

Blue EssentialsSM, Blue Advantage HMOSM, Blue PremierSM and MyBlue HealthSM Provider Manual - Roles and Responsibilities - Networks and ID cards

Important Note:

Throughout this provider manual there will be instances when there are references unique to **Blue Essentials, Blue Advantage HMO, Blue Premier** and **MyBlue Health**. These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "**Plan**" is referenced, the information will apply to **all** HMO products.

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Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual -Roles and Responsibilities - Networks and ID cards

Overview

This section of the provider manual introduces providers to our provider networks and how to identify Blue Cross and Blue Shield of Texas member's plans.

Capitated Medical Groups Important Note

Health care providers who are contracted/affiliated with a capitated Medical Group must contact the Medical Group for instructions regarding referral, recommended clinical review and prior authorization processes, contracting, and claims-related questions. Additionally, health care providers who are not part of a capitated Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated Medical Group must also contact the applicable Medical Group for instructions. Health care providers who are contracted/affiliated with a capitated Medical Group are subject to that entity's procedures and requirements for the Plan's provider complaint resolution.

ID Card Information and Use

The BCBSTX member's identification card provides information concerning eligibility and contract benefits and is essential for successful claims filing. Each member/subscriber receives an ID card upon enrollment. Refer to the samples shown on the following page. This card is issued for identification purposes only and does not constitute proof of eligibility. Health care providers should check to make sure the current group number is included in the member's/subscriber's records.

To assist in ensuring that your office always has the most current information for your plan member, it is recommended that you copy the member's ID card (front and back) for your files at each visit.

The ID card should be presented by the member each time services are rendered. The ID card displays:

- The member's/subscriber's unique identification number
 - The employer group number through which coverage is obtained
 - The current coverage date
 - Plan number
 - The name, provider record, and telephone number of the PCP selected by the member/subscriber
 - The PORG of the PCP's Provider Network, if applicable
 - Applicable coinsurance, copayment, deductible and/or cost-sharing to Covered Services
-

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID Cards

ID Card Information and Use, cont.

Definitions:

- **Coinsurance** means, if applicable, the specified percentage of the Allowable Amount for a Covered Service that is payable by the member. The member's obligation to make coinsurance payments may be subject to an annual out-of-pocket maximum.
- **Copayment** means the amount required to be paid to a physician, professional provider, facility or ancillary provider, etc., by or on behalf of a member in connection with the services rendered.
- **Cost Sharing** is the general term used to refer to the member's out-of-pocket costs (e.g., deductible, coinsurance and copayments) for Covered Services a member receives.
- **Covered Services** means those health services specified and defined as Covered Services under the terms of a member's health plan.
- **Deductible** means, if applicable, the specified annual amount of payment for certain Covered Services, expressed in dollars that the member is required to pay before the member can receive any benefits for the Covered Services to which the Deductible applies.

The member/is required to report immediately to **BCBSTX Customer Service** any loss or theft of his/her ID card. A new ID card will be issued. The member/subscriber is also required to notify **BCBSTX** within 30 days of any change in name or address. **BCBSTX** members/subscribers are also required to notify **BCBSTX Customer Service** regarding changes in marital status or eligible dependents.

Note: *The member is not allowed to let any other person use his/her **BCBSTX** ID card for any purpose.*

Important Information Indicated on Member ID Card

BCBSTX offers a wide variety of health care products. Each member's identification card displays important information required for billing and determining benefits. When filing a BCBSTX claim, two of the most important elements are the member's ID number and group number.

Most members with coverage through a Blue Cross Blue Shield Plan are assigned a three-character prefix that appears at the beginning of their unique identification number. The three-character prefix is very important to the identification number as the prefix acts as a key element in confirming the member's eligibility and coverage information. Prefixes are also used to identify and correctly route claims to the appropriate Blue Cross Blue Shield Plan for processing.

There are two types of three-character prefixes: plan-specific and account-specific.

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID Cards

Important Information Indicated on Member ID Card, cont.

The first two positions of the prefix indicate the Plan to which the member belongs while the third position identifies the product in which the member is enrolled in. If the correct prefix is not provided, the claim may be unnecessarily delayed or denied.

Note: Generally, ZG identifies a Texas Plan. However, ZG is not the exclusive prefix of HMO plans. Refer to the network IDs listed below and also be sure to check member eligibility and benefits before every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as an applicable copayment, coinsurance and deductible amounts and prior authorization requirements and when recommended clinical review is available. Identifying the **network** that a member is a part of is now easier with the addition of the three (3) character network ID that will be displayed in a red font. The network ID will appear on medical identification cards where network benefits may apply.

