

Update: Reminder: Bill with correct contract number and prefix as Medicare Plus Blue members migrate to NASCO

We updated an earlier alert as follows: Under the heading “Determine the correct prefix and contract number”, we changed step 5 to show that you should enter the necessary information, including the date of service.

Before submitting claims for Medicare Plus Blue members, be sure to check our provider portal (availability.com*) to determine each member’s contract number and prefix for the date of service being billed.

Here’s why: Medicare Plus Blue members with individual plans and select non-key groups (smaller groups) will migrate to NASCO in January 2025. This means that on Jan. 1:

- The prefix will change for all these members.
- The contract number will also change for some of these members.

Billing with the new prefixes and contract numbers for dates of service before Jan. 1, 2025, will result in denied claims.

Determine the correct prefix and contract number

To help ensure that the claims you submit for these members won’t be denied, use our provider portal to determine the correct prefix and contract number for the date of service:

1. Log in to our provider portal (availability.com*).
2. Click *Patient Registration*.
3. Select *Eligibility and Benefits Inquiry*.
4. In the Provider drop-down menu, select the provider.
5. Enter the necessary information, including the date of service.
6. In the *As of Date* field, enter the date of service.

Important: The *As of Date* field defaults to the current date. You must change it to the actual date of service to view the correct prefix and contract number.

7. Select the *Benefit/Service Type*.
8. Click *Submit*.

Availability EssentialsTM will return the correct prefix and contract number. **Be sure to use this prefix and contract number for the date of service being billed.**

Electronic billing

When submitting electronic 837 claims, for the Claim Filing Indicator Code:

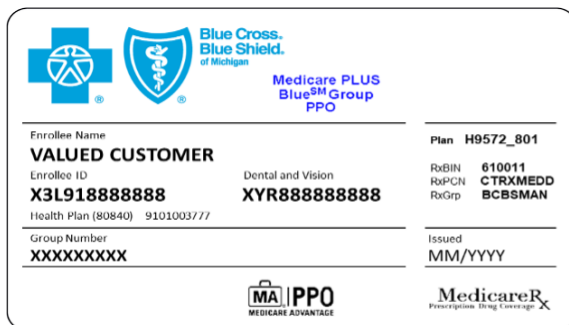
- **Use MA or MB**, which identifies the claim as a Medicare Plus Blue claim
- **Don't use:**
 - BL, which is for Blue Cross commercial
 - HM, which is for BCN commercial and BCN Advantage

Member ID cards

We're also issuing new member ID cards with a new alphanumeric prefix, de-identified ID number and nine-digit group number for Medicare Plus Blue members on the NASCO system. Members will receive the new cards when their plan is migrated to NASCO.

The new prefix (X3L) and, as applicable, the new contract number, shown on these cards won't be in effect until Jan. 1, 2025.

Here's what the new group ID cards look like:



More information

In an October 2023 *Record* [article](#), we notified you that Blue Cross Blue Shield of Michigan is updating its internal processes in preparation for moving its Medicare Plus Blue membership to the NASCO operating system. The migration began in January 2024, is occurring in phases and affects only Medicare Plus Blue provider claims.

Refer to the article for additional information about the migration.

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