

BlueCard® Program Tutorial

Eligibility and Benefits

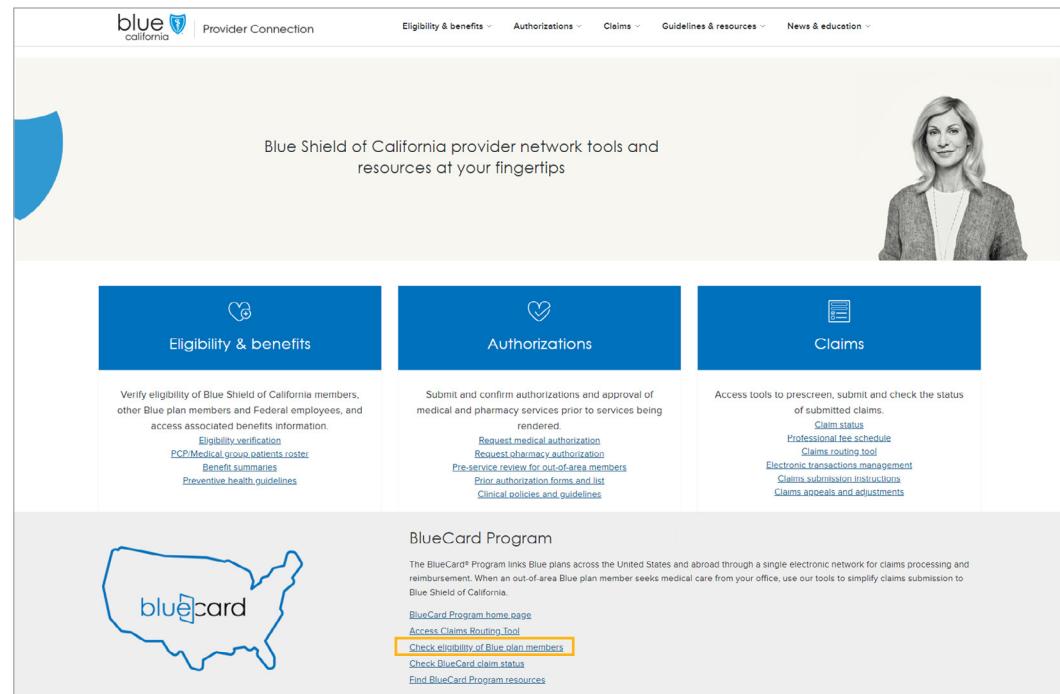
Blue Shield of California's Provider Connection site provides secure, reliable access to up-to-date eligibility and benefits information for out-of-state Blue plan members.

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

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

Provider Connection home page

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



blue California 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

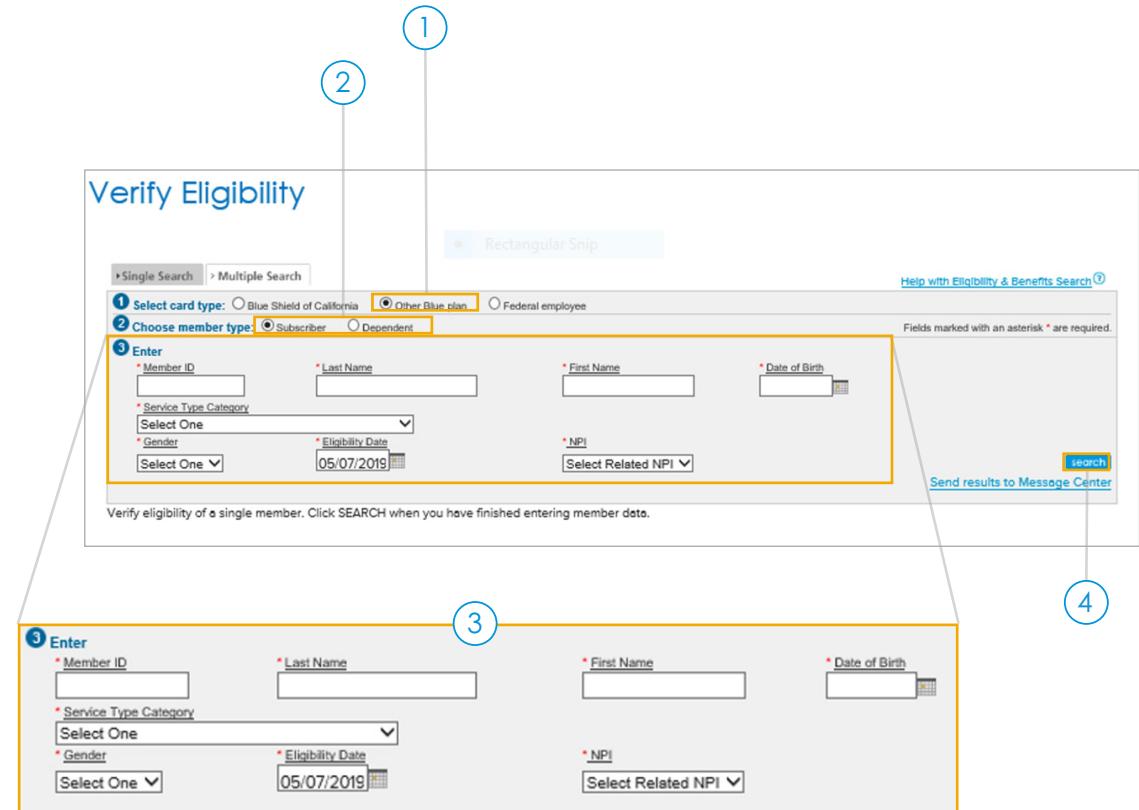
The BlueCard® Program links Blue plans across the United States and abroad through a single electronic network for claims processing and reimbursement. When an out-of-area Blue plan member seeks medical care from your office, use our tools to simplify claims submission to Blue Shield of California.

