CIRCULAR LETTER #M2010237

October 27, 2020

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

Re: Triple-S' relationship with Blue Cross and Blue Shield Association (BCBSA) & The BlueCard® Program

Dear Provider:

Triple-S Salud, Inc. (Triple-S) is an independent licensee of the Blue Cross and Blue Shield Association (BCBSA) for Puerto Rico and the United States Virgin Islands.

The national program known as BlueCard® 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.

The program links participating healthcare providers with the independent Blue Plans across the country and in more than 200 countries and territories worldwide through a single electronic network for claims processing and reimbursement. This Program facilitates access to health services in the areas they serve other member of BCBSA plans.

Triple-S participates in the BlueCard® Program through an agreement with the BCBSA.

If you are an in-network provider of Triple-S, you are a participant provider for all members of the Blue Card Program.

As an in-network provider of Triple-S you may render services to patients who are National Account members of other Blue Plans, and who travel or live in Puerto Rico.

BlueCard Program Advantages to Providers:

- The BlueCard Program allow you to conveniently submit claims for members from other Blue Plans, including international Blue Plans, directly to Triple-S.
- Triple-S will be your only point of contact for all your claims-related questions.
- Working together, we can ensure your patients will have a positive experience at each visit.

How to identify the members / Member ID Cards:

When members of Blue Plans arrive at your office or facility, be sure to ask them for their current Blue Plan membership identification card. The three-character prefix at the beginning of the member's identification number is the main element used to identify and correctly route claims. The prefix identifies the Blue Plan or National Account to which the member belongs. It is critical for confirming a patient's membership and coverage. The ID cards also may have:

- PPO in a suitcase logo, for eligible PPO members
- PPOB in a suitcase logo, for PPO members with access to the BlueCard PPO Basic network
- Blank suitcase logo

Important facts concerning member IDs & Tips:

- A correct member ID number includes the prefix (first three positions) and all subsequent characters, up to 17 positions total. This means that you may see cards with ID numbers between 6 and 14 numbers/letters following the prefix.
- Do not add/delete characters or numbers within the member ID.
- Do not change the sequence of the characters following the prefix.
- The prefix is critical for the electronic routing of specific HIPAA transactions to the appropriate Blue Plan.
- Members who are part of the FEP will have the letter "R" in front of their member ID number.
- Ask the member for the most current ID card at every visit. Since new ID cards may be issued to members throughout the year, this will ensure you have the most up-to-date information in the member's file.
- Make copies of the front and back of the member's ID card and pass this key information on to your billing staff.
- **Remember:** Member ID numbers must be reported exactly as shown on the ID card and must not be changed or altered. Do not add or omit any characters from the member ID numbers.

Important contact information:

To verify the eligibility, benefits, deductibles, coinsurance, and covered services of Blue Card Program members, you may use one of the following options:

- **Calling BlueCard Eligibility toll free number 1-800-676-BLUE (2583).**
- You can select Spanish language if you want.
- When calling, have available the member's contract number and prefix information.
- **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.**
- Or, submitting electronically HIPAA 270 eligibility inquiry to Triple-S web portal or clearinghouse.
- **If you have any questions, please contact our Professional Relations Department at (787) 749-4700 or at 1 (877) 357-9777- (Tele Expreso).**
- The BlueCard Eligibility line is for eligibility, benefit, and pre-certification/referral authorization inquiries only. It should not be used for claim status.

- **Triple-S will pay contracted Triple-S fees for the services provided to this member** that are approved by the member's plan. You may bill your claims electronically or paper as you will for other Triple-S' members.
- You can receive real-time responses to your eligibility requests for out-of-area members between 6:00 a.m. and Midnight, Central Time, Monday through Saturday.
- Blue Plans are located throughout the country and may operate on a different time schedule than Triple-S. You may be transferred to a voice response system linked to customer enrollment and benefits outside that Plan's regular business hours.

Claims Filing:

After the member of another Blue Plan receives services from you, you should file the claim with Triple-S. We will work with the member's Plan to process the claim and the member's Plan will send an explanation of benefit or EOB to the member. We will send you an explanation of payment or the remittance advice and issue the payment to you under the terms of our contract with you and based on the members benefits and coverage.

