

Unit 6 Highmark Blue Shield Members

Overview

Introduction This chapter prepares you to recognize a Highmark Blue Shield member's coverage on the basis of his or her ID card. It also provides you with information about coordination of benefits and acquaints you with the rights and responsibilities of Highmark Blue Shield members and information regarding expanded provider access for DirectBlue and FreedomBlue PPO members.

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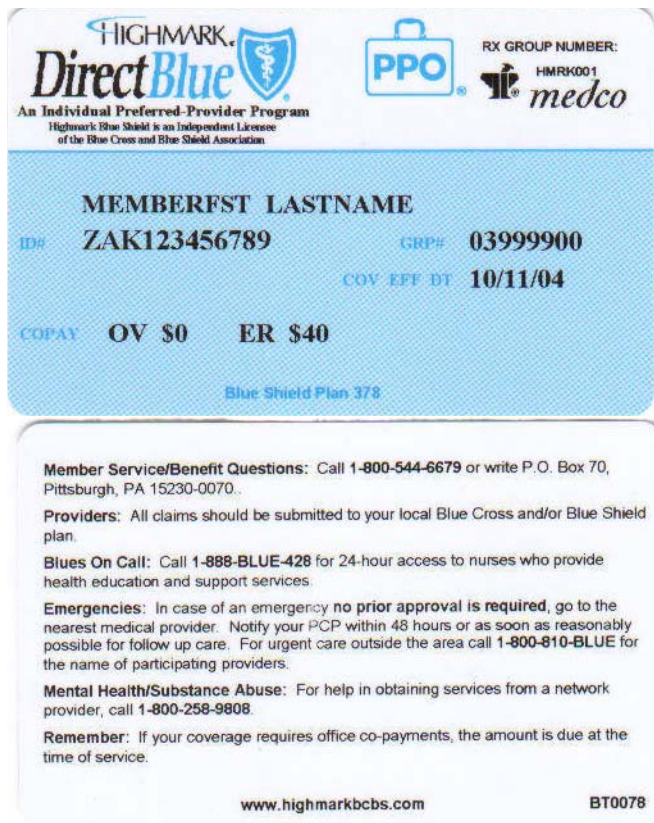
Unit 6 Unique Member Identifier (UMI)

ID Card: Unique Member Identification

Highmark Blue Shield launched an initiative to replace the current Social Security-based member identification number with a new number called the Unique Member Identifier (UMI).

The UMI initiative demonstrates Highmark Blue Shield's responsiveness to their members and Highmark's commitment to ensuring the protection of member's private health information.

An example of the UMI format is XXX1123456789001. Please note: All numbers will begin with a 3-letter alphabetical prefix; All numbers will begin with the number 1; and All numbers will end with the numbers 001.



Unit 6 Identifying Patient Insurance

How to identify HBS 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 at the very beginning of the admission/registration process so that all the facility's departments dealing with this patient will have the insurance information they need. **Please do this even if this member recently received services at your facility. A patient's insurance information can change at any time, and incorrect information can result in delayed claim payment.**

Verify eligibility via NaviNet: in-area members

Highmark Blue Shield's NaviNet system provides the member's most current eligibility and benefit information. Facilities should always use this resource to verify the information on the ID card presented by the member at the time of admission/registration.

Eligibility information if NaviNet is not available



If for any reason NaviNet is unavailable, eligibility and benefits information can be obtained through a number of electronic means, or by contacting Facility Customer Services at (866) 803-3708, during the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday. ***For information on electronic means of accessing eligibility and benefits data, please see Appendix A.***

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Unit 6 Identifying Patient Insurance, Continued

Verify eligibility for out of area members via toll-free phone number or by using NaviNet



Highmark Blue Shield's Navinet system provides out-of-area member's most current eligibility and benefit information. Out-of-area member information can be accessed by clicking on "BlueExchange" from plan central.

For more information about the BlueCard Program, please see pages 6-11 through 6-13 of this manual.

