

Section 10

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 through 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, InfoFax and NaviNet in Section 5, "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. An empty suitcase means that the traditional Participating Provider network is used; a PPO in a suitcase designates the PremierBlue Shield network.

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: (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 Front Of 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.

Sample ID card (Front)



Fields on the front of the sample ID card

The table below identifies key fields on the front of a sample Highmark Blue Shield ID card.

Item	Description
Product name and logo	Name and logo of the product under which this member has coverage.
Network	Represents the provider network for this member's benefit plan.
Pharmacy program	If applicable, the logo of the pharmacy management program for the member's benefit plan.
Member name	The individual member's name will appear here. Verify that you have the card that corresponds with your patient and not that of another family member.
Identification number	A unique alpha-numeric code, usually composed of a three-position alphabetical prefix and a nine-position number based on the member's Social Security number, or the Unique Member Identifier (UMI) which will be three-position alphabetical prefix and an up to fourteen-position number which identifies him or her as covered under a particular Highmark Blue Shield benefit plan.
Group number	Number assigned to the employer or other group through which the member has coverage.
PCP	Name of the PCP the member has chosen, if applicable.
Phone	The PCP's office telephone number.
PCP effective date	The date the member became effective with this PCP under the group shown on the card.
Copay	If applicable, copayment amounts for which the member is responsible.
Plan Code	378, Highmark Blue Shield.

Interpreting The Back Of The Identification Card

Sample ID card: (Back)



Fields on the back of the ID card

The table below identifies key fields on the back of a sample Highmark Blue Shield ID card. This section of the ID card contains information primarily for the member's use.

Item	Description
Benefits questions	Phone number the member may call for the appropriate Member Service area
Blues On CallSM	Directions for 24-hour access to Blues On Call SM
Emergencies	If applicable, describes what the member should do in case of urgent or emergent situations
Mental Health and Substance Abuse	Phone number to reach Highmark Blue Shield Behavioral Health for authorization of inpatient care for mental health and substance abuse conditions
Self-Referred Care	Reminds the member of the responsibility of obtaining pre-certifications; provides number for obtaining it as well as for submitting the claim to Highmark Blue Shield
Website address	Provides the address of the Highmark Blue Shield website.