

Introduction	Alpha Prefixes	Federal Employee Program ID Cards	ID Cards from International Licensees	Canadian ID Cards	Benefit Product Logos
Blank (Empty) Suitcase	PPO in a Suitcase	PPOB in a Suitcase	No Suitcase	Medicare Advantage	Consumer-Directed Healthcare and Healthcare Debit Cards



Quick Guide to Blue Cross and Blue Shield Member ID Cards

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Introduction

This guide offers an overview of Blue Cross and Blue Shield (BCBS) ID cards, including what the symbols mean and how to use the information on them.

When BCBS members arrive at your office or facility, ask to see their current member identification cards at each visit. Doing so will help you:

- *Identify the member's product.*
- *Obtain health plan contact information.*
- *Speed claims processing.*

Remember: *ID cards are for identification purposes only; they do not guarantee eligibility or payment of your claim. You should always verify patient eligibility by calling **800-676-BLUE (2583)**.*

The following information is provided to assist your Plan with provider education about Medicare Advantage and inter-Plan business. While the information is believed to be accurate, you should review it carefully to make sure it is appropriate for use by your Plan. Please exercise caution when using the provider materials. Note that some areas of the materials may require customization with your Plan information, as indicated in parentheses and/or bold, and that discretion should be used regarding necessary changes and/or modifications to this material. This information does not constitute, and is not intended as, legal or financial advice.

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Alpha Prefixes

Most Blue Cross and Blue Shield (BCBS) branded ID cards display a **three-character alpha prefix** in the first three positions of the member’s ID number. However, there are some exceptions. ID cards for the following products and programs do not have an alpha prefix:

- Stand-alone vision and pharmacy when delivered through an intermediary model*
- Stand-alone dental products*
- The BCBS Federal Employee Program (FEP) – The letter “R” appears in front of the ID number.*

*Follow instructions on these ID cards to verify eligibility, submit claims and obtain health plan contact information.

The alpha prefix is critical for inquiries regarding the member, including eligibility and benefits, and is necessary for proper claim filing.

- When filing a claim, always enter the ID number, including the alpha prefix, exactly as it appears on the member’s card.
- Always include the member’s ID number, including the alpha prefix, on any documents pertaining to services to ensure accurate handling by the BCBS Plan.

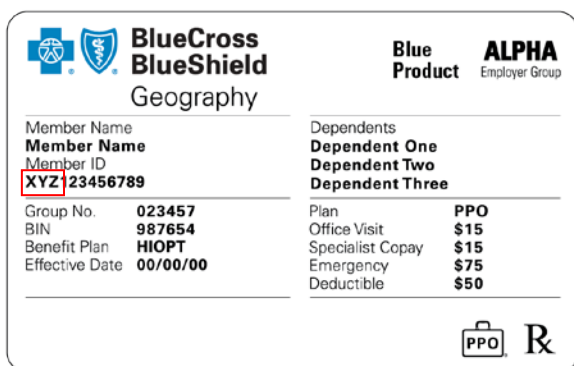
A member’s ID number includes the alpha prefix in the first three positions and all subsequent characters – between 6 and 14 numbers or letters – up to 17 characters total. The following are examples of ID numbers with the alpha prefix highlighted:

ABC1234567	ABC1234H567	ABCD1234H567	ABCD1234H56789012
<i>Alpha Prefix</i>	<i>Alpha Prefix</i>	<i>Alpha Prefix</i>	<i>Alpha Prefix</i>

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Member ID Card

Below is an example of a Blue Cross and Blue Shield (BCBS) ID card with the alpha prefix highlighted:



TIPS FOR SUCCESS



Always use the alpha prefix on the member's current ID card. If there is no alpha prefix, do not create one or use an alpha prefix from another member's ID card, even one from the same BCBS Plan. Doing so may cause delays in the handling of your inquiries and claims. If the card presented has no alpha prefix, follow the instructions on the back of the ID card for inquiries and claim handling.

