

# Blue Essentials<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup> and MyBlue Health<sup>SM</sup> 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**

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### **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.

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### **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.

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### **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  
**HHM** = 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

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Subscriber Name:  
**ABC SAMPLE**

Identification Number:  
**ZGZ123456789**

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

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

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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 1-877-208-2377

Guest Members 396


Preauth-Medical 188

Preauth-MH/CD 422

Blue Card Access 583

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.



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.

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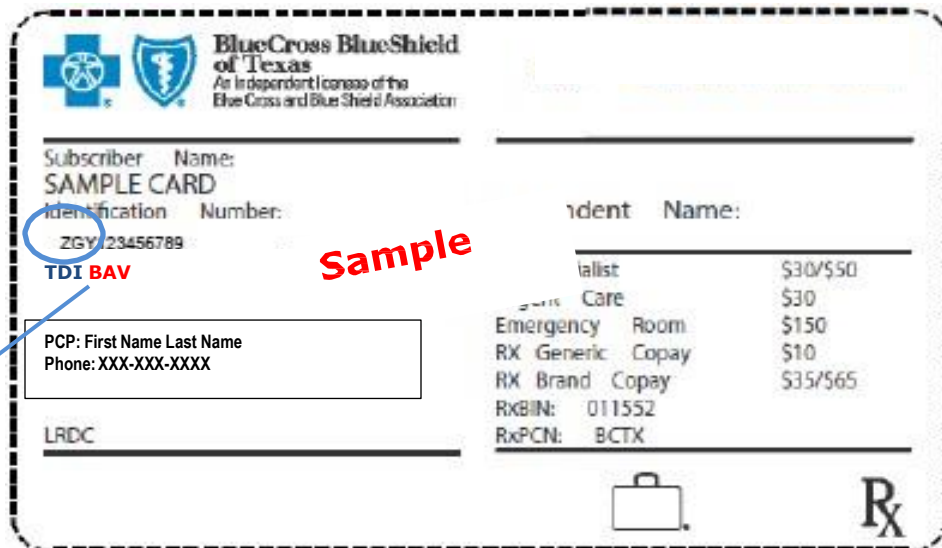
# Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

Blue  
Advantage  
HMO ID  
Card  
Sample

Network ID **BAV** = Blue Advantage HMO

Alpha Prefix  
Location

Network  
Value





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

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

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

LRDC

Ident 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



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 66044, Dallas, TX 75266-0444.

Member Service 1-877-299-2377  
Membership 1-888-522-2396  
Preauth-Medical 1-800-441-0188  
Preauth-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 Blue Cross BlueShield Association.

 **PRIME**  
TRANSLATOR

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

TDI

**BAV**

QHP

DESIGNATES BLUE ADVANTAGE PLUS HMO PLAN

QUALIFIED HEALTH PLAN

NETWORK ID

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

**SAMPLE**

Rx 

**BACK**

Web Customer Service: [www.bcbstx.com/BAM](http://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](http://www.bcbstx.com).

File MEDICAL CLAIMS with your local BCBS Plan.


Member Customer Service:

Pre-Authorization:

Behavioral Health:

24/7 Nurseline:

**SAMPLE**



PRIME

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Pharmacy Benefits Manager



## 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 Premier<sup>SM</sup>** and **Blue Premier Access<sup>SM</sup>**. 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

<b>Austin</b>	Bell, Hays, Travis and Williamson
<b>Dallas/ Fort Worth</b>	Collin, Dallas, Denton, Ellis, Johnson, Rockwall and Tarrant
<b>Houston/ Beaumont</b>	Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery and Orange
<b>San Antonio</b>	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<sup>®</sup>* 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		BlueCross BlueShield of Texas <small>An independent licensee of the Blue Cross and Blue Shield Association</small>	HMO
TDI INDICATES FULLY INSURED MEMBER	Subscriber Name: <b>ABC SAMPLE</b>	Identification Number: <b>ABC 123456789</b>	Dependent Name: <b>ABC SAMPLE</b>
NETWORK ID	Group Number: <b>123456</b>	<b>HMH</b> <b>TDI</b>	PCP/Specialist \$40/\$80 Emergency Room \$30 Urgent Care \$65 RX Generic Copay \$10 RX Brand Copay 30%/30% RxBIN: 011552 RxPCN: BCTX
PRIMARY CARE PROVIDER (PCP) NAME AND PHONE #	PCP: <b>TOMAS LUMICAO JR MD</b> <b>713-798-7700 02/01/18</b> Blue Premier	<b>LXXX</b>	
PCP PORG (IF APPLICABLE)			