Examples of Common Network ID:

BAV = Blue Advantage HMO and Blue Advantage Plus HMO **HMO**
= Blue Essentials
HMH = Blue Premier & Blue Premier Access
BFT = MyBlue Health

Much of the information you will need is printed your patient's ID card. Please note the copay amount is on the ID card. If you have questions, call Provider Customer Service:

Blue Essentials: 877-299-2377

Blue Advantage HMO: 800-451-0287

Blue Premier: 800-876-2583

MyBlue Health: 800-451-0287

Texas Department of Insurance Requirements

The Texas Department of Insurance requires carriers to identify fully insured members who are subject to the requirements of prompt pay legislation. ID cards that reflect an indicator "TDI" signify members who are subject to the requirements of prompt pay legislation.

Check Eligibility and Benefits

Patient eligibility and benefits should be checked using Availity® or your preferred vendor prior to rendering services. Eligibility and benefit quotes include membership, coverage status and other important information, such as an applicable copayment, coinsurance and deductible amount. It's strongly recommended that providers ask to see the member's ID card for current information and photo ID to guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly.

Refer to the [Eligibility and Benefits](#) section on the provider website for more information.

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID Cards

Blue Essentials Information

Blue Essentials is an HMO network.

The Blue Essentials benefit plan features include:

- HMO product design and benefits
- Members are required to select a PCP and get referrals for services with network providers
- No out-of-network coverage, except for emergency services

Blue Essentials ID Card Sample

Network ID **HMO** = Blue Essentials

FRONT

ALPHA PREFIX

TDI INDICATES FULLY INSURED MEMBER

NETWORK ID

PRIMARY CARE PROVIDER (PCP) NAME & PHONE #

PCP PORG (IF APPLICABLE)



BlueCross BlueShield of Texas
An Independent licensee of the Blue Cross and Blue Shield Association

HMO

Subscriber Name:
ABC SAMPLE

Identification Number:
ZGZ123456789

Group Number: 123456
Member Effective: 01/01/10

HMO **TDI**

PCP: **SORAB M ITALIA DO**
281-558-6700 01/01/17

RNPO

Office Visit	\$10
Emergency Room	\$100
Specialist	\$30
RX Copay	\$15/\$35/\$50

RxBIN: 011552
RxPCN: BCTX




BACK

www.bcbstx.com





BlueCross BlueShield of Texas

Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD).
Claims should be mailed to: Blue Cross Blue Shield of Texas, P.O. Box 660044, Dallas, TX 75266-0044.

Customer Service	1-877-299-3377
Guest Members	396
Preauth-Medical	188
Preauth-MH/CD	422
Blue Card Access	583
Provider Service	1-800-676-2583

SAMPLE

BlueCross BlueShield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross BlueShield Association.

 Pharmacy Benefits Manager

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

Blue Advantage HMO and Blue Advantage Plus HMO - Information

Blue Advantage HMO and **Blue Advantage Plus HMO** network are retail plans available in all 254 Texas counties. This cost-effective network is designed to provide affordable quality health care services to the uninsured and underinsured. **Blue Advantage HMO** affords members medical benefits at a lower cost whenever they access care through a participating **Blue Advantage HMO** network provider. **Blue Advantage HMO** and **Blue Advantage Plus HMO** members select a PCP and must have referrals for in-network benefits.

Providers must:

- have privileges at one of the **Blue Advantage HMO** participating hospitals (unless inpatient admissions are uncommon or not required for the physician's, professional provider's, facility or ancillary provider's specialty) or have someone who will admit on their behalf.
- have a valid National Provider Identifier (NPI) number.
- sign a Blue Advantage HMO agreement.

