



Independence  Keystone
HEALTH PLAN EAST

**SAMPLE
MEMBER
UMI123456789101**

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LAB L

Rx BIN 015814
Rx PCN 06090000

PLAN FLEX HMO
PCP \$5
SPEC \$10
ER \$25
DED \$1000
PREV \$0



VISION

Rx

Quick guide to Blue member ID cards

A guide for providers who treat out-of-area Blue Cross® Blue Shield® members

Independence 

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

OVERVIEW

BlueCard® is a national program through the Blue Cross and Blue Shield Association (BCBSA), an association of independent Blue Cross® and Blue Shield® Plans, that enables enrollees of one commercial BCBSA Plan to obtain health care service benefits while traveling or living in another BCBSA Plan's service area. The program links participating health care providers with the various BCBSA Plans across the country and in more than 200 countries and territories worldwide through a single electronic network for claims processing and reimbursement.

This guide provides information for Independence Blue Cross (Independence) network providers about the various ID cards that you might see from out-of-area members who have coverage under a Blue Plan.

If a Blue Plan member comes to your office or facility, remember to ask to see their current member ID card at each visit. You will need the prefix and member ID number in order to (1) submit eligibility and preapproval requests through the BlueExchange® Out of Area transaction in PEAR Practice Management* (PEAR PM) and (2) submit claims for processing.

Note: ID cards are for identification purposes only. They do not guarantee eligibility or payment of your claim. Always verify patient eligibility using PEAR PM or by calling the BlueCard Eligibility® line at [1-800-676-BLUE \(2583\)](tel:1-800-676-BLUE).

**If your organization is not registered for the Provider Engagement, Analytics & Reporting (PEAR) portal, visit the [Provider News Center](#).*

PREFIX

The majority of Blue-branded ID cards display a three-character prefix in the first three positions of the subscriber's ID number. However, there are some exceptions to this; ID cards for the following products/programs do not have a prefix:

- Stand-alone vision and pharmacy when delivered through an intermediary model†
- Stand-alone dental products†
- Federal Employee Program (FEP) – has the letter “R” in front of the ID number†

†Follow instructions printed on these ID cards for how to verify eligibility and submit claims and for contact information.

The prefix is critical for any inquiries regarding the member, including eligibility and benefits, and is necessary for proper claim filing. When filing the claim, always enter the ID number exactly as it appears on the member's card, inclusive of the prefix, and include this complete identification number on any documents pertaining to services to ensure accurate handling by the Blue Plan.

A correct member ID number includes the prefix in the first three positions and all subsequent characters — up to a total of 17 positions. Thus, you may see cards with ID numbers consisting of the prefix followed by between six and 14 numbers/letters. The following are examples of ID numbers with the prefix highlighted:

A1C1234567

Prefix

A1C1234H567

Prefix

A1CD1234H567

Prefix

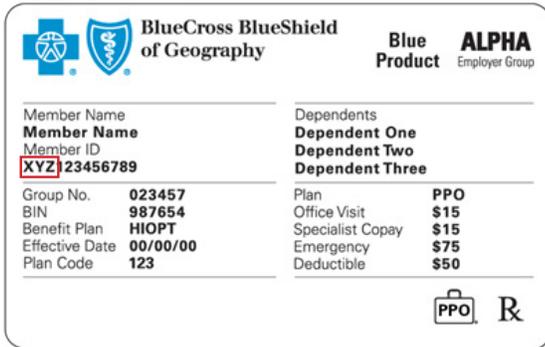
A1CD1234H56789012

Prefix

Tip for success

Use only the prefix from the member's current ID card. If there is no prefix on the card, do not create one or use a prefix from another member's ID card, even one from the same Blue Plan. It may cause delays in the handling of your claim. If the card presented has no prefix, follow the instructions on the back of the card for claims handling.

