

CIRCULAR LETTER # M2309126

September 21, 2023

TO ALL PARTICIPATING PROVIDERS OF TRIPLE-S SALUD, INC. (COMMERCIAL):

RE: What you can and should not do when a Blue Plan member outside of Puerto Rico comes or calls your office for services.

Dear provider,




We want to guide you and your staff on proceeding when a BCBSA Blue Plan member comes to or calls your office seeking services through the national Blue Card Program (BCP).

Triple-S Salud (Triple-S, after this) is the only independent licensee of the BlueCross BlueShield Association (BCBSA) for Puerto Rico and the U.S. Virgin Islands. That means you can receive a call or be visited by a member traveling or living in Puerto Rico with a non-local BCBSA health plan from any of the 50 states or territories of USA.

Remember, compliance with this Program is part of your contract as a participating provider.

What can you do, and what should you not do?

- If the member goes to your office, ask to see the health plan card and seek to identify if it is from a BCBSA plan of **any of the 50 states or territories of the United States.**

 BlueCross BlueShield Geography		Blue Product	ALPHA Employer Group
Member Name Member Name Member ID XYZ123456789	Dependents Dependent One Dependent Two Dependent Three		
Group No. 023457 BIN 987654 Benefit Plan HIOPT Effective Date 00/00/00 Plan Code 123	Plan PPO Office Visit \$15 Specialist Copay \$15 Emergency \$75 Deductible \$50		
 			

- **Never answer that you do not accept non-local or non-PR plans; first, validate if it is a BCBS plan (Blue Plan).**
- If the member of a non-local plan communicates by phone, ask him to tell you if the medical plan he is subscribed to belongs to the BCBS before indicating that you do not accept it.
- If you identify that it is a BCBS plan, coordinate the service according to the member's need and your availability of appointments.
- You must verify the eligibility and benefits of the member/patient before providing the service.
- **To expedite the service, we recommend you complete the eligibility and benefit verification process electronically and in advance before the day of the appointment.**

- To verify eligibility, benefits, deductibles, coinsurance, and covered services ^{COMPROV_2023_24_E} members, you may use one of the following options: **electronically submit a HIPAA 270 eligibility inquiry**

through the Triple-S web portal, www.ssspr.com or, by calling BlueCard® Eligibility toll-free at 1-800-676-BLUE (2583).

- The BlueCard® Eligibility Line is for receiving information about eligibility, benefits, and authorization pre-authorization/referrals. It should not be used for claims status.
- **Do not charge upfront** even if you face a challenge in making eligibility. If you face problems making eligibility you should contact our new dedicated line for BCBS from our Provider Service Center at 787-728-4951 from Monday to Friday from 8:00 a.m. to 5:00 p.m. to 5:00 p.m. and Saturdays from 8:00 a.m. to 12:00 p.m. Also, you can contact our **Call Center at 787-749-4700 or 1-877-357-9777**, one of our representatives will help you complete the process.
- You should only charge the member for deductibles, copayments, or coinsurance. If the member must accumulate any amount, individual or family, other than the deductible or copayment, you can identify it in the eligibility process. **It is the only reason you can charge the member more than the deductible or copay.**
- After providing the service, you must send the bill to Triple-S, just as you do when billing for the services of the members covered by the Triple-S (Commercial) plan. **You can do this electronically or paper.**
- **Remember, Triple-S will pay for the services provided and approved by the member's plan at your contracted rate.**

At Triple-S, we recognize that most providers in our network fully comply with these requirements while demonstrating the high quality of medicine practiced in Puerto Rico. **Even so, we must remind you that:**

- This Program is part of your contract as a participating provider of Triple-S.
- **If you are part of the Triple-S providers network, you are a participating provider for all members of a BCBSA Blue Plans in all 50 states and territories through the BCP.**
- As a Triple-S participant provider, you must also provide services to patients insured under other BCBS plans (national accounts) and who travel to or live in Puerto Rico.
- We have developed a protocol that will help us promptly and reasonably handle the few instances where a provider refuses to comply with that contractual obligation. **Protocol / Remedy Methods:**
 - Verbal, written, or through a visit by a Provider Service Executive.
 - The orientation and guidance provided to the physician, or his staff will be documented and evaluated quarterly to identify possible patterns of non-compliance. You can refer to Circular Letter #M1506071 for more information regarding the protocol for noncompliant providers.

We appreciate your continued support in ensuring access to services for our members of Blue Plan members traveling or living in PR. If you need additional information or have any questions, please contact our **Provider Service Center** at 787-749-4700 or 1-877-357-9777 (for long-distance calls, toll-free). Our Call Center is available Monday through Friday from 7:30 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 12:00 p.m.

Cordially,



Dionnel Pérez Morales
VP Contracting and Administration Division
Triple-S Salud, Inc.

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