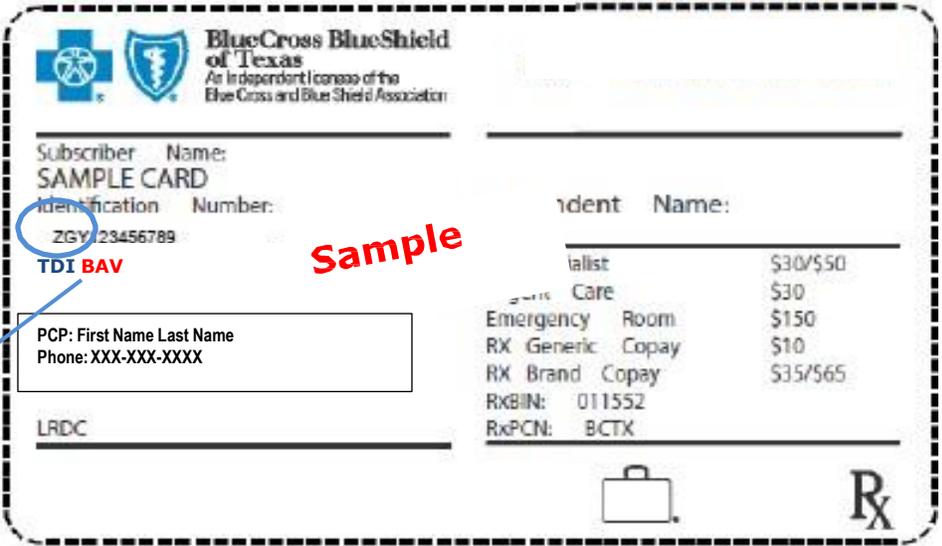
A provider who is contracted as a Blue Advantage HMO provider is considered in-network for Blue Advantage HMO and Blue Advantage Plus members.

Additionally, **Blue Advantage Plus HMO** members can choose to self-direct their care under their out-of-network benefits at a higher member cost share.

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

Blue
Advantage
HMO ID
Card
Sample

Network ID **BAV** = Blue Advantage HMO



Alpha Prefix Location (points to TDI BAV)

Network Value (points to BAV)

Sample (written in red)

Subscriber Name: SAMPLE CARD
 Identification Number: ZGV 23456789
 TDI **BAV**

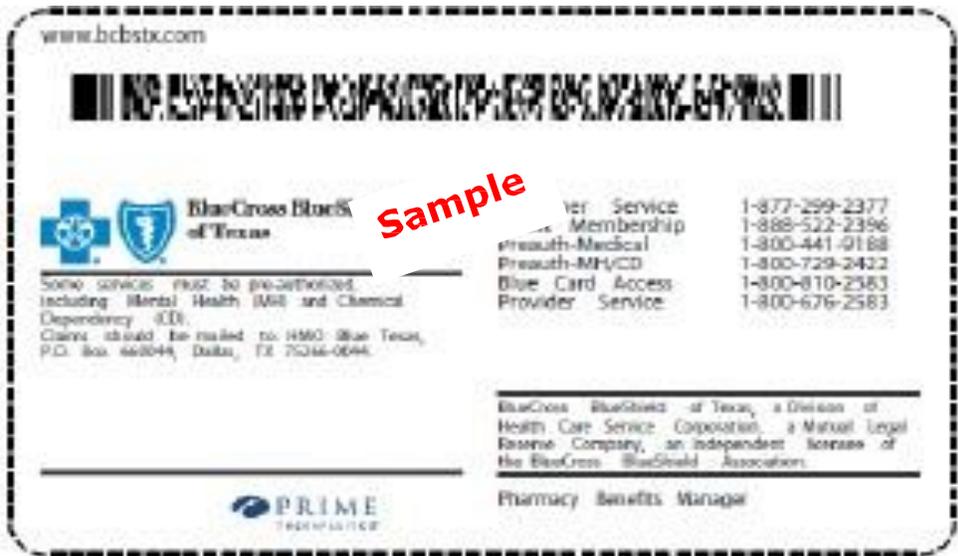
PCP: First Name Last Name
 Phone: XXX-XXX-XXXX

LRDC

Physician Name:
 Specialist: \$30/\$50
 Primary Care: \$30
 Emergency Room: \$150
 RX Generic Copay: \$10
 RX Brand Copay: \$35/\$65
 RxBIN: 011552
 RxPCN: BCTX

If **TDI** is present, subject to TDI rules and regulations.

Back



Sample (written in red)

www.bcbstx.com

Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD). Claims should be mailed to: HMO - Blue Texas, P.O. Box 668044, Dallas, TX 75266-0644.

Member Service: 1-877-299-2377
 Membership: 1-888-522-2396
 Health-Medical: 1-800-441-0188
 Health-MH/CD: 1-800-729-2422
 Blue Card Access: 1-800-810-2583
 Provider Service: 1-800-676-2583

BlueCross BlueShield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross BlueShield Association.