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Federal Employee Program ID Cards



Federal Employee Program (FEP) members' ID cards do not have a three-character alpha prefix. Rather, all FEP member identification numbers begin with the letter "R." For additional information regarding FEP and FEP ID cards, please refer to the FEP documentation provided separately to you in the **Blues Provider Reference Manual** located in the Federal Employee Program section on the Blue Cross and Blue Shield of New Mexico Provider website at http://www.bcbsnm.com/pdf/provider_ref_manual/prov_man_toc.pdf.

Below is an example of an FEP Basic ID card with the "R" highlighted:

 BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan	
Member Name Member Name		www.fepblue.org	
Member ID R99999999			
Enrollment Code	112	RxIIN	610239
Effective Date	01/01/2008	RxPCN	FEPRX
		RxGrp	65006500

 BlueCross BlueShield Federal Employee Program.		www.fepblue.org
This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits.		
Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.		
Customer Service:	1-800-522-5566	
Precertification:	1-800-255-2042	
Mental Health/ Substance Abuse:	1-800-554-9504	
Retail Pharmacy:	1-800-626-5060	
Blue Health Connection:	1-888-258-3432	
Assistance Overseas (Call collect):	1-804-673-1678	
BlueCross and BlueShield of Geography An independent licensee of the BlueCross and BlueShield Association.		

Below is an example of an FEP Standard ID card with the "R" highlighted:

 BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan	
Member Name Member Name		www.fepblue.org	
Member ID R99999999			
Enrollment Code	104	RxIIN	610239
Effective Date	01/01/2008	RxPCN	FEPRX
		RxGrp	65006500

 BlueCross BlueShield Federal Employee Program.		www.fepblue.org
This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits.		
Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.		
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ID Cards from International Licensees

Occasionally, you may see ID cards from members of International Licensees. Currently those Licensees include Blue Cross and Blue Shield of the U.S. Virgin Islands, BlueCross & BlueShield of Uruguay, Blue Cross and Blue Shield of Panama, Blue Cross Blue Shield of Costa Rica and GeoBlue. If in doubt, always check with Blue Cross and Blue Shield of New Mexico (BCBSNM), as the list of International Licensees may change. ID cards from these Licensees will also contain three-character alpha prefixes and may or may not have one of the benefit product logos referenced in the following sections.

Please treat these members as you would domestic BCBS members (e.g., do not collect any payment from the member beyond cost-sharing amounts, such as deductible, coinsurance and copayment) and file their claims to **BCBSNM**.

Below is an example of an ID card from an International Licensee with the alpha prefix highlighted:





BlueCross & BlueShield de Uruguay

MEMBER NAME	Plan
Member Name	1400
MEMBER ID	RPA PREMIUM
XYZ 0123456789	Expiration Date: May. 31, 2011

Plan	PPO
GROUP	URU038
BC/BS Plan Codes: 154/654	

CREDENCIAL PARA USO EXCLUSIVO
FUERA DE URUGUAY





BlueCross & BlueShield de Uruguay www.bcbsu.com.uy

Uruguay
Atención al Cliente: (598-2) 707-7575

United States (E.E.U.U.)
Customer Service: (598-2) 707-7575
Provider Finder: 1-800-810-2583
Eligibility: 1-800-676-2583

Proveedores en Uruguay: Para verificar elegibilidad y beneficios, por favor llamar a nuestras oficinas. Dirija facturas por servicios médicos a nuestra dirección.

Providers in the United States: To verify membership eligibility, please call Eligibility line. Providers should file all claims to the local BlueCross and/or BlueShield Plan in whose Service Area the member received services.

BlueCross & BlueShield de Uruguay
Lord Ponsonby 2456
11600 Montevideo, Uruguay
An Independent Licensee of the BlueCross and BlueShield Association.

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Canadian ID Cards

Please note: The Canadian Association of Blue Cross Plans and its member plans are separate and distinct from the Blue Cross Blue Shield Association (BCBSA) and its member Plans in the United States.

You may occasionally see ID cards for members who are covered by a Canadian Blue Cross plan. Claims for Canadian Blue Cross members are not processed through the BlueCard[®] Program.