[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 diagram illustrates the 'Verify Eligibility' page with four numbered steps:

- 1 Select card type: Blue Shield of California Other Blue plan Federal employee
- 2 Choose member type: Subscriber Dependent
- 3 Enter:
 - * Member ID: [Text Box]
 - * Last Name: [Text Box]
 - * First Name: [Text Box]
 - * Date of Birth: [Text Box]
 - * Service Type Category: [Select Box] Select One
 - * Gender: [Select Box] Select One
 - * Eligibility Date: [Text Box] 05/07/2019
 - * NPI: [Text Box] Select Related NPI
- 4 Click **Search** [Search Button] Send results to Message Center

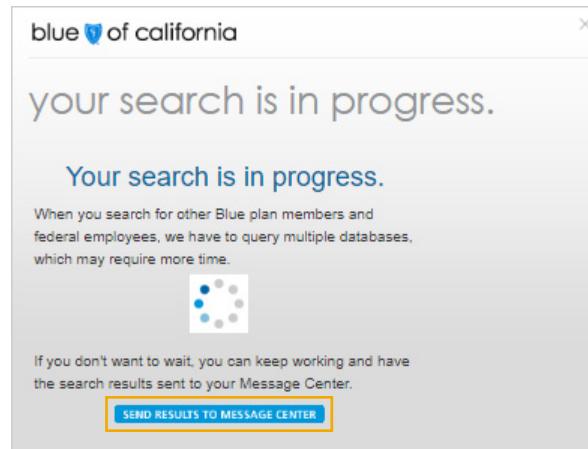
Verify eligibility of a single member. Click SEARCH when you have finished entering member data.

“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

3 Enter

* Member ID AAA123456789	* Last Name Patient	* First Name Jane	* Date of Birth 8/14/1976
* Service Type Category Physician Services >	* Eligibility Date 9/1/2010	* Service Type Professional (Physician) Visit - Office	
* Gender Female		* NPI 2211221122	

[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

3 Enter

Member ID AAA123456789	Last Name Patient	First Name Jane	Date of Birth 8/14/1976
Service Type Category Physician Services >	Gender Female	Eligibility Date 9/1/2010	Service Type Professional (Physician) Visit - Office
*NPI 2211221122		*Date of Birth 8/14/1976	

[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 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

Member Information		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	DOB 08/14/1976	Member ID AAA123456789	Subscriber Last Name Patient
Relationship to Subscriber Self	Gender Female	Subscriber Address	
Coverage - 09/01/2010 - Present			
Insurance Type Preferred Provider Organization (PPO)	Status Active Coverage	Coverage Description PPO - PREFERRED BLUE PPO DEDUCTIBLE	Messages
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	Subscriber ID	Plan Name	Coverage Level					
Jane Patient ▾	AAA123456789	Preferred Provider Organization (PPO)	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	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.