PRIME
 TRAVELER

Pharmacy Benefits Manager

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

Blue
Advantage
Plus HMO
ID Card
Sample

Network ID **BAV** = Blue Advantage Plus HMO

FRONT

TDI INDICATES FULLY INSURED MEMBER

ALPHA PREFIX

PRIMARY CARE PROVIDER (PCP) NAME & PHONE #



BlueCross BlueShield
of Texas

HMO Plus Blue Advantage HMO™

Member Name
ABC SAMPLE

Member ID
ABC123456789

Group No. 123456
Effective Date 01/01/18

PCP: JOHN SMITH MD
XXX-XXX-XXXX 02/01/2018

BIN
Rx PCN
Rx Generic Copay
Rx Brand Co-Ins
Rx Specialty Co-Ins
Emergency Room
PCP Copay
Specialist Copay

Rx 

DESIGNATES BLUE ADVANTAGE PLUS HMO PLAN

QUALIFIED HEALTH PLAN

NETWORK ID

BACK

Web Customer Service: www.bcbstx.com/BAM



Call for preauthorization prior to services, including, but not limited to, admissions, home health care, and specified outpatient services. Refer to your coverage documents for a full listing.
Caution: Confirm your provider is in your plan's network.
Go to www.bcbstx.com.
File MEDICAL CLAIMS with your local BCBS Plan.

 **PRIME**
Pharmacy Benefits Manager

Member Customer Service:
Pre-Authorization:
Behavioral Health:
24/7 Nurseline:

SAMPLE

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Updated 12-31-2024

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Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

Blue Premier Information

BCBSTX offers two HMO products to our employer groups under the names of **Blue PremierSM** and **Blue Premier AccessSM**. These two product offerings reflect our commitment to offer more choices and increase access to affordable and quality health care services for our members.

Providers who are contracted under the Blue Premier provider agreement are also in-network for Blue Premier Access.

Members must live or work within the network coverage area to enroll in this product

Austin	Bell, Hays, Travis and Williamson
Dallas/ Fort Worth	Collin, Dallas, Denton, Ellis, Johnson, Rockwall and Tarrant
Houston/ Beaumont	Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery and Orange
San Antonio	Atascosa, Bandera, Bexar, Comal, Guadalupe and Kendall

Blue Premier offers its members access to a select set of hospitals and providers within the county coverage area listed in the grid above. With this product, members must select a Primary Care Physician/Provider and referrals are required to see a specialist.

This product has a geographic restriction where the member must live or work within the network coverage area (listed in the grid above) to enroll into the Blue Premier product.

Blue Premier Access provides its members the freedom to choose their care without having to select a PCP or get a referral when seeing an **in-network** provider.

Like the Blue Premier product, Blue Premier Access has a geographic restriction where the member must live or work within the network coverage area (*listed in the grid above*) to enroll in the Blue Premier Access product.

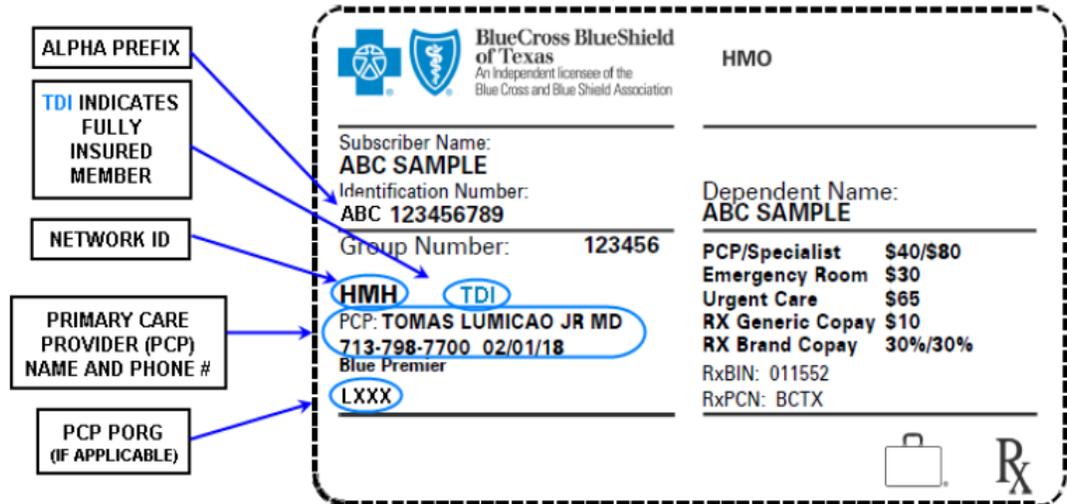
Blue Premier and Blue Premier Access appear on our *Provider Finder*[®] under their respective product names in the geographic areas listed above.