For members who are ID cards display the suitcase logo, you may verify eligibility by calling this toll-free number: **1-800-676-2583**. Be prepared to provide the service representative who answers your call the member's identification number, including the three-position alphabetical prefix.

Make a copy of the ID card

Highmark Blue Shield strongly encourages facilities to photocopy the member's ID card each time he or she is registered or admitted.

The primary purpose of the photocopy is to serve as backup information in case a problem should arise on a claim for this individual. The facility's billing department or the Highmark Blue Shield Provider Service department may need to compare the identification information on a claim against the identification information on the card. If the patient has already left the facility, the photocopy would be the only immediate source of verification.

Because members' insurance information can change often, it is important to make the copy each time the patient receives services at your facility.

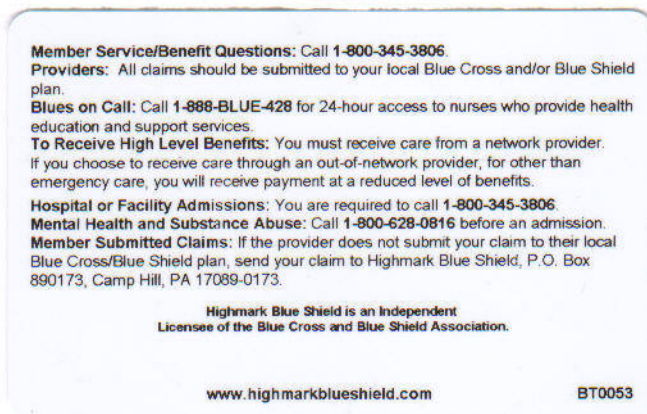
If there is a conflict of eligibility information

In the vast majority of cases, the eligibility information on the member's most current ID card will be identical to that on the NaviNet Eligibility and Benefits file. If there is a conflict between the two, please contact Facility Customer Service at (866) 803-3708, to clarify. Facility Customer Service is available between 8:00 a.m. and 4:30 p.m., Monday through Friday.

Unit 6 Sample Identification Cards: ClassicBlue Indemnity

ID Cards: ClassicBlue indemnity

The picture below is a sample of the ID card for members with ClassicBlue indemnity coverage. (Please note that there may be small variations on the cards you may see at registration. In general, these represent employer-specific logos and other such data.)



Unit 6 Sample Identification Card: MedigapBlue & Signature 65

**ID card:
MedigapBlue
Medicare
supplemental**

The picture below is a sample ID card for members with coverage under MedigapBlue and Signature 65.



**ID Card:
Signature 65**



Unit 6 Sample Identification Card: PPOBlue

**ID Cards:
PPOBlue**

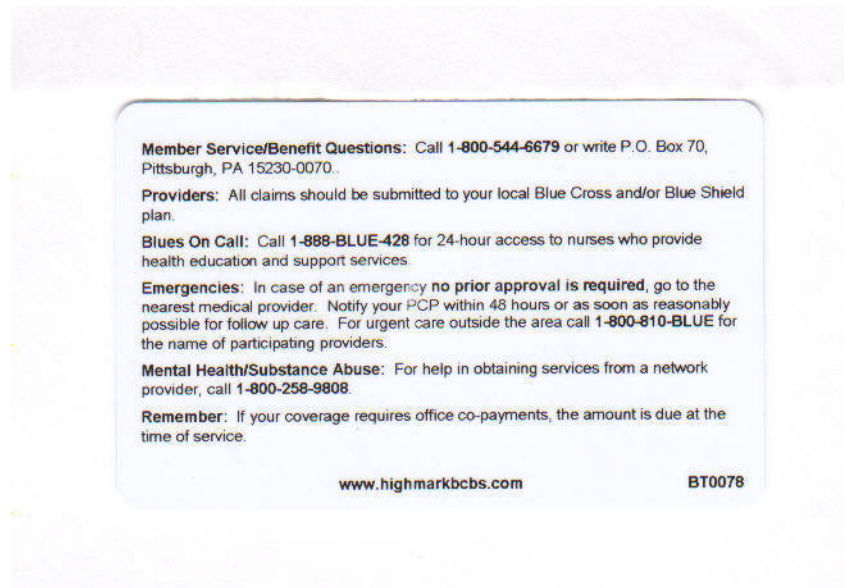
The picture below is a sample ID card for members with coverage under PPOBlue.



