

## The BlueCard Program

- BlueCard is a national program that enables members of one BCBS Plan to obtain health care services while traveling or living in another BCBS Plan's service area. The program links participating health care providers with the independent BCBS Plans across the country, and in more than 200 countries and territories worldwide, through a single electronic network for claims processing and reimbursement.
- The program allows you to submit claims for members from other BCBS Plans, domestic and international, to the Illinois Plan.
- The Illinois Plan is your sole contact for claims payment, problem resolution and adjustments.

## Services Covered Under the BlueCard Program

- The BlueCard Program applies to all inpatient, outpatient and professional services.
- Submit claims for these services to Blue Cross and Blue Shield of Illinois

## Services Not Included In the BlueCard Program

- Prescription Drugs
- Hearing/Vision
- Dental (non-surgical)
- Federal Employee Program (FEP) claims (Examine the back of the member's ID card for FEP billing information)

## Identification of BlueCard Members

When members from other BCBS Plans arrive at your office or facility, be sure to ask them for their current BCBS Plan membership identification card. The main identifiers are:

- PPO in a suitcase logo, for eligible PPO members
- Empty suitcase logo, for Traditional, POS or HMO members
- An alpha prefix (the first three positions of the identification number)

### Note: HMO members have the following benefits:

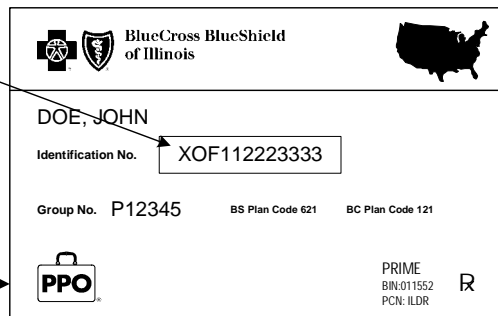
- Urgent Care:** Provides members with benefits for medical care that is not an emergency, but should not be postponed until the member returns home.
- Follow-up Care:** Pre-arranged care for an illness or injury that originates before the member leaves home.

## Important Facts Concerning Member ID Cards

- The ID number can be a total of 17 characters (14 alpha numeric character preceded by the 3 character alpha prefix)
- Some ID numbers are less than 17 characters
- Some ID numbers may include alpha characters in other positions following the alpha prefix, for example YMOR412B000L005OB
- The ID number no longer includes the Social Security Number (SSN). The SSN has been replaced with a Unique Identification Number (UID)
- The ID number includes the alpha prefix (the first three positions)

**Alpha Prefix**  
The 3 letter alpha prefix of the member's identification number is the key to identifying and correctly routing BlueCard Claims. It identifies the member's Plan or National Account to which the member belongs. Always include the 3 letter alpha prefix in the ID field when you are filing the claim. Note: The alpha prefix is always three letters; the member's identification follows and could be up to a maximum of a 14 alpha/numeric character combination.

**BlueCard PPO Suitcase Logo**  
This logo indicates that members from any BCBS Plan have PPO benefits that are delivered through the BlueCard Program.



BlueCross BlueShield of Illinois

DOE, JOHN

Identification No. XOF112223333

Group No. P12345 BS Plan Code 621 BC Plan Code 121

PPO

PRIME  
BIN: 011552  
PCN: ILDR



BlueCross BlueShield of Illinois

HMO Illinois  
A Blue Cross HMO

Subscriber  
SMITH, Mary

Participant's Name  
Mary Smith

Group No. H12345

Identification No. XOH851234435

Medical Group Number & Name  
125 ABC MEDICAL CENTER  
(708) 444-4444 01-01-05

WPHCP  
125 ABC MEDICAL CENTER  
(708) 444-4444 01-01-05

Copays:  
Office Visit \$10  
Emergency \$50

Benefit Plan: B3E10  
Plan Codes: 621/121

PRIME  
BIN: 011552  
PCN: ILDR

**"Empty Suitcase" Logo**  
This is a new identifier for BlueCard members who receive benefits other than PPO benefits, for example Traditional and POS.

# How the BlueCard Program Works

## Provider Responsibility

When you see a member from another Blue Cross and Blue Shield Plan you should:

Ask the member for the most current health ID card.

Examine the ID card for key indicators:

- **PPO in a suitcase logo**, for eligible PPO members
- **Empty suitcase logo**, for Traditional, POS, HMO members
- An **alpha prefix** (the first 3 positions of the ID number)

**No ID card available:** Obtain as much information as possible from the member before calling, i.e., member's BCBS Plan, UID number, subscriber's name.

