



November 2008

eMCS Automated Solutions

Blues ID cards get new look

We've recently given our member ID cards a facelift. Blue Cross Blue Shield of Michigan and Blue Care Network have redesigned member ID cards to meet Blue Cross and Blue Shield Association mandates. The purpose of the redesign is to give all Blues ID cards a similar look and feel so they're easier to use wherever they're presented. The new cards are being issued in phases, with all members receiving a new card by Jan. 1, 2011.

Changes include the following:

- The BCBSM card will now display the member's name as first name, middle initial and last name. (BCN ID cards are already displayed this way.) If the full name is longer than 17 characters, BCBSM may shorten the first name.

Note: You will continue to key in the subscriber's name on eMCS the following way: last, first and middle.

- We've added a magnetic strip on the back of the card. The strip currently includes the issuer ID number, contract number, including the alpha-prefix as well as the subscriber's name and date of birth.

Note: You should request a new ID card if you modify the subscriber's date of birth because DOB information is now embedded in the magnetic strip.

- We've added an "issuer ID number" on the front. This number identifies the Blue plan that issued the card, whether it's BCBSM or another plan.
- The group number and plan code have been eliminated from the front of the card. While the Blue Cross and Blue Shield Association didn't mandate that Blue plans remove these elements, it is consistent with their position that the ID card be used as a "key" to access eligibility and benefits rather than as a source of that information.
- Phone numbers are now located on the right-hand side of the back of the card.

Welcome to the November 2008 issue of *Automated Solutions*, the newsletter for Blues groups who use the electronic Membership Collection System and Health Care Benefits Online.

This guide gives easy instructions for managing group accounts and using the *Secured Services* features of **bcbasm.com** and **MiBCN.com**.

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BCBSM ID card opens door to hyphenation

As a result of the changes to the BCBSM ID card, you will be able to enter hyphenated names into eMCS. The system is scheduled to start allowing this as of **Nov. 21, 2008**. Consult our eMCS Bulletin Board to confirm the implementation date. (This is only for BCBSM groups. BCN and national groups using HCBO must continue to type a hyphenated name as one word.)

CORRECT: Key in subscriber name as Smith-Jones David. The name will appear on the card as follows: DAVID SMITH-JONES.

Contract/SSN:	565857657	Group/Suffix:	12345 000	Cluster Code:	D622
Status Code:	Active	Paid To Date:	12/01/08	File Reference Check:	No
Subscriber Name (last first middle):	Smith-Jones David	Marital Status:			

INCORRECT: Do not key in Smith Jones David without the hyphen.

Contract/SSN:	423423412	Group/Suffix:	12345 000	Cluster Code:	D622
Status Code:	Active	Paid To Date:	12/01/08	File Reference Check:	No
Subscriber Name (last first middle):	Smith Jones David	Marital Status:	Single		

In some situations, the name on the ID card may not appear in its entirety due to the 17-character system limitation. Using Jane Johnson-Smith as an example, we suggest you key in the name as follows: Johnson-Smith J. The name will appear on the card as J JOHNSON-SMITH. See image below.

Contract/SSN:	423423412	Group/Suffix:	12345 000	Cluster Code:	D622
Status Code:	Active	Paid To Date:	12/01/08	File Reference Check:	No
Subscriber Name (last first middle):	Johnson-Smith J	Marital Status:	Single		

Terminate old users

Company administrators, we need your help. In past issues, we have reminded you to make sure you terminate any user who has left your company or no longer needs access to *Secured Services*. This is to ensure that your company's information can only be accessed by users who require it.

In a recent audit, we found that there are several thousand user IDs that have been locked for nonuse, but never terminated. There may be good reasons for this. We are asking you to review your locked user IDs and terminate those that should not be reactivated. It's a simple process. Just follow the steps below or call an eMCS specialist at 866-676-4858 for assistance.

1. Log in to *Group Secured Services*.
2. Click on *My Account*.

3. Click on *My Users*.
4. Click on *Show All Users*.
5. Click on user name that you want to permanently terminate.
6. Click on *Lock Account* and type reason for revoking access (e.g., no longer with company, left position or department).
7. Click on *Permanently Terminate* and type reason.

Transition ineligible dependents to alternate plans

As you remove ineligible dependents from subscriber contracts, please inform members of the alternative options open to these dependents (e.g., COBRA or direct-pay coverage). We recently sent a mailing about this issue to Blues members with dependents who reached or will reach age 19 or 25 by Dec. 31, 2008. We provided options for transitioning dependents to other coverage, along with a list of the affected dependents.

To view the mailers, go to *Group Publications*. If your subscriber's ineligible dependent needs assistance with enrolling in a plan, please direct the subscriber to the **MyBlueSM** Web site. The member can also call 877-4MY-BLUE for more information.

Below are guidelines for changing a dependent's coverage. Make eligible dependent changes effective January 2009, using your group's day digit. For specific instructions, please refer to your eMCS manual.