Unit 6 Sample Identification Card: DirectBlue PPO

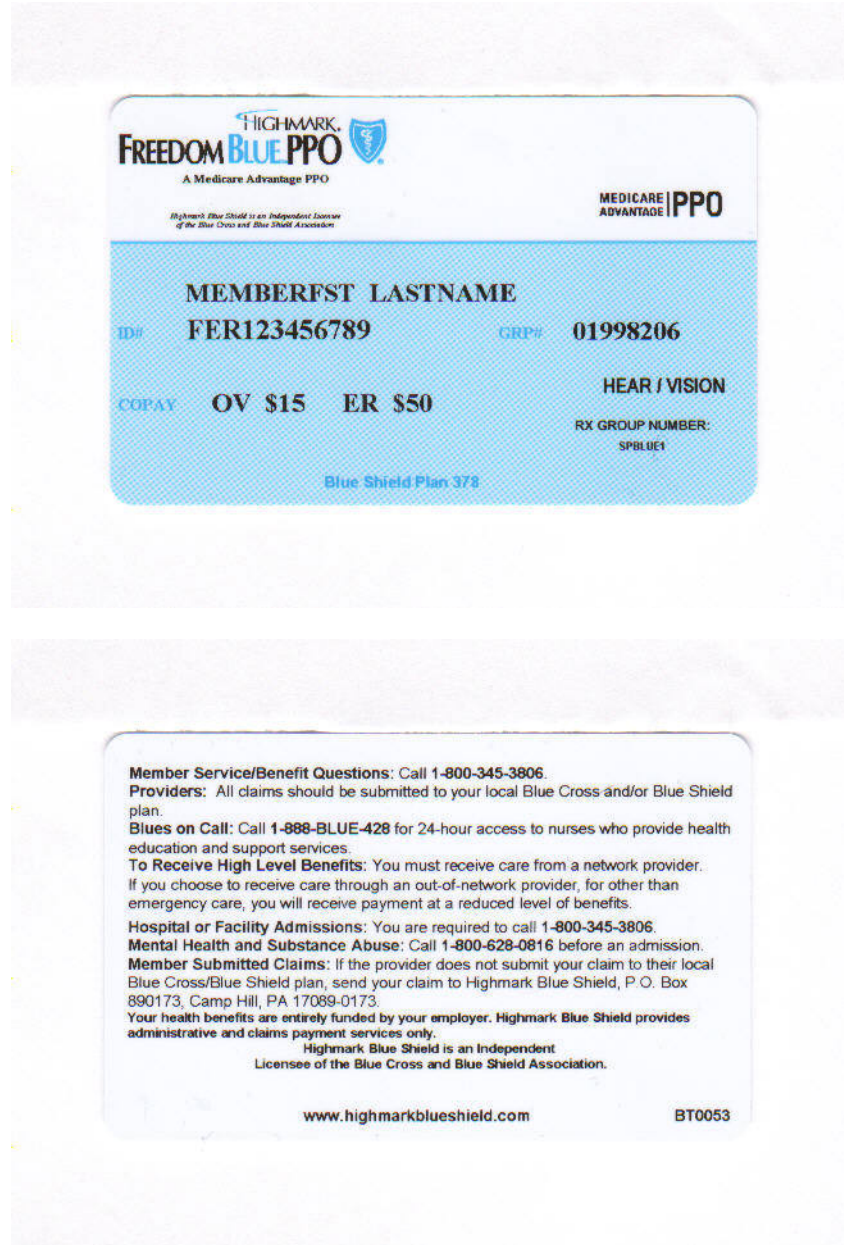
ID card: The picture below is a sample ID card for members with coverage under DirectBlue PPO.