Shown below is an example of a Blue ID card with the prefix highlighted:

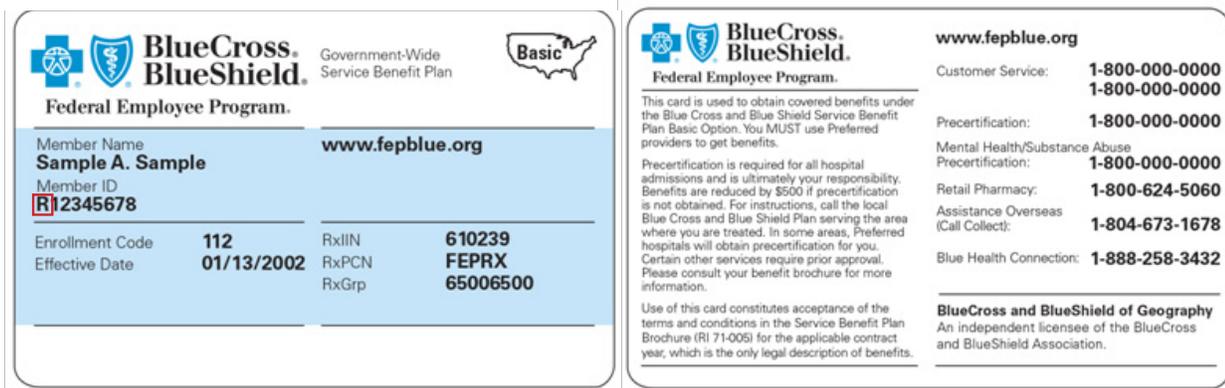


PLAN-SPECIFIC INFORMATION

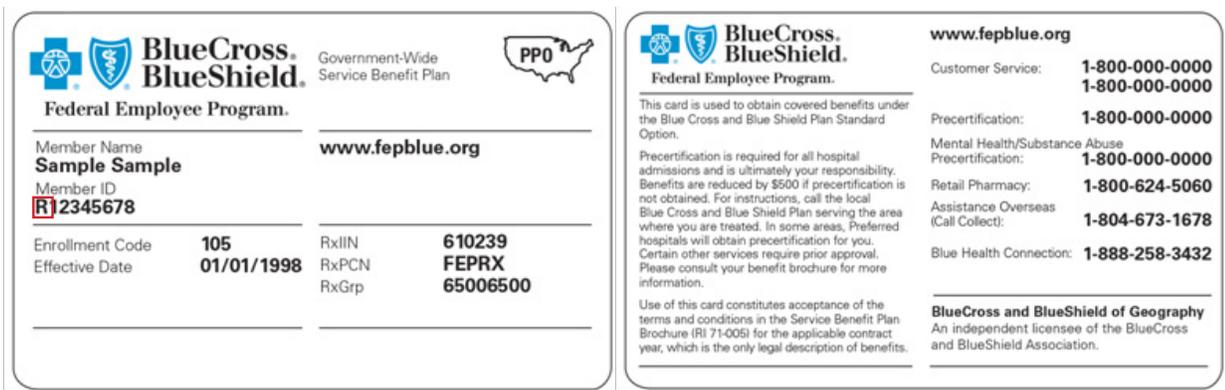
Federal Employee Program

ID cards for FEP members do not display a three-character prefix. Rather, all FEP member ID numbers begin with the letter “R,” as highlighted on the sample ID card below.

Example of FEP Basic ID card:



Example of FEP Standard ID card:



International Licensees

Occasionally, you may see ID cards from members of International Licensees, which are independent Licensees of the BCBSA. Currently those Licensees include:

- Triple-S Salud (Blue Cross Blue Shield of Puerto Rico)
- Blue Cross Blue Shield (BCBS) of the U.S. Virgin Islands
- Blue Cross and Blue Shield of Panama
- BlueCross & BlueShield of Uruguay
- Blue Cross Blue Shield of Costa Rica
- GeoBlueSM, the Blue International Solutions Licensee located in King of Prussia, Pennsylvania, which provides coverage for students and expatriates of other nations while in the United States

ID cards from these Licensees will contain a three-character prefix and may or may not have one of the benefit product logos referenced in the *Benefit Product Logos and Sample ID Cards* section of this guide.