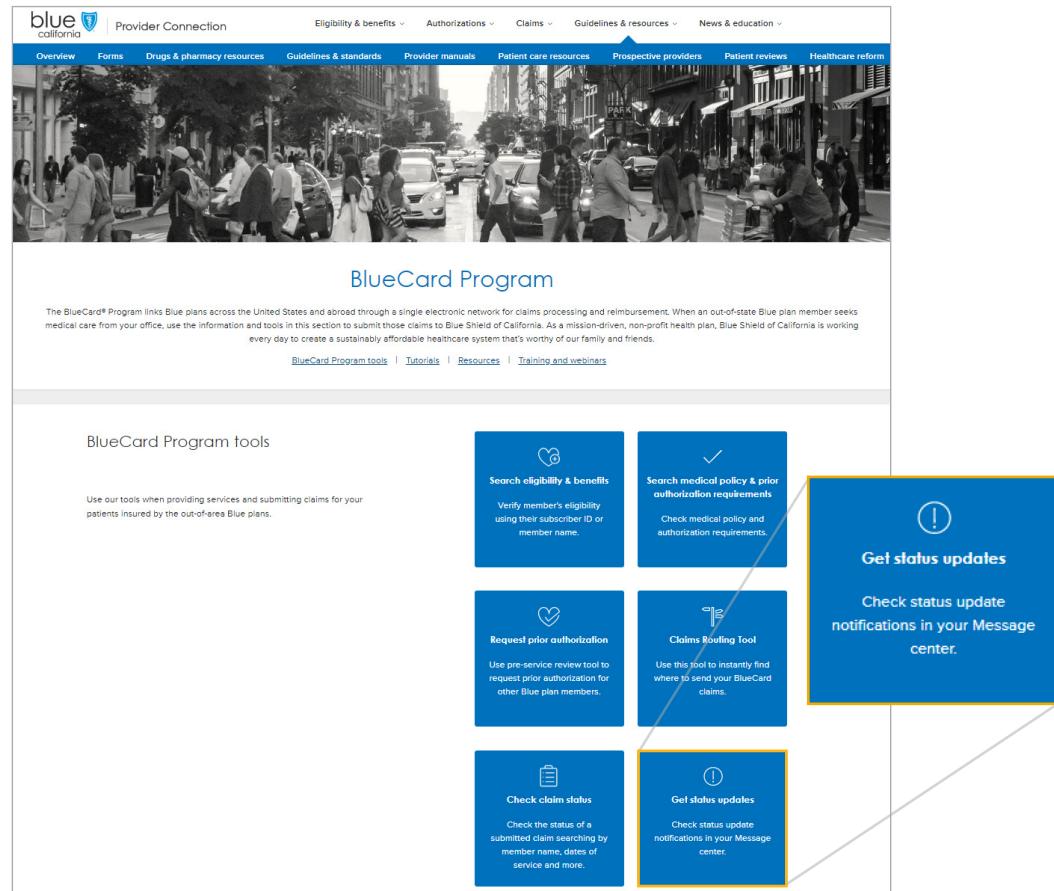
Benefit Disclaimer

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.**



The screenshot shows the bluecalifornia Provider Connection website. At the top, there's a navigation bar with links like Overview, Forms, Drugs & pharmacy resources, Guidelines & standards, Provider manuals, Patient care resources, Prospective providers, Patient reviews, and Healthcare reform. Below the navigation is a large black and white photograph of a busy city street with people walking and cars. Underneath the photo, the text "BlueCard Program" is displayed. A detailed description follows: "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." Below this text are links to "BlueCard Program tools", "Tutorials", "Resources", and "Training and webinars". The main content area is titled "BlueCard Program tools" and contains six tool descriptions arranged in a grid:

- Search eligibility & benefits**: Verify member's eligibility using their subscriber ID or member name.
- Request prior authorization**: Use pre-service review tool to request prior authorization for other Blue plan members.
- Check claim status**: Check the status of a submitted claim searching by member name, dates of service and more.
- Search medical policy & prior authorization requirements**: Check medical policy and authorization requirements.
- Claims Routing Tool**: Use this tool to instantly find where to send your BlueCard claims.
- Get status updates**: Check status update notifications in your Message center.

A callout box with a yellow border highlights the "Get status updates" tool, which is also outlined in yellow. The text inside the callout box reads: "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, - AAA123444111
<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 - AAA123333445
<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: Call the Medical Management 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 1505
Red Bluff, CA 96080-1505

Your online resources for:

- [Member eligibility](#)
- [Authorization requests](#)
- [Claims status](#)