SelectBlue



Unit 6 Sample Identification Card: FreedomBlue PPO

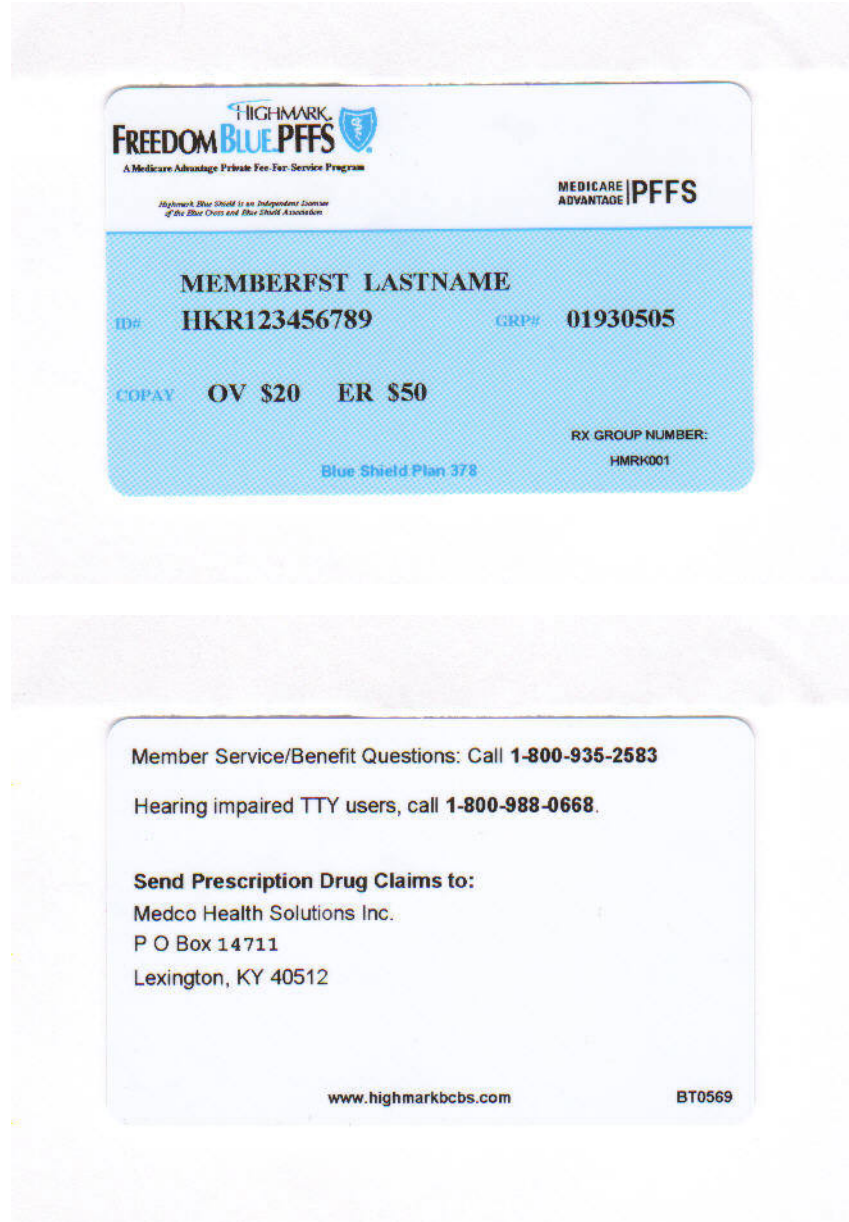
ID card: The picture below is a sample ID card for members with coverage under
SelectBlue FreedomBlue PPO.



Unit 6 Sample Identification Card: FreedomBlue PFFS

ID card:
SelectBlue

The picture below is a sample ID card for members with coverage under FreedomBlue PFFS.



