

How to Identify Members

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Highmark Blue Shield Members

You can easily identify a Highmark Blue Shield member by reviewing the information on his or her identification (ID) card. Always ask to see the ID card upon the patient's first visit. On subsequent visits, ask the patient if he or she has had a change in health insurance. A patient's insurance information can change at any time, and incorrect information can result in delayed claim payment.

An easy way to tell if the member has Highmark Blue Shield-only coverage is to look for "Blue Shield Plan 378" at the bottom of the card.

Verifying eligibility for a Highmark Blue Shield member

You can verify a patient's eligibility with Highmark Blue Shield via several automated inquiry mechanisms. OASIS, our automated voice response system using your touch tone telephone; InfoFax, our service that responds to inquiries via your fax machine; or NaviNet, our Internet-based inquiry system. You can find details about OASIS and InfoFax in Section 2, "Provider Services and Information Sources."

NaviNet is our newest automated inquiry system that we are rolling out in Pennsylvania. This service is provided free of charge to providers who have a compatible computer system in their office and who will utilize the service. We have a focused rollout process, with a primary goal of linking to NaviNet those providers who have a high volume of inquiries into our Customer Service Department. Our goal is to give providers this efficient, Internet-based tool based on real-time access to Highmark Blue Shield membership, benefits and claims databases. With NaviNet, providers can avoid the hassle of telephone inquiries for routine claims status or enrollment/benefit verification.

Out-of-Area (BlueCard®) Members

Identifying a BlueCard® member is not always a straightforward process. Identification card designs vary from Plan to Plan, and not all Blue Plans include "Blue Cross Blue Shield" in their formal name.

However, the following will appear somewhere on the ID card for members of every Blue Plan:

- The Blue Cross and/or Blue Shield symbols
- The words "An independent licensee of the Blue Cross and Blue Shield Association"
- A three-character alphabetical prefix before the member's ID number
- The "suitcase" logo. For BlueCard PPO members, the acronym "PPO" appears inside the suitcase. Otherwise, the suitcase is empty.

Verifying eligibility for an out-of-area (BlueCard®) member

Highmark Blue Shield does not house the eligibility information for members of out-of-area groups whose business is handled through the BlueCard® Program. These members can be identified by the "suitcase" logo that appears on their ID card. For members whose ID cards display the suitcase logo, you will need to verify eligibility by calling the BlueCard® Eligibility line: 1-800-676-2583. Be prepared to provide the member's name and identification number, including the three-character alphabetical prefix, to the service representative who answers your call.

Interpreting the Identification Card

The member's identification card contains much of the information you need to determine the type of benefits, the provider network, and any copayments that apply to the member's coverage. This illustration also appears in the appendix.

Front of card:

Product name and logo of the member's benefit plan.

Member name.

Member Identification number. (Report the complete number including alpha prefix on claims and correspondence.)

Name and telephone number of the Primary Care Physician the member has chosen.

Network for this member's benefit plan.

An empty suitcase indicates the member is a BlueCard member with traditional, POS or HMO coverage. The PPO in a suitcase indicates the member has PPO coverage, i.e.

Logo in this location indicates the member has pharmacy benefits. If this area is blank, the member does not have the benefit.

Member's Group number.

The date the member became effective with the Primary Care Physician listed on the card.

Pennsylvania Blue Shield Plan Code is 378. (This is the easiest way for you to determine if the member is enrolled in our new products that became effective 04/01/2002.)

Copayment amounts for which the member is responsible.

PCP = Primary Care Physician
ER = Emergency Room
SP = Specialist
OV = Office Visit

Back of Card:

Directions for 24-hour access to Blues On Call.

Instructs the member what to do if they self-refer for services.

Telephone number the member may call for appropriate Member Service Area.

Describes what the member should do in case of urgent or emergent situations.

Telephone number for Pennsylvania Blue Shield's Behavioral Health department.

Provides the Pennsylvania Blue Shield Web site.

Member Service Benefit Questions: Call 1-800-345-3806

Blues on Call: Call 1-888-BLUE-428 for 24-hour access to a nurse to discuss health care questions.

Emergencies: In case of an emergency no prior approval is required, go to the nearest medical provider. Notify your PCP within 48 hours or as soon as reasonably possible for follow up care.

Mental Health Substance Abuse: Call 1-800-345-3806 before seeking treatment.

Self-Refered Care: If you receive care from an out-of-network provider, you are responsible for obtaining precertification for all non-emergency inpatient services by calling 1-800-345-3806. If the provider does not submit your claim to the local Blue Cross Blue Shield plan, send your claim to Pennsylvania Blue Shield, P.O. Box 890173, Camp Hill, PA 17089-0173.

Pennsylvania Blue Shield provides administrative claims payment services and does not assume any financial risk or obligation with respect to claims.

www.pablueshield.com

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Not subject to review of the Blue Cross and Blue Shield laws.

Highmark Blue Shield strongly encourages you to photocopy the member's identification card each time he or she visits your office. The primary purpose of the photocopy is to serve as backup information should a problem arise on a claim for the individual. Your billing department or the Highmark Blue Shield Customer Service department may need to compare the identification information on a claim against the identification information on the card. The photocopy may be your only immediate source of verification.