



CIRCULAR LETTER # M2212297

December 30, 2022

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

Re: BlueCross and BlueShield Association (BCBSA) & The BlueCard® Program

Greetings from Triple-S Salud, Inc., (Triple-S, hereinafter). You are receiving this communication because you are part of Triple-S Participating Provider Network who serve our Commercial Segment population. This letter is to provide you with further orientation regarding Triple-S and BlueCross BlueShield Association (BCBSA) Blue Card Program (BCP).

Triple-S is the only BlueCross BlueShield independent licensee for Puerto Rico and the United States Virgin Islands.

The BCBSA established the national program known as Blue Card Program, to which all the plans that are members of the Association must belong. Triple-S is a member of the BCBSA and therefore must belong to this program. This Program facilitates access to health services in the areas they serve to other BCBSA plans members.

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.

How does this program work?

Triple-S participates in the BlueCard® Program through an agreement with the BlueCross and Blue Shield Association.

- When services are rendered outside of the Member's area, the services rendered by another BlueCross BlueShield company, will be covered under the same terms of the services offered by participating providers in the Member's State of origin.
- The insured will be responsible for the deductible, copayment, or coinsurance.
- All services are covered based on the insured's policy and considering it will be the payment of claims. You can refer to the Summary of Benefits section for more detailed information on covered benefits.
- **Do not request full payment upfront from members.**

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BlueCard Program Excludes:

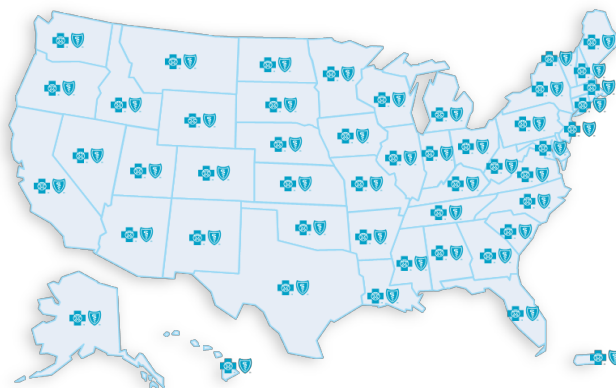
- Stand-alone dental claims.
- Vision and self-administered prescription drugs delivered through an intermediary model (using a vendor).
- Medicaid and State Children’s Health Insurance Program (SCHIP).
- HMO (Health Maintenance Organization).
- Medicare Advantage: While Medicare Advantage is separate from the BlueCard Program, with its own set of policies and protocols, its claims are processed using the same delivery platforms.
- Medigap/Medicare Complementary/Supplemental.
- The Federal Employee Program (FEP). FEP is separate from Inter-Plan Programs and delivered through its own centrally administered platform outside of BlueCard.

BlueCross BlueShield Brand Recognition:

The BCBS Brands are the most recognized brands in the healthcare industry. Nearly one in three Americans receive their health insurance through a Blue Cross and/or Blue Shield Plan.

The BCBS system consists of 34 community based BCBS Plans. At least one Plan operates in each of the 50 states, Puerto Rico, and District of Columbia. In addition, international Plans operate in Panama, Uruguay, the US Virgin Islands.

That means that you may receive request for services from BCBS plan members of any of the 50 states or territories who travel or live in Puerto Rico.





How to identify the members / Member ID Cards:

Most BCBS ID cards have a three-character prefix (the first three characters of the ID number). Member ID Cards must include an appropriate Suitcase Logo, when applicable.

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 eligibility and coverage.

The suitcase logo may appear empty or with PPO, PPOB, or HPN in the logo. The suitcase logo provides information about the members, as well as provider reimbursement levels.

 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	
		 Rx

How can Providers obtain member eligibility information?

Member eligibility, co-pay, co-insurance, deductibles, and accumulated benefits information should be obtained by:

- Submitting an electronic Blue Exchange Eligibility & Benefits Inquiry (HIPAA transaction 270) request through your local Blue Plan (**Triple-S Salud at WWW.SSSPR.COM**).
- It is more beneficial when submitting a HIPAA transaction 270 request to use the appropriate Service Type codes for the specific service being provided. Use of the general Service Type “30” (Health Benefit Plan Coverage) or Service Type “1” (Medical Care) may not provide enough information to address all related Inpatient, Outpatient, Emergency and Professional benefits and does not include information on Benefit Limitations and Place of Service requirements.
- Eligibility can also be obtained by calling 1-800-676-BLUE (2583). If prior authorization or pre-certification information is required in addition to eligibility, Providers should call 1-800-676-BLUE (2583).
- **Please do not process full payment upfront.**
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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,

Network Contracting & Administration Division
Triple-S Salud, Inc.

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