



Identifying BCBSKS Members

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I. Identification Card

The Blue Cross and Blue Shield of Kansas identification card provides important information that health care providers need to know in order to file a claim.

As of January 1, 2009, the BCBSKS ID card will have a new design. Information on the card will be simple to find and easier to understand.

Each of the 38 independent Blue Cross and Blue Shield Plans collaborated on the new design, meaning 100 million Blue Plan members across the country will carry the same, recognizable card.

Please take a moment to learn more about our new member ID cards by going to this link
http://www.bcbsks.com/Customerservice/Providers/news/2008/100308_NewIDCards.htm.

The front of the card contains information that lets health care providers know the type of coverage members have. It also gives a brief description of the out-of-pocket amounts specific to that program.

The back of the card gives important phone numbers, and our postal mailing address and Web site address.

Members receive an updated ID card whenever their benefits change or Blue Cross and Blue Shield of Kansas information on the card changes.

The identification number for BCBSKS members includes:

3 character alpha prefix plus
9 digit randomly selected number

BCBSKS Plan Specific alpha prefixes:

XSA – BCBS of Kansas Traditional
XSB – BCBS of Kansas Blue Choice groups
XSC – BCBS of Kansas Blue Choice
XSM – BCBS of Kansas Medigap members
XSV – BCBS of Kansas Value Blue members

BCBSKS Group specific alpha prefixes:

ARX – AirXcel
FLY – Cessna
HEH – Harris Enterprises
IPH – Pizza Hut
KGS – ONEOK
KSE – State of Kansas
LSR – LSF5 COI Holdings
PHF – Pizza Hut
RAO – Raytheon Aircraft
TOE – City of Topeka
TSF – The Saint Francis Academy

II. Common Law Spouses

In Kansas, three factors are necessary to have a common law marriage:

- a. The capacity to be married
- b. A present agreement that they are married
- c. Presentation to the community as husband and wife

Proof of consistent representation of marriage, including representation to the Internal Revenue Service, is necessary for recognition by BCBSKS.

III. Handicapped Dependent

- A child may be covered as a handicapped dependent if
- a. They were covered under the contract upon reaching the maximum age limit of the contract; and
 - b. Was incapable of self-support due to a severe handicap resulting from a physical condition or a nervous or mental condition prior to reaching the age limit of the contract.

There are very specific qualification guidelines. The member needs to be in contact with the customer service center (or in some case the group) for complete details.

If you have information that an over-age dependent child is eligible for handicapped benefits, you should bill your charges in the same manner as if the child were still under the age limit of the contract.

IV. Children By Adoption

- a. According to the Child Welfare Division of the State of Kansas, initial adoption papers are not signed until the child has been in the home for a designated period of time. This time frame is established by the individual adoption agency and may vary from agency to agency. However, a contract is always drawn up between the adopting parents and the adoption agency. If it is the intent of the people to adopt the child, the contract usually obligates them to provide all necessities for the child during this trial period.
- b. This contract is considered to be the initial adoption paper as far as BCBSKS's policy on covering adopted children is concerned. The adopting parents are then assuming full financial responsibility. Coverage begins under the adopting parent's contract at such time as they become financially responsible for the child.

V. Affidavit Dependents

Although BCBSKS contracts restrict coverage of dependents to children by “birth or adoption,” exceptions may be made for children who are in fact part of the member’s family, though not adopted.

These cases are handled on an individual basis as specified by the group. The member would need to contact our office to obtain the necessary information required before consideration can be made.

Eligibility of affidavit dependents is reverified annually.

VI. Birth Mothers (including surrogate mothers)

Kansas Senate Bill 431 mandates that coverage be available under a family contract for obstetrical expenses of a birth mother (including surrogate mothers) when petition to adopt a child is filed within 90 days of the child's birth date.

This legislation is applicable to all local BCBSKS contracts and to national account contracts in which Kansas is the control plan. It is not applicable to national accounts in which Kansas is not the control plan, to the Federal Employee Program, or to contracts for which we offer administrative services only (ASO). (ASO contracts are defined as self-insured programs with our company providing the administrative services such as issuance of ID cards and processing claims.) ASOs may elect to offer this benefit option but are not required to do so.

Coverage for a birth mother would be identical to maternity benefits that would have been available had the adopting mother actually delivered. This includes deductibles, coinsurance, enforcement of waiting periods, coordination of benefits, etc. The birth mother would be subject to her own individual deductible and coinsurance as would any other eligible member under a family membership.

To determine the applicability of Senate Bill 431 to an individual member's contract, contact our customer service center.

The claim for a birth mother would need to be submitted on paper using a UB-04/837I. It needs to be clearly marked as a BIRTH MOTHER CLAIM and mailed to our

Topeka office, attention special services department, cost center 250. Or, FAX the claim directly to that department at:

FAX# - (785) 291-6393

In many adoption cases, the identity of the persons involved is confidential information. It is suggested that instead of including the birth mother's true name on the claim that you merely show the patient's name as BIRTHMOTHER.

Also when payment appears on the BCBSKS remittance advice, the actual patient's name will NOT be reflected. We will include the patient account number if reported on your claim.

VII. Administrative Services Only (ASO) Groups

Within the manual there are references to ASO groups. ASO groups are defined as self-insured programs with BCBSKS providing the administrative services such as issuance of ID cards and processing claims.