

Florida Blue Medicare HMO and myBlue member referrals

Primary care physicians are responsible for coordinating access to all medical services for Florida Blue Medicare HMO and myBlue members. This includes referrals to specialists, or services may not be covered. A specialist must ensure that a member's primary care physician issued a referral before providing services. This may be a paper referral, an electronic referral filed through Availity (BCBS, Florida Blue) or a referral from Eye Management Inc. (EMI).

EMI can not issue an authorization directly to a myBlue or a Medicare member. The authorization issued by EMI will only cover for the date range on the authorization (e.g. 01/26/2018 -03/26/2018). If any additional visits are needed after that authorization date range expires, the member must obtain another referral from his/her PCP.

myBlue Member Identification Card

myBlue member number alpha prefixes are:
VMG and VMY

myBlue member Identification (ID) cards have a different design from other Florida Blue Commercial HMO ID cards. See the sample myBlue ID card below.



Availity for Eligibility and Benefits

Please continue using Availity to validate a member Eligibility and Benefits and plan type as indicated below. The "Insurance Type" and "Plan/Product" will list whether it's Medicare HMO or myBlue.

Plan / Product Information		Services Types	
Active Coverage		Health Benefit Plan Coverage	
Insurance Type	Health Maintenance Organization (HMO)	Professional (Physician) Visit - Office	
Plan / Product	MYBLUE PLAN 1602-R2		
Payer Details		Other or Additional Payers	



Additional Information

For any additional information regarding these requirements, refer to the Florida Blue website:
<https://www.floridablue.com/providers/tools-resources/overview>