



September 30, 2020

TO ALL IN-NETWORK PROVIDERS OF TRIPLE-S SALUD, INC. (COMMERCIAL)

Dear Provider:

Triple-S Salud, Inc. (Triple-S) is an independent Licensee of BlueCross and BlueShield Association (BCBSA) for Puerto Rico and the US Virgin Islands. This communication applies only if you are an in-network provider of Triple-S serving our Commercial Segment population. Triple-S participates in the BlueCard® Program through an agreement with the Blue Cross and Blue Shield Association. This letter provides you further orientation regarding your participation with Triple-S' and the Blue Card Program.

The national program known as Blue Card Program was established by the BCBSA and requires that all plans that are members of the Association belong to that program. Triple-S is a member of the BCBSA and therefore all in-network providers of Triple-S must provide services to members of other Blue Cross Blue Shield Plans. This program makes it easier for blue plan members to access health services in other geographic areas.

What does it establish and how to identify its members?

When BCBS members receive services outside their area by another BCBS plan, these services will be covered under the same terms of the services received by a participating provider of the BCBS plan in their home state. The member is responsible for the applicable deductibles, copayments, or coinsurances.

To identify the members of the Blue Card Program you will notice that the plan card has a symbol of a suitcase and the contract number with a three-character prefix. Also, you will notice that the contract number contains only numbers or numbers and letters.

This is the case of members of [**Client Group Name, with the prefix XXX. Example: XXX 999-99-9999**]. To verify eligibility, benefits, deductibles, coinsurance, and covered services of members of the Blue Card Program, you can use one of the following options:

- Call the BlueCard Eligibility line toll free at 1-800-676-BLUE (2583). You must have the member's identification number and prefix available. Also, you can select the Spanish language if that is your preference.
- If, when requesting information about the member's benefits, they ask you if you are a PPO provider ("Preferred Provider Organization") or if they ask you if you are a provider in the "Blue Cross Blue Shield" network, you should answer Yes.
- Additionally, you can validate eligibility by electronically submitting a HIPAA 270 transaction through the Triple-S portal or the clearinghouse.

Triple-S will pay for the services that the member's plan determines to be covered, according to the rates that Triple-S has contracted with you. You can submit your claims electronically or on paper as you do with our members.

Should you have any questions, please contact our Professional Relations Department at (787) 749-4700 or at 1 (877) 357-9777- (Tele Expreso). We appreciate your continued support to guarantee the continuation of health care to our members.

Cordially,

Dionnel Pérez
Vice-President, Network Management Administration

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