverage guideline information from the member's Blue Plan. File the claim electronically or send a paper claim to:

Blue Cross and Blue Shield of Florida  
P.O. Box 1798  
Jacksonville, FL 32231-0014

**Note:** Lab, durable medical equipment, home health and specialty pharmacy providers should refer to the *BlueCard Program Manual* for claim filing guidelines.

#### **Medigap Claims (Medicare Complementary/Supplemental Standard A-J policies)**

File the claim to your Medicare carrier for primary payment. Include the member's Blue Plan five-digit Medigap insurer ID number, not BCBSF's. The claim will normally be electronically forwarded to the member's supplement Plan for processing of secondary benefits. Check the Medicare Remittance Notice to determine if the claim crossed over.

- If the claim crossed over correctly to the member's Blue Plan, no action is required.
- If the claim did not cross over correctly to the member's Blue Plan, file a paper claim to BCBSF with the Medicare Remittance Notice attached. BCBSF will route the claim to the member's Blue Plan for processing and payment. (BCBSF does not process the claim.)

#### **BlueCard Exceptions**

While the BlueCard Program applies to many members, there are some exceptions:

- **Medicare Advantage (HMO, PPO, PFFS, POS, MSA) members** – File the claim to BCBSF. We will forward the claim to the member's Blue Plan for processing and payment. (BCBSF does not process the claim.) Do not file claims to the Medicare carrier.
- **Alpha prefix, but not part of BlueCard** – When the member's ID number includes an alpha prefix, but the BlueCard Program does not apply, you should file the claim to BCBSF.
- **You contract with the member's Blue Plan** – When you contract with the member's Blue Plan, file claims with that Plan. For example, physicians in the Florida Panhandle who contract with BCBS of Alabama and provide services to a member with Alabama Blue Plan coverage should file the claim to Alabama.
- **No alpha prefix** – ID cards with no alpha prefix indicate that the claims are handled outside the BlueCard Program. Look for claim filing instructions or a telephone number on the ID card.

### 4. Contact BCBSF for claim inquiries.

BCBSF is your single point of contact for all claim inquiries including claim status, problem resolution and claim adjustment inquiries. Check BlueCard claim status online using the Availity Health Information Network or call our Provider Contact Center at **(800) 727-2227**.

### 5. Do not balance bill.

You may bill the BlueCard member for any deductible, copay, coinsurance or non-covered amounts. Participating physicians and providers accept the contractually agreed-upon allowance and may not balance bill the member for the difference between their standard charge and contractual allowance.

Fast Trackers are for general information only and are subject to the terms and conditions of any applicable agreement, policy or procedure. Fast Trackers may be altered or amended from time to time as necessary without any notice to you. If you are using a Fast Tracker, please check periodically to be sure you have the most recent version. If you have any questions or need more detailed information, please call the Provider Contact Center at (800) 727-2227.