

Reminders About Authorization Inquiries for Other Blue Cross Blue Shield Plans

To streamline our review process, we want to remind you of the proper procedures for handling authorizations for members outside of the Florida Blue or Truli for Health plans.

Identifying Out-of-State (OOS) Members

If you are presented with a member ID number that does not follow one of the formats listed below, it is likely for an OOS member who has a plan other than Florida Blue or Truli for Health.

- Florida Blue member ID cards typically have a 3-digit alpha prefix, followed by "H" and eight numbers (e.g., XXXH12345678).
- Florida Blue Federal Employee Program® (FEP) members have an "R" prefix followed by eight digits (e.g., R12345678).
- Truli for Health members have the alpha prefix "THT," followed by "H" and eight numbers (e.g., THTH12345678).

For additional assistance in identifying the correct plan, you can also use our Prefix Lookup Tool. Visit [FloridaBlue.com](https://www.floridablue.com) and select the *For Providers*. Navigate to *Medical & Pharmacy Policies*, then click *Medical Policy, Pre-Certification, Pre-Authorization*. Once there, select the pre-certification option and enter the prefix to be routed to the proper plan.

Authorization Steps for OOS Members

For authorization requests for OOS members, please **do not** call the Florida Blue Utilization Management call center. Instead, you should complete one of the options below:

- Call the other Blue Cross Blue Shield plan directly using the number on the back of the member ID card.
- Contact the BlueCard Provider Customer Service team at 1-800-676-2583 to be routed to the correct customer service area.

By following these guidelines, we can ensure a more efficient review process for all members.