## How to Verify Eligibility and Benefits

### 1. Online – access NDAS Online

If you are not enrolled with NDAS Online, sign up today. Go online to [www.bcbsil.com/provider/index.htm](http://www.bcbsil.com/provider/index.htm) and download the NDAS Online Enrollment Packet or contact our Electronic Commerce (E-Commerce) Center at (800) 746-4614.

### 2. Telephone – call BlueCard® Eligibility (800) 676-BLUE (2583)

- English and Spanish speaking phone operators are available to assist you.
- Keep in mind that BCBS Plans are located throughout the country and may operate on a different time schedule than BCBSIL. You may be transferred to a voice response system linked to customer enrollment and benefits.
- The BlueCard® Eligibility line is for eligibility, benefit and precertification/referral authorization inquiries only. It should not be used for claim status.

## Helpful tips

- Ask members for their current member identification card and regularly obtain new photocopies (front and back) of the member identification card. Having the current card will enable you to submit claims with the appropriate member information (including alpha prefix) and avoid unnecessary claims payment delays.
- Check eligibility and benefits electronically via NDAS Online or call (800) 676-BLUE (2583) and provide the alpha prefix.

## Provider Responsibility

- If the member presents a debit card (stand-alone or combined):
  - Be sure to verify the member's cost sharing amount before processing payment.
  - Do not use the card to process full payment upfront. If you have any questions about the member's benefits, please contact (800) 676-BLUE (2583), or for questions about the health care debit card processing instructions or payment issues, please contact the toll-free debit card administrator's number on the back of the card.

## BlueCard Program Claim Filing

The BlueCard Program allows you to submit claims electronically to the Illinois Plan for members from other BCBS Plans, including international BCBS Plans. The Illinois Plan will be your one point of contact for claim inquiries.

You should always submit BlueCard claims electronically to the Illinois Plan.

Paper claims should be sent to:  
Blue Cross and Blue Shield of Illinois  
P.O. Box 805107  
Chicago, Illinois 60680-4112

## Claims Status

### Electronic Submissions

1. Access the electronic transaction report if you transmit claims through rEDI-link Blue to verify successful transmission.
2. Access our electronic database—NDAS Online—to verify eligibility and benefits.
3. Call the Provider Telecommunications Center (PTC) at (800) 972-8088.

### Paper Submissions

1. Access our electronic database—NDAS Online—to verify eligibility and benefits.
2. Call the Provider Telecommunications Center (PTC) at (800) 972-8088.

## Claims Review for Illinois Contracting Providers

You may request a review by completing the Provider Request for Review form. The form can be found at [www.bcbsil.com/provider/forms.htm](http://www.bcbsil.com/provider/forms.htm). If you do not receive your payment or a response regarding payment, please contact the Illinois Plan at (800) 972-8088.

## BCBS Responsibilities

## The Processing of BlueCard Claims

- BCBSIL sends the claim electronically to the member's home plan that adjudicates the claim according to the member's contract and sends an electronic disposition back to BCBSIL.
- BCBSIL sends a Provider Claim Summary (PCS), payment or denial notice to the provider.
- BCBSIL handles all provider inquiries, reviews and adjustments.

The Illinois Plan will reimburse you according to the contract guidelines when:

- The member is eligible for benefits
- The services are covered under the member's plan\*

The reimbursement for out-of-area members is the same as the fee schedule for local members.

\*The member's plan determines what services are considered eligible under all medical policy determinations (e.g., medical necessity, investigational, routine, etc.)

## Member Responsibility

When a member travels or lives outside of the plan in which their enrolled, they have three responsibilities:

- Locate a provider by calling BlueCard Access (800) 810-BLUE (2583) or access the BCBSIL Web site [www.bcbsil.com](http://www.bcbsil.com) and select Provider Finder®.
- Pre-certify inpatient and some outpatient surgeries by calling the number on the back of their ID card.
- Present the identification card to the receptionist.

## How can I find out more information about the BlueCard Program?

For more information about the BlueCard Program:

- Log on to [www.bcbsil.com](http://www.bcbsil.com) to enroll in one of our free provider workshops and to view the *BlueCard Program Provider Manual* or call (312) 653-4019 with questions.
- Review BlueCard Program articles in the monthly *Blue Reviews*, which are located on our Provider Web site at [www.bcbsil.com](http://www.bcbsil.com).