Please follow the instructions of Canadian Blue Cross plans as well as instructions on their ID cards for servicing their members. Canadian Blue Cross plans are:

Alberta Blue Cross
Manitoba Blue Cross
Medavie Blue Cross

Ontario Blue Cross
Pacific Blue Cross

Quebec Blue Cross
Saskatchewan Blue Cross

Source: <http://www.bluecross.ca/en/contact.html>

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Benefit Product Logos

Various logos may be displayed on member ID cards for Blue Cross Blue Shield (BCBS) Plans in the United States and International Licensees licensed through BCBSA. Member ID cards may include one of the logos below that identify the type of coverage the member has and/or indicate the provider's reimbursement level.

TIPS FOR SUCCESS

The appearance of a benefit product logo is not a guarantee of payment. A provider's reimbursement is based on a combination of the services covered under the member's benefit plan in conjunction with a provider's contract(s) with Blue Cross and Blue Shield of New Mexico (BCBSNM).

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Blank (Empty) Suitcase

A blank (empty) suitcase logo on the front of a member’s ID card signifies that the member has out-of-area coverage that is not a PPO product. Benefit products that display a blank (empty) suitcase logo on ID cards include:

- Traditional and Health Maintenance Organization (HMO)
- Point of Service (POS)

Traditional, HMO and Limited Benefit Products Members

Contracted Blue Cross and Blue Shield of New Mexico (BCBSNM) traditional/indemnity providers (benefit products listed above) including non contracted providers who provide medical service to a member who has a blank suitcase logo on his/her member ID card (local member or out-of-area member) will be reimbursed for services covered under the member’s benefit plan, in accordance with the traditional/indemnity contract.

Patient eligibility and benefits should be verified prior to every scheduled appointment. Eligibility and benefit quotes include membership verification, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. It’s strongly recommended that providers **ask to see the member’s** ID card for current information and **photo ID** in order to guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly.

Checking Online

Providers are strongly encouraged to use availity.com or their preferred vendor for eligibility and benefit verifications. With Availity’s Eligibility and Benefits Inquiry, users can access printable results that include up to date benefit information.

If you don’t have a traditional/indemnity contract with Blue Cross and Blue Shield of New Mexico (BCBSNM) and provide medical service to a member who has a blank suitcase logo on his/her member ID card (local member or out-of-area member), you will be reimbursed for services covered under the member’s benefit plan as defined by the health plan’s terms.

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Point of Service (POS) Members

If you have a POS contract with Blue Cross and Blue Shield of New Mexico (BCBSNM) and provide medical service to a member who has a blank suitcase logo on his/her member ID card (local member or out-of-area member) and a POS product, you will be reimbursed for services covered under the member’s benefit plan, in accordance with the POS contract.

If you don’t have a POS contract with BCBSNM and provide medical service to a member who has a blank suitcase logo on his/her member ID card (local member or out-of-area member) and a POS product, you will be reimbursed for services covered under the member’s benefit plan, in accordance with the traditional/indemnity contract as defined by the health plan’s terms.

TIPS FOR SUCCESS

*Because there is different benefit plans represented by the blank (empty) suitcase logo, always verify eligibility and benefits electronically with BCBSNM or by calling **800-676-BLUE (2583)**.*

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PPO in a Suitcase

When you see the “PPO in a suitcase” logo on the front of an ID card, it means that the member has PPO- or EPO-type benefits available for medical services received within or outside of the United States. It also means that the provider will be reimbursed for covered services in accordance with your PPO contract with the local Blue Cross Blue Shield (BCBS) Plan.

TIPS FOR SUCCESS

*If you do not have a PPO contract with Blue Cross and Blue Shield of New Mexico (BCBSNM), reimbursement for covered services will be made in accordance with your non-PPO contract with BCBSNM. To be certain of a member’s benefit level, always verify eligibility and benefits electronically with BCBSNM or by calling **800-676-BLUE (2583)**.*

PPO – Preferred Provider Organization Plan

EPO – Exclusive Provider Organization Plan



PPOB in a Suitcase

When you see the “PPOB in a suitcase” logo on the front of an ID card, it means the member has selected a PPO/EPO product from a BCBS Plan and the member has access to BlueCard PPO Basic.

