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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Health care providers who are contracted/affiliated with a capitated Medical Group must contact the Medical Group for instructions regarding referral and preauthorization 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.

The Blue Cross and Blue Shield of Texas (BCBSTX) member’s identification card (ID card) provides information concerning eligibility and contract benefits and is essential for successful claims filing. Each member/subscriber receives an identification card (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 Primary Care Physician/Provider (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

**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.
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:
- **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 (ID) 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.
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.

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 and Blue Essentials Access
- **HMH** = Blue Premier & Blue Premier Access
- **BFT** = MyBlue Health

Much of the information you will need is printed on the front and back side of your patient’s ID card. Please note the Copay amount is on the front of the ID card. If you have questions, call:

**Blue Essentials Provider Customer Service:** 1-877-299-2377
**Blue Advantage HMO Provider Customer Service:** 1-800-451-0287
**Blue Premier Provider Customer Service:** 1-800-876-2583
**MyBlue Health Provider Customer Service:** 1-800-451-0287

Texas Department of Insurance (TDI) Requirements

The Texas Department of Insurance (TDI) requires carriers to identify 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.
Blue Essentials is an HMO network. Providers who have existing HMO Blue Texas agreements, those agreements will remain in effect under the Blue Essentials name.

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

Additionally, the Blue Essentials Access benefit plan option was effective January 1, 2017. This benefit plan option allows "open access" within the Blue Essentials provider network where PCP selection and referrals are NOT required. All other HMO requirements remain unchanged. The Blue Essentials Access plan is designed to:

- Allow the member the benefit option of “open access” within the Blue Essentials provider network where PCP selection and referrals are NOT required.
- Help manage costs and enable flexibility and customization, to include features like predefined deductibles, coinsurance, and copayments for certain health care services
- Provide member's access to the statewide Blue Essentials network.
Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

HMO = Blue Essentials

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

HMO = Blue Essentials Access

**Front**

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Updated 09-23-2019
Blue Advantage HMO and Blue Advantage Plus HMO - Information

BCBSTX launched the Blue Advantage HMO and Blue Advantage Plus HMO network effective January 1, 2014, in all 254 Texas counties. The development of 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.

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 (BAV) ID Card Sample

**BAV** = Blue Advantage HMO

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

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

**BAV** = Blue Advantage Plus HMO

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In 2016, BCBSTX began offering two HMO products to our employer groups under the names of Blue Premier™ and Blue Premier Access™ (Blue Premier). These two product offerings reflect our commitment to offer more choices and increase access to affordable and quality health care services for our members.

Blue Premier was effective Jan. 1, 2016. Members must live or work within the network coverage area to enroll in this product.

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<td><strong>Dallas/Fort Worth</strong></td>
<td>Collin, Dallas, Denton, Ellis, Johnson, Rockwall and Tarrant</td>
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<tr>
<td><strong>Houston/Beaumont</strong></td>
<td>Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery and Orange</td>
</tr>
<tr>
<td><strong>San Antonio</strong></td>
<td>Atascosa, Bandera, Bexar, Comal, Guadalupe and Kendall</td>
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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 (PCP) 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 the same county coverage (listed in the grid above) as Blue Premier but gives 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. There is a geographic restriction with this product, so member must live or work within the network coverage area to enroll in this product.
Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

HMH = Blue Premier

Blue Premier ID Card Sample

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www.bluecrossblueshieldoftexas.com

Updated 09-23-2019
Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

**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

**BACK**

- **wWw.bcbstx.com**
- **Customer Service**
- **Sample**

- **Blue Cross Blue Shield of Texas**
- **Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD).**
- **Coding should be mailed to Blue Cross Blue Shield of Texas, P.O. Box 800044, Dallas, TX 75280-0044.**

- **Prime**
- **Prime SSI1766813 Manager**
Patient eligibility and benefits should be verified before every scheduled appointment. Eligibility and benefit quotes include membership verification, 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.

Our growing portfolio of product offerings 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.
Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

Out-of-Network Services, cont.

- 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.

MyBlue Health Information

BCBSTX has developed a new focused HMO network called MyBlue Health effective January 1, 2020, in Dallas and Harris counties only. MyBlue Health members in these areas will access care through providers contracted in the MyBlue Health network. MyBlue Health members will be required to select a Primary Care Provider (PCP).

Included in the MyBlue Health network, members will have access to Sanitas Medical Centers 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 Sanitas Medical Centers starting in 2020
- 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 Sanitas as their PCP will have the Physician Organization Code (PORG) of SNTX
Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Networks and ID cards

MyBlue Health
ID Card Sample

BFT = MyBlue Health

FRONT

BACK

SAMPLE