Treat these members as you would domestic Blue Plan members and do not collect any payment from them beyond cost-sharing amounts (i.e., deductible, coinsurance, copayment). Independence network providers should send all claims for out-of-area Blue Plan members — domestic and international — to Independence for processing.

Example of an ID card from an International Licensee:

 BlueCross & BlueShield de Uruguay		 BlueCross & BlueShield de Uruguay		www.bcbsu.com.uy	
MEMBER NAME	Plan	Clientes: Por beneficios consulte su contrato. La posesión de esta tarjeta no garantiza la elegibilidad de los beneficios.		Uruguay Atención al Cliente: (598-2) 707-7575	
Member Name	1400	Proveedores en Uruguay: Para verificar elegibilidad y beneficios, por favor llamar a nuestras oficinas. Dirija facturas por servicios médicos a nuestra dirección.		United States (E.E.U.U.) Customer Service: (598-2) 707-7575 Provider Finder: 1-800-810-2583 Eligibility: 1-800-676-2583	
MEMBER ID	RPA PREMIUM	Providers in the United States: To verify membership eligibility, please call Eligibility line. Providers should file all claims to the local BlueCross and/or BlueShield Plan in whose Service Area the member received services.		BlueCross & BlueShield de Uruguay Lord Ponsonby 2456 11600 Montevideo, Uruguay An Independent Licensee of the BlueCross and BlueShield Association.	
XYZ 0123456789	Expiration Date: May. 31, 2011				
Plan	PPO				
GROUP	URU038				
BC/BS Plan Codes: 154/654					
CREDENCIAL PARA USO EXCLUSIVO FUERA DE URUGUAY					

Canadian ID cards

The Canadian Association of Blue Cross Plans and its member Plans are separate and distinct from the BCBSA and its member Plans in the United States. You may occasionally see ID cards for people who are covered by a Canadian Blue Cross Plan. Please note that claims for Canadian Blue Cross Plan members are **not** processed through the BlueCard Program.

BENEFIT PRODUCT LOGOS AND SAMPLE ID CARDS

In this section are various logos that may be displayed on member ID cards for Blue Cross and/or Blue Shield Plans in the United States and for International Licensees licensed through BCBSA. Member ID cards may include one of several logos identifying the type of coverage the member has and/or indicating the provider's reimbursement level.

Tip for success

The appearance of a benefit product logo is not a guarantee of payment. Reimbursement to providers is based on a combination of what services are covered under the member's benefit plan in conjunction with a provider's agreement with Independence.

Blank (empty) suitcase

A blank (empty) suitcase logo on the front of a member's ID card signifies that the member has out-of-area coverage that is not a PPO product. Benefit products that display a blank (empty) suitcase logo on ID cards include:

- Traditional
- HMO (Health Maintenance Organization)
- POS (Point of Service)
- limited benefits products

Note: Because there are different benefit plans represented by the blank (empty) suitcase logo, always verify eligibility and benefits using PEAR PM or by calling [1-800-676-BLUE \(2583\)](tel:1-800-676-BLUE).

PPO in a suitcase

When you see the “PPO in a suitcase” logo on the front of the member's ID card, it means that the member has PPO (Preferred Provider Organization) or EPO (Exclusive Provider Organization) benefits available for medical services received within or outside of the United States. It also means that the provider will be reimbursed for covered services in accordance with the provider's PPO contract with Independence.

If you do not have a PPO contract with Independence, reimbursement for covered services will be made in accordance with your non-PPO contract with Independence.