TIPS FOR SUCCESS

*If you do not have a PPOB contract with BCBSNM, reimbursement for covered services will be made in accordance with your PPO or Traditional contract with BCBSNM. To be certain of a member’s benefit level, always verify eligibility and benefits electronically with BCBSNM or by calling **800-676-BLUE (2583)**.*

PPO – Preferred Provider Organization Plan

EPO – Exclusive Provider Organization Plan

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No Suitcase

Some BCBS ID cards do not have a suitcase logo. These include ID cards for Medicaid (State Children’s Health Insurance Programs [SCHIP] administered as part of a state’s Medicaid program), Medicare complementary and supplemental products (also known as Medigap), and ID cards for members who do not have benefits outside of their local Plan’s service area.

TIPS FOR SUCCESS

While Blue Cross and Blue Shield of New Mexico (BCBSNM) routes all of these claims for out-of-area members to the member’s BCBS Plan, most Medicare complementary or Medigap claims are sent directly from the Medicare intermediary to the member’s BCBS Plan via the established electronic Medicare crossover process.

Medicaid Members

Members enrolled in a BCBS Medicaid product are issued ID cards that:

- Do not have a suitcase logo.
- Contain disclaimer language on the back of the card indicating benefit limitations for provider awareness, for example, “This member has limited benefits outside of [state name]. Providers should request eligibility/benefit information.”

BCBS Plan Medicaid ID cards do not always indicate that a member is enrolled in a Medicaid product.

Providers should submit an eligibility inquiry if the ID card has a disclaimer with benefit limitations and no suitcase logo, using the same tools that are available for BlueCard:

- BlueCard Eligibility Line
- BlueExchange



TIPS FOR SUCCESS

Medicaid charge limitations may apply to Medicaid claims. Contact Blue Cross and Blue Shield of New Mexico (BCBSNM) for details on how this may affect your reimbursement.

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Medicare Advantage

ID Cards

<p>Member ID cards for Medicare Advantage products display one of the benefit product logos shown here.</p>		Health Maintenance Organization
		Medical Savings Account
		Private Fee-for-Service
		Point of Service
		Network Sharing Preferred Provider Organization.

When one of these logos is displayed on the front of a member’s ID card, it indicates the coverage type the member has in his/her BCBS Plan service area or region. However, when the member receives services outside his/her BCBS Plan service area or region, provider reimbursement for covered services is based on the Medicare-allowed amount, except in the case of PPO network-sharing arrangements.

Blue Cross and Blue Shield of New Mexico (BCBSNM) participates in Medicare Advantage PPO network-sharing arrangements, and contracted provider reimbursement is based on the contracted rate with BCBSNM. Non-contracted provider reimbursement is the Medicare-allowed amount based on where services are rendered.

TIPS FOR SUCCESS

While all Medicare Advantage PPO members have suitcases on their ID cards, some have limited benefits outside of their primary carrier’s service area. Providers should refer to the back of the member’s ID card for language indicating that such restrictions apply.

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Medicare Advantage Provider Network – BCBSNM Members

If you treat a Blue Cross and Blue Shield of New Mexico (BCBSNM) member and have a contract for that member’s product, then you will receive your contracted rate. If you do not have a contract for the member’s product, then you will receive reimbursement for covered services based on the Medicare-allowed amount.

Out-of-Area Members

If you are contracted for Medicare Advantage PPO, then you will receive your contracted rate when you treat any BCBS member with a Medicare Advantage PPO logo on his/her ID card. If you are not contracted for Medicare Advantage PPO, then you will receive the Medicare-allowed amount for covered services when you treat Medicare Advantage PPO members. If you are contracted for Medicare Advantage PPO and you treat members who have other Medicare Advantage products, you will receive the Medicare-allowed amount for covered services.