Remember:

- **You should always submit all Blue claims to Triple-S.**
- Ask members for their current member ID card and regularly obtain new photocopies of it (front and back). Having the current card enables you to submit claims with the appropriate member information (including prefix) and avoid unnecessary claims payment delays.
- Check eligibility and benefits electronically and be sure to provide the member's prefix.
- Verify the member's cost sharing amount before processing payment. **Please do not process full payment upfront.**
- **Indicate any payment you collected from the patient on the claim**. (On the 837 electronic claim submission form, check field AMT01=F5 patient paid amount; on the CMS1500 locator 29 amount paid; on UB92 locator 54 prior payment; on UB04 locator 53 prior payment.)
- Be sure to include the member's complete identification number when you submit the claim. This includes the three-character prefix. Submit claims with only valid prefixes; claims with incorrect or missing prefixes and member identification numbers cannot be processed.
- Do not send duplicate claims. Sending another claim, or having your billing agency resubmit claims automatically, slows down the claims payment process and creates confusion for the member.
- Check claims status by contacting Triple-S at **(787) 749-4700 or at 1 (877) 357-9777-(Tele Expreso)** or submitting an electronic HIPAA 276 transaction (claim status request) to Triple-S.

Adjustments:

Contact Triple-S if an adjustment is required. We will work with the member's Blue Plan for adjustments; however, your workflow should not be different.

Provider's responsibilities with the BlueCard® Program:

- As an in-network provider of Triple-S, you may render services to patients who are National Account members of other Blue Plans, and who travel or live in Puerto Rico.
- Updating Your Provider Information. Maintaining accurate provider information is critically important to ensure that consumers have timely access to care. Updated information helps us maintain accurate provider directories and ensures that providers are more easily accessible to members.
- Since it is the responsibility of each provider to inform Plans when there are changes, providers are reminded to notify Triple-S of any changes to their demographic information or other key pieces of information, such as a change in their ability to accept new patients, street address, phone number or any other change that affects patient access to care.

We appreciate your continued support to guarantee the continuation of health care to our members.

Should you need additional information or have any question, please contact our Provider Service Center at 787-749-4700 or 1-877-357-9777 (For long distance calls, free of charge) from Monday to Friday from 7:30 a.m. to 8:00 p.m. and Saturdays from 8:00 a.m. to 12:00 p.m.

Cordially,

Dionnel Pérez Morales
Vice-President
Network Management

TRIPLE-S SALUD
BlueCross BlueShield of Puerto Rico

QUICK REFERENCE GUIDE FOR INSUREDS MANAGEMENT OF THE BLUE CARD PROGRAM

HOW TO IDENTIFY THE INSURED FROM THIS PROGRAM	ALWAYS REQUEST FOR THE HEALTH PLAN ID CARD	LOOK FOR THE SYMBOL OF THE SUITCASE
ELIGIBILITY, DEDUCTIBLES, COPAYMENTS AND COVERED SERVICES	CALL TOLL FREE NUMBER	1-800-676-2583(BLUE)
	ELECTRONICALLY SUBMIT -HIPAA 270 TO TRIPLE-S PORTAL (TSS WEB PORTAL)	WWW.SSSPR.COM
	OR CLEARING HOUSE	
QUESTIONS-DOUBTS	PROVIDER SERVICE AND TRIPLE-S PROFESSIONAL RELATIONS	(787) 749-4700
	TELE EXPRESS	1-877-357-9777
WHAT ARE THE PAYMENT RATES YOU WILL RECEIVE	THE RATES SET FORTH IN YOUR PARTICIPATING PROVIDER CONTRACT WITH TRIPLE-S SALUD	FEE FOR SERVICE PAYMENT
HOW AND WHERE TO BILL	BILL TSS ELECTRONICALLY OR PAPER, AS USED TO DOING	Triple-S Salud, Inc. Claims Department PO Box 70299 San Juan PR 00936-8299
WHERE TO CHECK CLAIMS STATUS	CALL PROVIDER SERVICE AND TRIPLE-S PROFESSIONAL RELATIONS	(787) 749-4700
	TELE EXPRESS	1-877-357-9777
WHERE AND HOW TO SUBMIT ADJUSTMENTS	SEND THE ADJUSTMENTS OR COMMUNICATE WITH TRIPLE-S	Triple-S Salud, Inc. Claims Department PO Box 70299 San Juan PR 00936-8299

PROVIDERS RESPONSIBILITY AND IMPORTANT POINTS TO REMEMBER:

1- You are part of the Triple-S Participating Provider Network that provide services to Blue Card Program members who live or are traveling in Puerto Rico.
2- You should always verify deductibles or co-pays. **Do not request payment upfront (prepayment).**
3- Include in the claim any amount charged to the insured, including deductibles or co-payments.
4- It is your responsibility and indispensable to keep contact information up to date. Immediately notify Triple-S of any changes to your demographic information or any other relevant information to ensure easy access for your patients.

REMEMBER, YOUR PATIENTS ARE OUR INSURED. TOGETHER WE HAVE A RESPONSIBILITY TO GIVE THEM ACCESS TO HEALTH SERVICES IN AN AGILE AND TIMELY MANNER ACCORDING TO THEIR NEED.

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