BCBSM dependent children continuation coverage

If your group has this rider and a 19-year-old dependent meets the eligibility requirements to remain on the subscriber's contract, no change is necessary.

BCBSM dependent family continuation coverage

If your group has this rider, you can change 19-year-old dependents to family continuation dependent status, as long as they meet eligibility requirements.

To change a dependent to family continuation coverage:

1. Click on *Modify Contract* from the eMCS menu.
2. Enter the contract number and group and suffix number.
3. Click on *Continue*.
4. Click on *Modify* in the *Action* field before the dependent's name.
5. Change the relationship to *Family Continuation*.
6. Type the effective date of the change in the *Eff Date* field.
7. Click on *Submit*.

BCBSM sponsored dependent status

If your group has this rider, you can change 25-year-old dependents to sponsored dependent status, as long as they meet eligibility requirements.

To change a dependent to sponsored dependent coverage:

1. Click on *Modify Contract* in the eMCS menu.

2. Enter the contract number and group and suffix number.
3. Click on *Continue*.
4. Click on *Cancel* in the *Action* field to the left of the dependent's name.
5. Key in the effective date of the cancellation in the *Eff Date* field.
6. Click on *Add New*.
7. Key in the name of the cancelled dependent and select the *Sponsored Dependent* option from the drop-down menu.
8. Key in date of birth in the appropriate field.
9. Select the sex from the drop-down menu.
10. Type the date the change is effective in the *Eff Date* field. This date should be the same as the effective date of cancellation to ensure there is no lapse in coverage.
11. Click on *Submit*.

Move a BCBSM dependent to COBRA

To move a dependent who is 19 or 25 years old to COBRA:

1. Cancel the dependent (use steps 1-5 in the "sponsored dependent" section above).
2. Use your group's billing day digit in January 2009 as the cancellation date.
3. Add the dependent following the "Add New Contract" steps in the eMCS training guide. Put a "6" in the ninth position of the service code to indicate the COBRA period of 36 months.

Please see your eMCS manual for more detailed instructions.

BCN dependent cancellation

Please refer to your **BCN** manual located on the eMCS BCN home page.

- Use Dec. 31, 2008, as the effective date.
- Select a cancellation reason code and click on *Submit*.

Move a 19- or 25-year-old BCN dependent to COBRA coverage

1. Cancel the dependent using the cancellation procedure found in your eMCS BCN manual.
2. Use Dec. 31, 2008, as the cancellation date.
3. Add the dependent, following the steps listed under *Add New Hire* in the manual.
4. Change the contract type to reflect COBRA by populating the COBRA indicator field with yes.

We need your members' full first names

Modify Member - BCBSM

Please Enter Information

↓ SUCCESSFUL TRANSACTION

BACK | ◀ PREVIOUS MEMBER | NEXT MEMBER ▶

Modify Member Form

Modify STUART

Contract: 123123123 Group: 00862000 Date of Hire: 06-01-2005

Managing Agent: Agent: Agent Effective Dates:

Subscriber: MOUSE MICKEY

Member SSN: 121212121 HICN (1):

First Name: STUART HICN (2):

Middle Name: Med A:

Last Name: LITTLE Med B:

Special Last Name: NO Comp Coverage:

Gender: Male Pre-existing Date:

Birth: 01-01-2001 Cert:

Submit

Annotations:

- Add date of hire. (points to Date of Hire field)
- Add member's Social Security number. (points to Member SSN field)
- Complete member's first name. (points to First Name field)
- Add last name IF different from subscribers. (points to Last Name field)

To ensure your members receive the best service possible, always enter each member's full first name in the *Modify Member Form* when adding a contract.

This step is important for the following reasons:

- It gives us a complete record of the member for any required governmental reporting, such as to the Centers for Medicare and Medicaid Services for Medicare-eligible members.
- It allows us to issue accurate ID cards to members with enhancements such as vendor feeds, claims and coordination of benefits to name.
- A *Certificate of Credible Coverage* should contain the member's full first name.
- A complete name maximizes the effectiveness of COB collection.

Note: The Blues are evaluating new technology to aid in the collection of COB information and other member communications. For example, using automated outbound call technology and interactive voice recognition, or IVR solutions will streamline the process of collecting COB information and improve the response rates, thus reducing the need to reject claims for nonrespondents to serve our members more efficiently.

Please keep these things in mind as you enter new contracts in the *Modify Member Form* screen (pictured above). You can also add the last name of the member if it is different from the subscribers. Here's a guide to when you should enter the member name.

Adding single contract

When you add a single person contract, eMCS moves to that person's *Modify Member Form*. Enter the date of hire and key in the full name.

Adding two-person contract

When you add the spouse's Social Security number to the *Add Contract Form*, eMCS will send you to the spouse's *Modify Member Form*. Key in the date of hire. Then, enter the complete first name of the spouse. Click on *Submit*. To move on to another member, click on *Next Member* or *Previous Member*.