PPOB in a suitcase

When you see the “PPOB in a suitcase” logo on the front of the member's ID card, it means the member has selected a PPO product from a Blue Plan and the member has access to a new PPO network, referred to as BlueCard PPO Basic.

Reimbursement for covered services will be made in accordance with your PPO or Traditional contract with Independence.

No suitcase

Some Blue ID cards do not have a suitcase logo, including ID cards for Medicaid, State Children's Health Insurance Programs (SCHIP) administered as a part of a state's Medicaid program, and Medicare Complementary and Supplemental products, also known as Medigap.

Government-determined reimbursement levels apply to these products.

Tip for success

While Independence would route these “no suitcase” claims for out-of-area members to the member's Home Blue Plan, most Medigap claims are sent directly from the Medicare intermediary to the member's Home Blue Plan via the established electronic Medicare crossover process.

Medicare Advantage product ID cards

Member ID cards for Medicare Advantage products display one of the following benefit product logos:

	Health Maintenance Organization
	Medical Savings Account
	Private Fee-for-Service
	Point of Service
	Network Sharing Preferred Provider Organization

When these Medicare Advantage logos are displayed on the front of a member's ID card, it indicates the coverage type the member has in his/her Blue Plan service area or region. However, when the member receives services outside his/her Blue Plan service area or region, provider reimbursement for covered services is based on the Medicare allowed amount, except for PPO network sharing arrangements.

Independence participates in Medicare Advantage PPO (MAPPO) Network Sharing arrangements, and contracted provider reimbursement is based on the contracted rate with Independence. Non-contracted provider reimbursement is the Medicare allowed amount based on where services are rendered.

Tip for success

Some MAPPO members have limited benefits outside of their Home Plan's service area. Providers should refer to the back the member's ID card for language indicating such restrictions.

Independence Medicare Advantage HMO and PPO members

If you have a contract for the product that the member has and treat an Independence Medicare Advantage HMO or PPO member, then you will receive your contracted rate for those local members. If you do not have a contract for the product that the member has, then you will receive reimbursement for covered services based on the Medicare allowed amount.

Out-of-area members

If you are contracted for MAPPO, then you will receive your contracted rate when you treat any Blue member with the MAPPO logo on their ID card. If you are not contracted for MAPPO, then you will always receive the Medicare allowed amount for covered services when you treat MAPPO members. If you are contracted for MAPPO and you treat members with other Medicare Advantage products, you will receive the Medicare allowed amount for covered services.

Note: If you are contracted for Blue PPO members but not for MAPPO, you will receive the Medicare allowed amount for covered services.

Tip for success

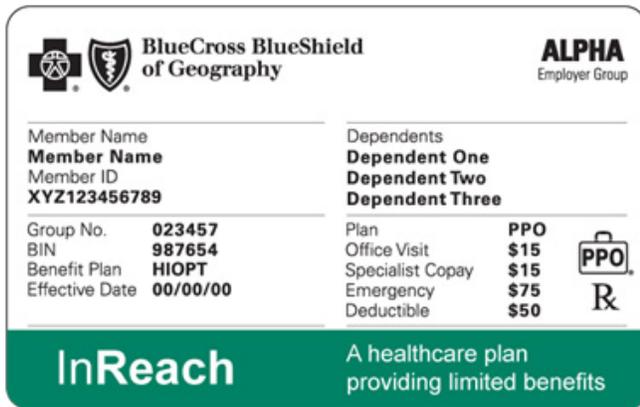
Medicare charge limitations may apply to Medicare Advantage claims.

Limited benefits product ID cards

Members with Blue limited benefits coverage (i.e., annual benefits limited to \$50,000 or less) carry ID cards that may have one or more of the following indicators:

- product names (e.g., InReach, MyBasic, or some other non-Blue name);
- green stripe at the bottom of the card;
- statement either on the front or back of the ID card stating this is a limited benefits product;
- black Blue Cross and/or Blue Shield trademarks to help differentiate from other Blue ID cards.