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

Blue
Premier
ID Card
Sample

Network ID **HMH** = Blue Premier

FRONT



ALPHA PREFIX points to the BlueCross BlueShield logo.

TDI INDICATES FULLY INSURED MEMBER points to the TDI label.

NETWORK ID points to the HMH label.

PRIMARY CARE PROVIDER (PCP) NAME AND PHONE # points to the PCP information.

PCP PORG (IF APPLICABLE) points to the LXXX label.

Subscriber Name: ABC SAMPLE
Identification Number: ABC 123456789
Group Number: 123456

Dependent Name: ABC SAMPLE

PCP/Specialist: \$40/\$80
Emergency Room: \$30
Urgent Care: \$65
RX Generic Copay: \$10
RX Brand Copay: 30%/30%

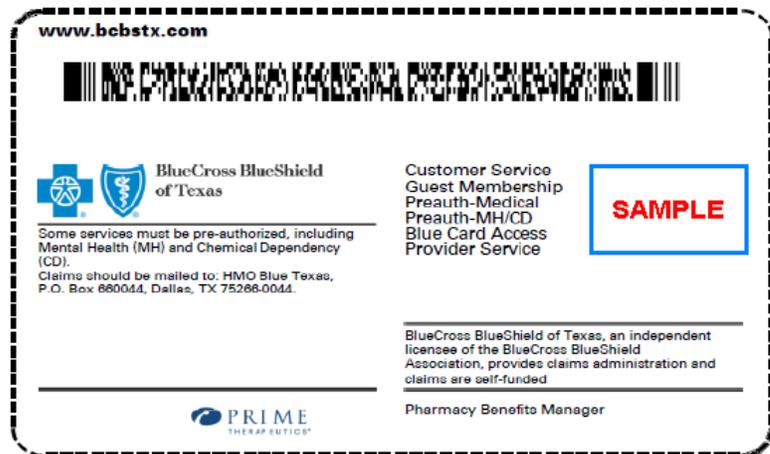
RxBIN: 011552
RxPCN: BCTX

HMO

PCP: TOMAS LUMICAO JR MD
713-798-7700 02/01/18
 Blue Premier

LXXX

BACK



www.bcbstx.com



BlueCross BlueShield of Texas

Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD).
 Claims should be mailed to: HMO Blue Texas, P.O. Box 680044, Dallas, TX 75268-0044.

Customer Service
 Guest Membership
 Preauth-Medical
 Preauth-MH/CD
 Blue Card Access
 Provider Service

SAMPLE

BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded.

PRIME THERAPEUTICS
 Pharmacy Benefits Manager

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

Blue
Premier
Access
ID Card
Sample

Network ID **HMH** = Blue Premier Access

FRONT

ALPHA PREFIX

TDI INDICATES MEMBER IS FULLY INSURED

NETWORK ID

INDICATES OPEN ACCESS PLAN NO PCP OR REFERRALS NEEDED WHEN USING BLUE PREMIER IN-NETWORK PROVIDERS



BlueCross BlueShield of Texas
An Independent licensee of the Blue Cross and Blue Shield Association

HMO

Subscriber Name:
ABC SAMPLE

Identification Number:
ABC123456789

Group Number: **123456**

Coverage Date: **10/01/17**

Member Effective: **10/01/17**

Dependent Name:
ABC SAMPLE

Office Visit
Emergency Room
Urgent Care
Rx Copay
Sp Rx
RxBIN: 011552
RxPCN: BCTX

SAMPLE

HMH TDI
Blue Premier Access
Open Access




BACK

www.bcbstx.com





BlueCross BlueShield of Texas

Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD).
Claims should be mailed to: Blue Cross Blue Shield of Texas, P.O. Box 680044, Dallas, TX 75266-0044.

Customer Service 1-877-368-2373

Guest Membership
Preauth-Medical
Preauth-MH/CD
Blue Card Access
Provider Service

SAMPLE

1-800-670-2963

BlueCross BlueShield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross BlueShield Association.

