



# Alert: **UT CARE** Member ID Number Update

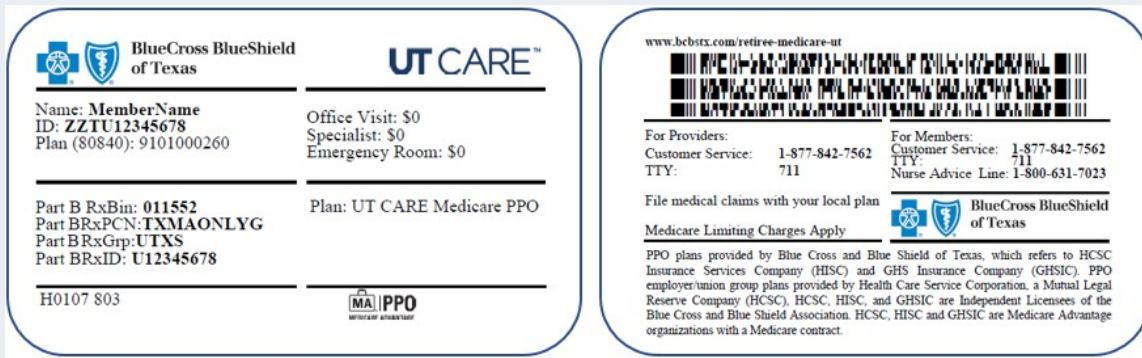
**UT CARE is an open access PPO plan for Medicare-eligible retirees of the University of Texas System and their Medicare-eligible dependents.**

**The plan went into effect on Jan. 1, 2023. Be sure to check all UT CARE members' ID cards for their new ID number.**

## **New UT CARE member ID numbers**

Replace the patient's previous member ID number with the new UT CARE number in your records. Use the entire member ID number, including the ZZT prefix and a "U" followed by numbers, to verify benefits and successfully process claims. No group number is needed.

The front of a UT CARE member ID card has "UT CARE" in the top right corner. Replace the patient's previous member ID number with the new UT CARE number in your records. Use the entire member ID number, including the ZZT prefix and a "U" followed by numbers, to verify benefits and successfully process claims. No group number is needed.



## ID CARD QUICK REFERENCE

**Customer Service:** 1-877-842-7562

**Member ID Number:** The prefix is ZZT. Be sure to list the “U” in front of the numbers.

**Group #:** No Group number is on the ID card. It’s not needed for billing or to verify benefits.



## What you need to know about open access plans

UT CARE is a Blue Cross and Blue Shield of Texas (BCBSTX) retiree group Medicare Advantage Open Access PPO plan. Open access plans are national plans without network restrictions.

- Members’ coverage levels are the same inside and outside their plan service area nationwide for covered benefits.
- Referrals aren’t required for office visits.
- Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSTX.
- You may treat UT CARE Medicare PPO members if you are a Medicare provider, regardless of your contract or network status with BCBSTX. The only requirement is that you accept Medicare assignment and will submit the claims to BCBSTX or your local Blue Cross and Blue Shield (BCBS) plan.
  - For reimbursement, follow the instructions on the member’s ID card and file the claims with BCBSTX. Medicare Advantage-contracted providers receive their contracted rate.
  - Medicare providers who are not contracted for Medicare Advantage with any BCBS plan receive the Medicare-allowed amount for covered services less any member cost-share.

- **For eligibility, prior authorization or claims inquiries, use Availity<sup>®</sup> Essentials or call 1-877-842-7562.** It's important to verify patient eligibility and benefits before every scheduled appointment.
  - Visit the [UT CARE webpage](#) on our Provider website to learn more.
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We understand you can decide what patients you want to see, except in an emergency. If you agree to see an Open Access PPO plan member but do not have a contract with any BCBS plan, you should still send BCBSTX the bill to meet your obligations as a provider under Medicare assignment, per Centers for Medicare and Medicaid Services regulations.

**Questions?** Call the number on the member's ID card (**1-877-842-7562**) or email [TexasMedicareAdvantageNetwork@bcbstx.com](mailto:TexasMedicareAdvantageNetwork@bcbstx.com).

UT CARE<sup>™</sup> Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, members may receive automated communications that reference the plan name 'Blue Cross Group Medicare Advantage Open Access (PPO)SM.' This plan name also refers to UT CARE Medicare PPO.

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

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 third party vendors and the products and services they offer.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, HISC, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC, and GHSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

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