Unit 6 Sample Identification Card: DirectBlue Open Access

ID card:
DirectBlue

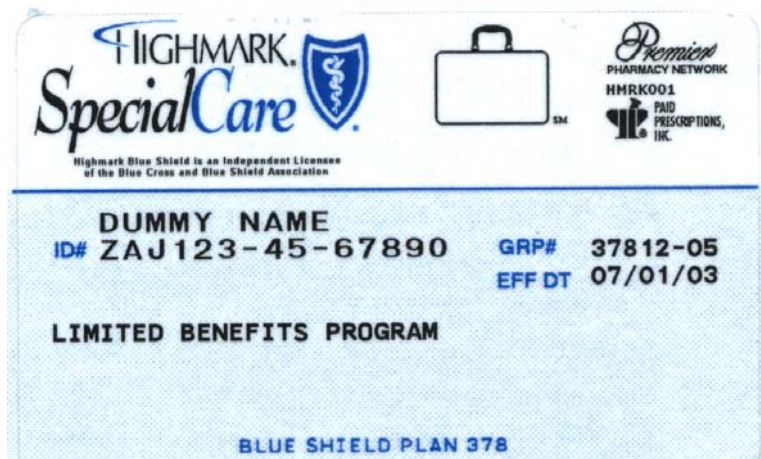
The picture below is a sample ID card for members with coverage under DirectBlue.



Unit 6 Sample Identification Card: Special Care

ID card:
Special Care

The picture below is a sample ID card for members with coverage under Special Care.



Unit 6 Interpreting the Front of the Identification Card

Sample ID card (Front)



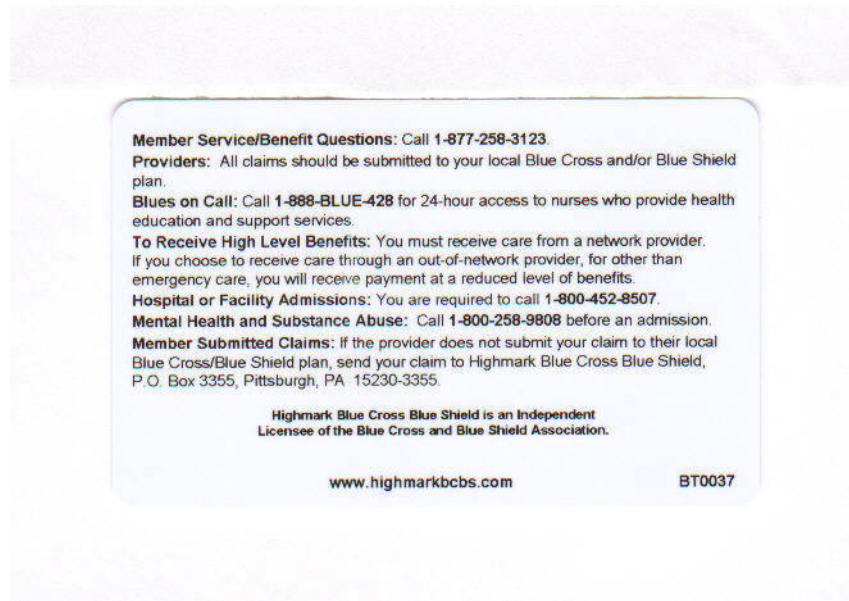
Fields on the front of the sample ID card

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, which corresponds with your patient and not that of another family member.
Identification number	A unique alphanumeric code, 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.

Unit 6 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.

Unit 6 The BlueCard Program

Background The BlueCard program was developed by the Blue Cross and Blue Shield Association to facilitate the delivery of health care services to members of all Blue Cross/Blue Shield Plans when they travel or live outside of their home Plan area. It is most commonly used in situations in which an employer group with headquarters in one Plan area has employees located in one or several other Plan areas.

Definitions:
Home Plan and Host Plan For a member with coverage through BlueCard, the Plan area in which the employer group's headquarters is located is considered the member's **Home Plan**.

The **Host Plan** is the Blue Cross Blue Shield Plan serving the area where the employee resides or is visiting at the time the services are rendered.

How it works The table below describes what happens when a member living or traveling outside the Home Plan area requires health care services:

Step	Who does it	What is done
1	Member (Indemnity and PPO)	Obtains pre-certification, if required by his or her benefit program. (POS delivery: PCP obtains pre-certification or authorization as required by the benefit plan.) Member presents the ID card of the Home Plan to the provider.
2	Provider	Accepts the member's ID card. Provides the needed services. Bills the Host Plan.
3	Host Plan	Seeks reimbursement from the Home Plan and pays the provider.