PRIME
THERAPEUTICS

Pharmacy Benefits Manager

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

Blue Premier Additional Information

This network is part of BCBSTX's efforts to meet its goal of increasing access and affordability of health care products to our members and the community that we serve. Making it easier for you and your staff to conduct business with us is equally important.

Out-of-Network Services

Blue Premier members do not have any out-of-network benefits. Blue Premier Access members; however, can choose to use an out-of-network provider; it may result in higher out-of-pocket expenses for the member.

As always, if there is a need to obtain covered emergency services, a member may access providers who are not part of the Blue Premier network.

If covered services are not available from participating providers within the access requirements established by law and regulation, Blue Premier and Blue Premier Access will allow a referral to an out-of-network provider, but the following will apply:

- The referral request must be from a participating provider.
 - Reasonably requested documentation must be received by BCBSTX
 - The referral must be provided within an appropriate time, not to exceed five business days, based on the circumstances and your condition.
 - When BCBSTX allows a referral to an out-of-network provider, BCBSTX will reimburse the provider at the usual and customary rate or otherwise agreed rate, less the applicable copayment(s), coinsurance and/or any deductible. Member is responsible only for the copayment(s), coinsurance and/or deductible for such covered services. Before BCBSTX approves or denies a referral, a review will be conducted by a specialist of the same or similar specialty as the type of provider to whom a referral is requested.
 - Also, court-ordered dependents living outside the service area may visit out-of-network.
-

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

MyBlue Health Information

MyBlue Health is a focused HMO network currently in Bexar, Cameron, Comal, Collin, Dallas, Denton, El Paso, Harris, Hidalgo, McLennan, Rockwall, Tarrant, Travis and Williamson counties only.

Effective Jan. 1, 2025, MyBlue Health is expanding to Jefferson and Nueces counties.

All members in the counties noted will access care through providers contracted in the MyBlue Health network. MyBlue Health members will be required to select a Primary Care Provider.

Note: Depending on the plan, some MyBlue Health members may choose a [Select PCP](#) based on their benefits which may result in a lower copayment for PCP office visits as indicated in the schedule of copayments and benefit limits.

Included in the **MyBlue Health** network, members will have access to Innovista Medical Centers in **Dallas and Harris county only**, which will serve as a one-stop shop for the member's primary care. They are designed to give patients more time face-to-face with their medical care teams and to spend less time on the logistics of getting care. Some of the features of these medical centers include:

- In-network benefits for Innovista Medical Centers
- Extended hours for working families
- Benefits coordination with your medical care team

Members covered by **MyBlue Health** can be identified through their BCBSTX ID card:

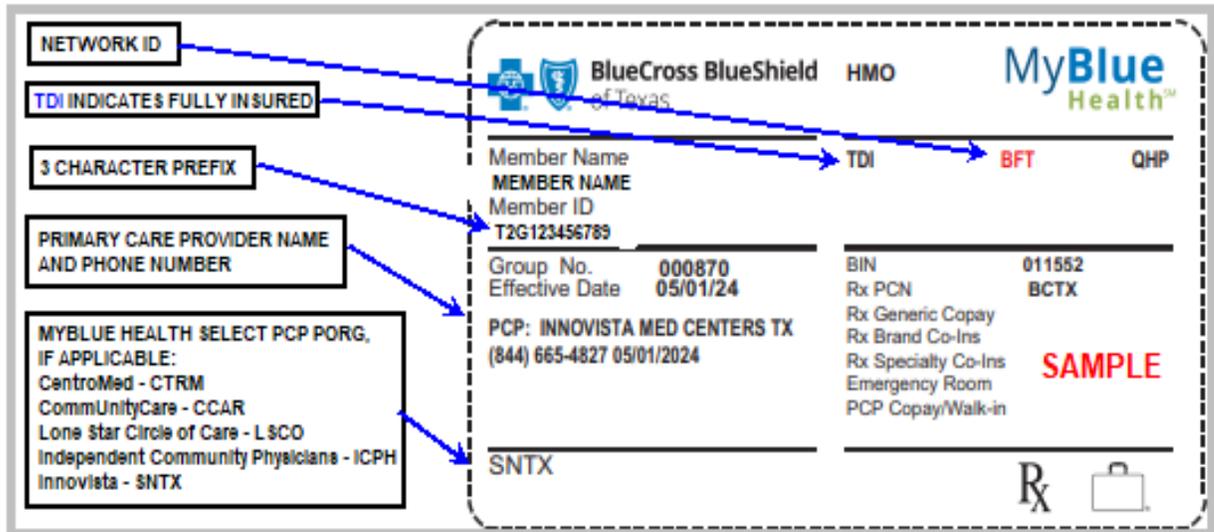
- **MyBlue Health** will be printed directly on the ID card
 - **MyBlue Health** members will have a unique network ID: **BFT**
 - The 3-character prefix is on the ID card: **T2G**
 - Members selecting any Select PCP will have the group name on ID Cards, not individual PCPs in the group
-