ID cards for members with limited benefits coverage may look like the following sample:



Tips for success

- *In addition to obtaining a copy of the member's ID card, regardless of the benefit product type, always verify eligibility and benefits through PEAR PM or by calling [1-800-676-BLUE \(2583\)](tel:1-800-676-BLUE). You will receive the member's accumulated benefits both through PEAR PM or by phone to help you understand his/her remaining benefits.*
- *If the cost of service extends beyond the member's benefit coverage limit, please inform your patient of any additional liability he/she might have.*

Consumer-directed health care and health care debit cards

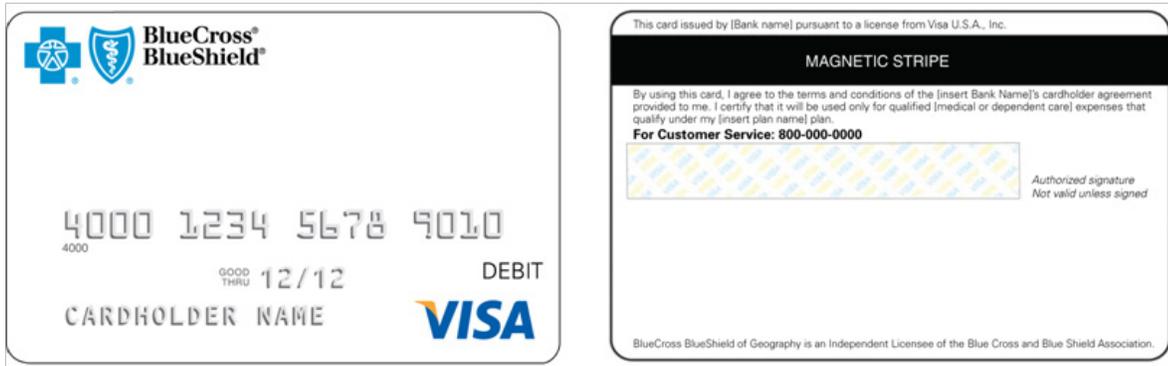
Members who have consumer-directed health care (CDHC) plans often carry health care debit cards that allow them to pay for out-of-pocket costs using funds from their Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), or Flexible Spending Account (FSA). All three are tax-favored accounts often offered by the member's employer to pay for eligible expenses not covered by the health plan.

Some cards are "stand-alone" debit cards that cover eligible out-of-pocket costs, while others also serve as a health plan member ID card. These debit cards can help you simplify your administration process and can potentially help to:

- reduce bad debt
- reduce paperwork for billing statements
- minimize bookkeeping and patient account functions for handling cash and checks
- avoid unnecessary claim payment delays

In some cases, the card will display the Blue Cross and/or Blue Shield trademarks, along with the logo from a major debit card such as MasterCard® or Visa®.

Below is a sample stand-alone health care debit card:



Here is a sample of a combined health care debit card and member ID card:



The cards include a magnetic strip allowing providers to swipe the card to collect the member's cost-sharing amount (i.e., copayment, coinsurance, deductible). With health care debit cards, members can pay for copayments and other out-of-pocket expenses by swiping the card through any debit card swipe terminal. The funds will be deducted automatically from the member's appropriate HRA, HSA, or FSA account.

Tips for success

- Using the member's current member ID number, including the prefix, carefully determine the member's financial responsibility before processing payment. Verify eligibility and benefits through PEAR PM or by calling [1-800-676-BLUE \(2583\)](tel:1-800-676-BLUE).
- All services, regardless of whether you've collected the member responsibility at the time of service, must be billed to Independence for proper benefit determination and to update the member's claim history.
- Please do not use the card to process full payment up front. If you have any questions about the member's benefits, please call [1-800-676-BLUE \(2583\)](tel:1-800-676-BLUE). For questions about the health care debit card processing instructions or for payment issues, please contact the debit card administrator's number on the back of the card.