


Glossary of BlueCard® Program Terms

Alpha Prefix	Three characters preceding the subscriber identification number on Highmark Blue Shield Plan ID cards required for routing claims. It identifies the member's Highmark Blue Shield Plan or national account.
bcbs.com	Blue Cross and Blue Shield Association's Web site, which contains useful information for providers.
BlueCard Access®	A toll-free 800 number, 1-800-810-BLUE, for you and members to use to locate health care providers in another Blue Cross Blue Shield Plan's area. This number is useful when you need to refer the patient to a physician or health care facility in another location.
BlueCard Eligibility®	A toll-free 800 number, 1-800-676-BLUE, for you to verify membership and coverage information on patients from other Blue Cross Blue Shield Plans. Calling BlueCard <i>Eligibility</i> will facilitate quicker payments.
BlueCard® Managed Care/POS	A health insurance program for national companies with employees who are living in your state. The highest level of benefits is received when members obtain services from their primary care provider/group and/or comply with referral and/or authorization requirements for care. Substantial benefits are still provided when members obtain care from any eligible provider without referral or authorization, according to the contract terms.
BlueCard® PPO	A national program that offers members traveling or living outside of their Blue Cross Blue Shield Plan's area the PPO level of benefits when they obtain services from a physician or hospital designated as a BlueCard PPO provider.
BlueCard® PPO Member	<p>The member carries an ID card with a "PPO in a suitcase" logo on the card. Only members with this identifier can access the benefits of BlueCard PPO.</p> 
BlueCard® Doctor and Hospital Finder Web Site (www.bcbs.com)	A web site that can be used to locate health care providers in another Blue Cross Blue Shield Plan's area. This site is useful when you need to refer the patient to a physician or health care facility in another location.

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Glossary of Blue Card® Program Terms, Continued

<p>Blue Card Worldwide®</p>	<p>A program that allows Blue Cross Blue Shield (BCBS) members traveling or living abroad to receive nearly cashless access to covered inpatient hospital care, as well as access to outpatient hospital care and professional services from health care providers worldwide. The program also allows members of foreign BCBS Plans to access domestic (U.S.) BCBS provider networks.</p>
<p>Coinsurance</p>	<p>A provision in a member’s coverage that limits the amount of coverage by the benefit plan to a certain percentage, commonly 80 percent. The member pays any additional costs out-of-pocket.</p>
<p>Coordination of Benefits (COB)</p>	<p>Ensures that people receive full benefits and prevents double payment for services when a member has coverage from two or more sources. The member’s contract language gives the order for which entity has primary responsibility for payment and which entity has secondary responsibility for payment.</p>
<p>Copayment</p>	<p>A specified charge that a member must pay out-of-pocket for a specified service at the time the service is rendered.</p>
<p>Deductible</p>	<p>A flat amount the member must pay before the insurer will make any benefit payments.</p>
<p>Direct Care Provider</p>	<p>An individual or organization that offers care directly to the member. The direct care provider is in the same physical location as the member and offers care to patients from within the local Plan’s service area.</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. A provider who physically examines the patient. 2. A lab that performs the blood draw from a patient. 3. A technician who fits a prosthetic limb to the patient. <p>The direct care provider should file claims to the local Blue Plan. BlueCard applies if the provider of service is outside of the member’s Plan service area and does not contract with the member’s Blue Plan.</p>

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Glossary of BlueCard® Program Terms, Continued

Electronic Claims Routing Process	A method Highmark Blue Shield uses to electronically forward your claims data to the member's Blue Plan for those alpha prefixes or accounts that are exempt from the BlueCard Program. This process will expedite claims resolution and reduce paper.
FEP	Federal Employee Program.
HIPAA (Health Insurance Portability and Accountability Act)	A federal act that includes protections for people who change jobs, are self-employed, or who have preexisting medical conditions.
HMO (Health Maintenance Organization)	A health benefit program that offers benefits to members when they obtain services from the network of physicians and hospitals designated as HMO providers. Generally, HMO members select a primary care provider/group.
Hold Harmless	An agreement with a health care provider not to bill the member for any difference between billed charges for covered services (excluding coinsurance) and the amount the health care provider has contractually agreed on with a Blue Cross Blue Shield Plan as full payment for these services.
Indirect Care, Support and Remote Provider (National Provider)	An individual or organization that offers care to patients from outside Highmark Blue Shield's service area. Services may be provided from a single site or from multiple locations. The provider of service is the one that files a claim for a service supplied to a member. BlueCard applies if the provider of service is outside the member's Blue Plan's service area and does not contract with the member's Plan. The member's location at the time of service is irrelevant. Often the patient and the indirect care provider are in different physical locations.
Medicare Crossover	The Crossover program was set up to allow Medicare to transfer Medicare Summary Notice (MSN) information directly to a person with Medicare's supplemental insurance company.
Medicare Supplemental (Medigap)	Pays for expenses not covered by Medicare.

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Glossary of BlueCard® Program Terms, Continued

National Account	Employer group that has offices or branches in more than one, but offers uniform coverage benefits to all of its employees.
Network	The group of physicians, hospitals, and other medical care providers that a specific managed care plan has contracted with to deliver medical services to its members.
Other Party Liability (OPL)	A cost containment program that recovers money where primary responsibility does not exist because of another group health plan or contractual exclusions. Includes coordination of benefits, workers' compensation, subrogation and no-fault auto insurance.
Plan	Refers to any Blue Cross Blue Shield Plan.