Important note: *If you are contracted for BCBS PPO members but not contracted for Medicare Advantage PPO, you will receive the Medicare-allowed amount for covered services.*

TIPS FOR SUCCESS

Medicare charge limitations may apply to Medicare Advantage claims. Contact your BCBSNM Network Services Department office for details on how this may affect your reimbursement.

Albuquerque: (505) 837-8800

Toll-free: (800) 567-8540

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Consumer-Directed Healthcare and Healthcare Debit Cards

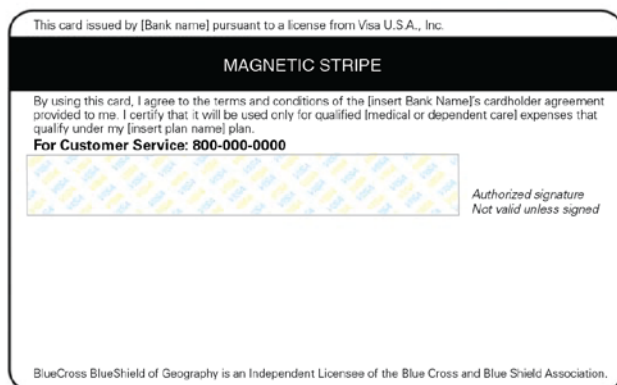
Members who have Consumer-Directed Healthcare (CDHC) plans often carry healthcare debit cards that allow them to pay for out-of-pocket costs using funds from their Health Reimbursement Arrangement (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA). All three are types of tax-favored accounts often offered by the member's employer to pay for eligible expenses not covered by the health plan.

Some cards are "stand-alone" debit cards that cover eligible out-of-pocket costs, while others also serve as a health plan member ID card. These debit cards can help you simplify your administration process and can potentially help:

- Reduce bad debt.
- Reduce paperwork for billing statements.
- Minimize bookkeeping and patient account functions for handling cash and checks.
- Avoid unnecessary claim payment delays.

In some cases, the card will display the Blue Cross and Blue Shield trademarks, along with the logo from a major debit card, such as MasterCard® or Visa®.

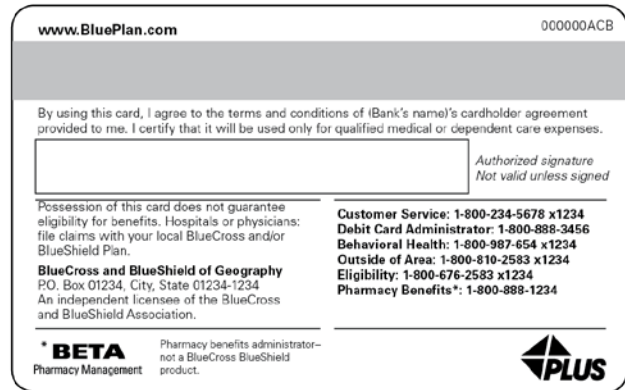
Below is an example of a stand-alone healthcare debit card (*front & back*):



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Consumer-Directed Healthcare and Healthcare Debit Cards and Member ID Cards

Below is an example of a combined healthcare debit card and member ID card (*front & back*):



Members can pay for copayments and other out-of-pocket expenses by swiping the card though any debit card swipe terminal. The funds will be deducted automatically from the member's appropriate HRA, HSA or FSA account.

TIPS FOR SUCCESS

- Use the member's current ID number, including alpha prefix, to determine the member's financial responsibility before processing payment. Check eligibility and benefits electronically through Blue Cross and Blue Shield of New Mexico (BCBSNM) or by calling **800-676-BLUE (2583)**.
- Regardless of whether or not you collect the member's payment at the time of service, all services must be billed to BCBSNM to determine proper benefits and update the member's claim history.
- Please do not use the card to process full payment up front. If you have any questions about the member's benefits, please contact **800-676-BLUE (2583)**.

For questions about healthcare debit card processing instructions or payment issues, please contact the toll-free debit card administrator's number on the back of the card.