Adding family contract

When you add the spouse's SSN to the *Add Contract Form*, eMCS will send you to the first dependent on the *Add Contract Form*. Add the date of hire, the dependent's SSN, if available, and make any necessary modifications the dependent's name.

Check accuracy of Medicare freestanding contracts

BCBSM sends Medicare Secondary Payer records to CMS on a quarterly basis. CMS makes changes to member's primary payer indicator based on this submitted information. BCBSM has received several inquiries about Medicare-eligible members' freestanding records. In some cases, claims are not being processed correctly.

For subscribers that have a Medical/Surgical contract and a freestanding ancillary contract, the primary indicator for both should be the same.

- If the prefix code on the Medical/Surgical contract is *Comp Part A & B* (relationship code prefix 3), the prefix code on the freestanding ancillary contract should be *Comp Part B* only (relationship code prefix 2). This indicates Medicare as the primary payer.
- If the prefix code on the Medical/Surgical contract is *Working Aged/Over 65* (relationship code prefix 4), *Disabled Under 65* (relationship code 5) or *End Stage Renal Disease* (relationship code 6), then the prefix code

on the freestanding ancillary contract should be *Working Aged/Over 65* (relationship code prefix 4). This indicates BCBSM as the primary payer.

If the freestanding record does not have the correct relationship prefix, it could result in the member being assigned an incorrect primary payer indicator by CMS. Follow the procedure below to ensure the relationship prefix is correct. This will help you avoid potential claims issues for Medicare primary members with a freestanding ancillary contract. Download the *Medicare Secondary Payer Fact Sheet* for more detailed information.

Medicare Secondary Payer procedure

Follow the "Actively Working" chart below for members:

- Enrolled through an employer's health plan
- Actively working
- Enrolling as a subscriber in a freestanding ancillary contract (no medical coverage)

Actively Working

If the member ...	And this condition exists ...	Primary payer should be ...
Is 65 or older and enrolled through Medicare (applies to employee or spouse only)	The employer has less than 20 employees on payroll (including full time and part time)	Medicare — prefix code should be <i>Comp Part B</i> only (relationship code prefix 2)
	The employer has 20 or more employees on payroll (including full time and part time)	BCBSM — prefix code should be <i>Working Aged/Over 65</i> (relationship code prefix 4)
Is 64 or younger and enrolled through Medicare due to a disability (applies to employee, spouse, dependent and sponsored dependents)	The employer has less than 100 employees on payroll (including full time and part time)	Medicare — prefix code should be <i>Comp Part B</i> only (relationship code prefix 2)
	The employer has more than 100 employees on payroll (including full time and part time)	BCBSM — prefix code should be <i>Disabled Under 65</i> (relationship code prefix 5)
Has ESRD (applies to all members)	Is in the first 30 months of eligibility or entitlement to Medicare	BCBSM — prefix code should be <i>ESRD</i> (relationship code prefix 6)
	After 30 months ...	Medicare — prefix code should be <i>Comp Part B</i> only (relationship code prefix 2)

Check accuracy of Medicare freestanding contracts *(cont.)*

Follow the “Not Actively Working” chart below as a guide for members:

- Enrolled through an employer’s health plan
- Not actively working (COBRA contract or retiree contract)
- Enrolling as a subscriber in a freestanding ancillary contract (no medical coverage)

Not Actively Working

If the member ...	And this condition exists ...	Primary payer should be ...
Is 65 or older and enrolled through Medicare (applies to all members)		Medicare — prefix code should be <i>Comp Part B</i> only (relationship code prefix 2)
Is 64 or younger and enrolled through Medicare due to a disability (applies to all members)		Medicare — prefix code should be <i>Comp Part B</i> only (relationship code prefix 2)
Has ESRD (applies to all members)	Is in the first 30 months of eligibility or entitlement to Medicare	BCBSM — prefix code should be <i>ESRD</i> (relationship code prefix 6)
	After 30 months ...	Medicare — prefix code should be <i>Comp Part B</i> only (relationship code prefix 2)



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Thank you for choosing the Blues!

Important telephone numbers

If you are a local group, please call 866-676-4858 with any questions or problems you have with the eMCS.

National groups should call 313-983-0924.

Blue Choice®

For claim inquiries, call Blue Choice Customer Service at 800-645-2583. If you are in the 616 area code and have claim inquiries, call Blue Choice Customer Service at 800-972-8344.

For membership and billing questions, call Group Billing at 800-414-3458.

Blue Care Network

To reach the BCN customer help line, call 800-970-6684.

For help with eMCS, call 248-799-6481. If you can't process updates through eMCS, please fax the information to 877-218-1466 or 248-799-6327.

Automated Solutions

If you have any comments or suggestions for Automated Solutions, please call our eMCS help line at 866-676-4858.

Thank you for choosing Michigan's most trusted name in health care, Blue Cross Blue Shield of Michigan and Blue Care Network.