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Unit 6 The BlueCard Program, Continued

How to identify a BlueCard member

ID card designs vary from Plan to Plan, and not all Blue Cross Blue Shield Plans include the name “Blue Cross Blue Shield” in their formal name.

However, the following identifiers will appear somewhere on the ID card for members of every Blue Cross/ Blue Shield 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 logo.
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Eligibility or benefits information

If your facility is submitting HIPAA-compliant electronic transactions, Blue Exchange is now available to facility providers for submitting electronic eligibility and benefit inquiries via NaviNet. Highmark will respond to the inquiry as soon as the information is received from the member’s home plan. Response times can vary due to the fact that each plan has established its own schedule for receiving and transmitting HIPAA-compliant transactions. **Blue Exchange instructions can be found in the NaviNet User Guide.**

If your facility is not submitting HIPAA-compliant electronic transactions or you do not have access to NaviNet, please call the BlueCard Eligibility line, at **1-800-676-2583** to obtain eligibility or benefits for a member of another Blue Cross Blue Shield Plan. Be prepared to provide the service representative with the member’s name and ID number, including the three-character alphabetical prefix, exactly as these appear on the member’s ID card.

Submitting claims

Claims for BlueCard members should be submitted to the Host Plan – in this case, to Highmark Blue Shield – unless your facility contracts with the member’s Home Plan. If your facility does contract with the member’s Home Plan, claims for his or her services should be submitted to that Plan.

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Unit 6 The BlueCard Program, Continued

Claims for Highmark Blue Cross Blue Shield members As its logo states, Highmark Blue Shield is “a Highmark Company.” The “Highmark Company” in the western 29 counties of Pennsylvania is Highmark Blue Cross Blue Shield. If members with coverage through that plan receive services at your facility, **always** bill these claims to Highmark Blue Shield.

Claim status information Highmark Blue Shield Facility Customer Services staff can respond to inquiries about claims submitted by participating hospitals on behalf of members with coverage through another Blue Cross Blue Shield Plan. To initiate such an inquiry, the provider should contact Facility Customer Service at (866) 803-3708, between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.

Unit 6 Expanded Access For DirectBlue Open Access and FreedomBlue PPO Members

DirectBlue and SelectBlue access

Highmark Blue Shield has implemented changes to better serve its DirectBlue Open Access and FreedomBlue PPO members, especially members traveling, vacationing or those with dependents living outside their region. Members of Highmark's Central Region and Western Region* DirectBlue Open Access Plans will be able to receive, in both regions, care at the higher level of benefits for covered services. This expanded access begins with dates of service on and after July 1, 2004.

In addition to the DirectBlue Open Access and FreedomBlue PPO network of physicians, hospitals and other health care providers in the 21 counties of central Pennsylvania, DirectBlue Open Access and FreedomBlue PPO Central Region members will be able to receive care at the higher level of benefits for covered services when members access physicians, hospitals or other health care providers within the managed care network in the 29-county Western Region.

Likewise, DirectBlue Open Access and FreedomBlue PPO Western Region members will be able to receive care at the higher level of benefits for covered services when they access physicians, hospitals or other health care providers within the PremierBlue Shield professional provider network and the Highmark Blue Shield facility network in the 21 counties of the Central Region.

In both instances, the level of benefits reimbursed for covered services will be based on the network affiliation of the professional or institutional provider performing the services. You can determine any member's liability by the information on the remittance payment you receive from Highmark.

Remember that DirectBlue Open Access and FreedomBlue PPO identification cards may reflect logos from either Highmark's Central or Western Region. As always, please be sure to verify the members' eligibility and benefits via NaviNet before providing services.

****Central Region members are those whose coverage is underwritten by Highmark Blue Shield in the 21 counties of central Pennsylvania. Western Region members are those whose coverage is underwritten by Highmark in the 29 counties of western Pennsylvania.***