## BACK

<a href="http://www.bcbstx.com">www.bcbstx.com</a>	
	
 <p>BlueCross BlueShield of Texas</p> <p>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 660044, Dallas, TX 75266-0044.</p>	<p>Customer Service Guest Membership Preauth-Medical Preauth-MH/CD Blue Card Access Provider Service</p> <p><b>SAMPLE</b></p>
<p>BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded</p> <p> <b>PRIME</b> THERAPEUTICS</p> <p>Pharmacy Benefits Manager</p>	

# 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

**HMH** **TDI**


Blue Premier Access  
Open Access


SAMPLE

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

1-877-368-2373  
**SAMPLE**  
1-800-970-2963



PRIME  
Pharmacy

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**

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

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### 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:

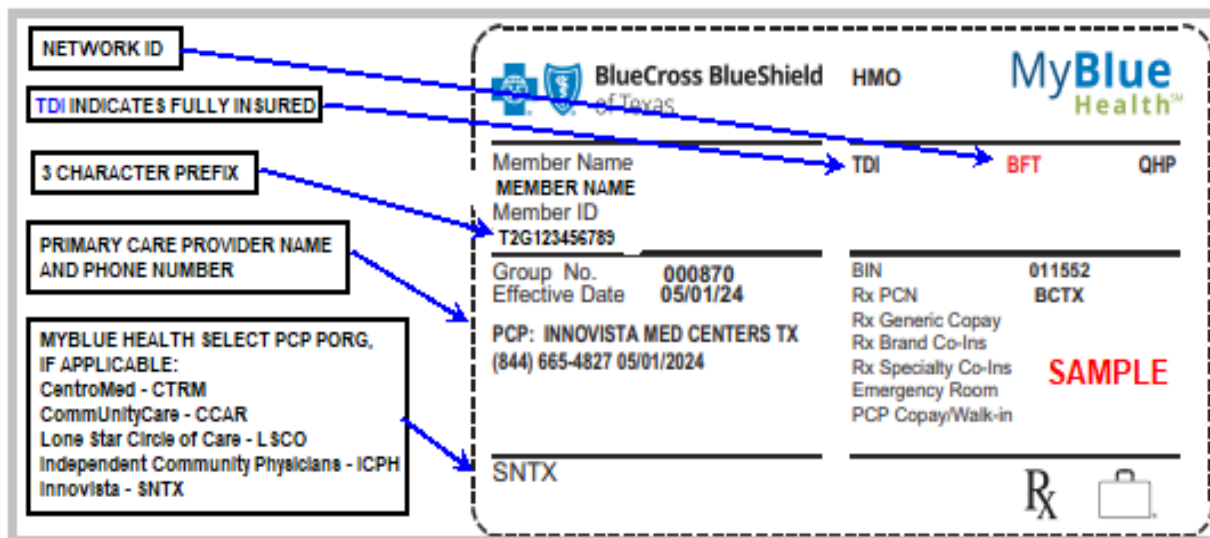
- **MyBlue Health** will be printed directly on the ID card
  - **MyBlue Health** members will have a unique network ID: **BFT**
  - The 3-character prefix is on the ID card: **T2G**
  - Members selecting any Select PCP will have the group name on ID Cards, not individual PCPs in the group
-

# 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. On the left, there are five callout boxes with arrows pointing to specific fields on the card:

- NETWORK ID** points to the 'T2G' prefix of the Member ID.
- TDI INDICATES FULLY INSURED** points to the 'BFT' Network ID.
- 3 CHARACTER PREFIX** points to the 'T2G' prefix of the Member ID.
- PRIMARY CARE PROVIDER NAME AND PHONE NUMBER** points to the 'PCP: INNOVISTA MED CENTERS TX (844) 665-4827 05/01/2024' field.
- MYBLUE HEALTH SELECT PCP PORG, IF APPLICABLE:** points to the 'SNTX' field.

The card itself contains the following information:

- BlueCross BlueShield of Texas** logo and **MyBlue Health** logo.
- HMO** plan type.
- Member Name** and **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**.
- Network ID**: BFT.
- QHP** (Qualified Health Plan) indicator.
- SAMPLE** (red text).
- Rx** icon.

**BACK**



The image shows the back of the MyBlue Health ID card. It 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:** (with a red 'SAMPLE' box).
- PRIME** logo.
- Pharmacy Benefits Manager**.
- 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.