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual Roles and Responsibilities - Networks and ID cards

MyBlue
Health
ID Card
Sample

Network ID **BFT**= MyBlue Health

FRONT



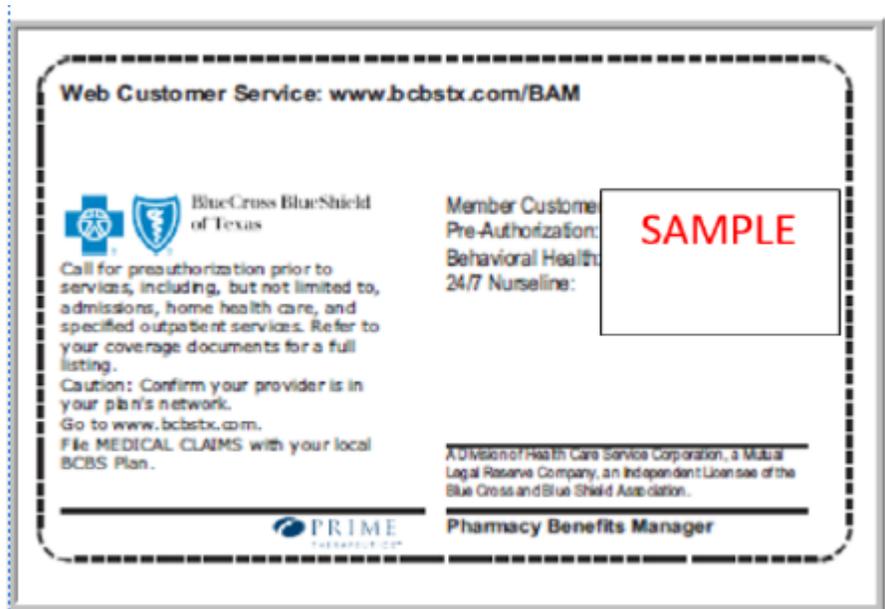
The image shows the front of a MyBlue Health ID card with several callout boxes pointing to specific fields:

- NETWORK ID:** Points to the 'T2G' prefix in the Member ID 'T2G123456789'.
- TDI INDICATES FULLY INSURED:** Points to the 'BFT' network code.
- 3 CHARACTER PREFIX:** Points to the 'BFT' network code.
- PRIMARY CARE PROVIDER NAME AND PHONE NUMBER:** Points to the PCP information: 'PCP: INNOVISTA MED CENTERS TX (844) 665-4827 05/01/2024'.
- MYBLUE HEALTH SELECT PCP PORG, IF APPLICABLE:** Points to the 'SNTX' code at the bottom left.

Other visible information on the card includes:

- BlueCross BlueShield of Texas logo and 'HMO' text.
- Member Name: MEMBER NAME
- Member ID: T2G123456789
- Group No. 000870, Effective Date 05/01/24
- PCP: INNOVISTA MED CENTERS TX (844) 665-4827 05/01/2024
- BIN 011552, Rx PCN BCTX
- Rx: Generic Copay, Rx Brand Co-Ins, Rx Specialty Co-Ins, Emergency Room, PCP Copay/Walk-in
- Pharmacy icon (Rx) and a briefcase icon.
- Red 'SAMPLE' watermark.

BACK



The back of the ID card contains the following information:

- Web Customer Service: www.bcbstx.com/BAM
- BlueCross BlueShield of Texas logo.
- Call for preauthorization prior to services, including, but not limited to, admissions, home health care, and specified outpatient services. Refer to your coverage documents for a full listing.
- Caution: Confirm your provider is in your plan's network.
- Go to www.bcbstx.com.
- File MEDICAL CLAIMS with your local BCBS Plan.
- Member Customer Pre-Authorization: Behavioral Health: 24/7 Nurseline: [Redacted]
- Red 'SAMPLE' watermark.
- PRIME logo.
- Pharmacy Benefits Manager.
- Small text at the bottom: A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX.

BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third-party vendors such as Availity.