



September 2009

eMCS and HCBO Automated Solutions

Two company administrators are better than one

The Blues recommend that companies always assign two company administrators to their *Secured Services* profile. This will allow uninterrupted service in the event one of your company administrators abruptly leaves your company or becomes otherwise unavailable.

Call our eMCS help line at 866-676-4858 if you would like advice or help with this procedure.



Cancel former employees' access to Secured Services

We encourage you to terminate access for any user who has left your company or no longer needs access to *Secured Services*. It's critical to limit access to your company's information.

In a recent audit, we found a number of user IDs that have been locked for nonuse, but never terminated. To address this issue:

- Review your locked user IDs.
- Decide which **should not** be reactivated and terminate those user IDs.

Termination is 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 the user name that you want to permanently terminate.
6. Click on *Lock Account*, and type the reason for revoking access (for example, no longer with company, left position or department).

Welcome to the September 2009 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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New tool improves reinstate contract procedure

While reinstating a contract, you may have had a session timeout or an error message appear when you hit *Submit*. We've improved the *Reinstate Contract* screen to address this. You can now cancel and restart the reinstatement process, if necessary.

If you are unable to complete the reinstatement of a subscriber, you can now click a *Cancel* button. Clicking on *Cancel* will end your current session and allow you to start at the process again at the beginning. (See the illustration below.)

To use this feature:



The screenshot shows a web application interface for BCBSM. On the left is a navigation menu with options like 'Contract Inquiry', 'Claim Inquiry', 'Group Inquiry', 'Add New Contract', 'Cancel Contract', 'Modify Contract', 'Reinstate Contract', 'Transfer Contract', and 'Subscriber Level Invoice Messages'. The main content area is titled 'Reinstate Contract - BCBSM' and shows a user logged in as 'User: ly542 User Type: TRAINER'. Below the title is a message: 'Please Enter Information' followed by a green error banner: 'An exception was encountered with your request. Please try again.' Below this is a 'Reinstate Contract Form' with the text 'You have pending changes for the following contract'. The form contains two input fields: 'Contract/SSN:*' with the value '313313313' and 'Group/Suffix:*' with the value '01872001'. At the bottom of the form are three buttons: 'Continue', 'Clear', and 'Cancel'. A note at the bottom of the form states: '* All items marked with asterisks are required.'

1. Close out of the *Reinstate Contract* screen by clicking *Clear* at the bottom of the screen. Follow prompts.
2. Click on the *Reinstate Contract* button. The *Reinstate Contract* screen will now appear with the *Cancel* button. The *Contract/SSN* and *Group/Suffix* fields will be populated with the subscriber you were unable to complete.
3. Click on the *Cancel* button.
4. Key in the subscriber's Social Security Number and group suffix again, then click *Continue*.

Access all group numbers with automatic updates feature

To ensure your users have access to all your group numbers, you must turn on the automatic update feature for each individual user. Only your company administrator can activate this feature. Our eMCS help desk cannot do it for you.

Instructions for implementing automatic updates are detailed on Page 81 of the *BCBSM Secured Services Company Administration Guide*.

To access this manual:

1. Go to **bcbsm.com**.
2. Click on *I Am A Group*.
3. Log in to *Secured Services*.
4. Click *Help* at the very bottom of the home page.
5. Click *Company Administration Guide* located under *User Guides*.

19- and 25-year-old dependent mailing is scheduled

In October 2009, you can expect to receive our annual notices of subscribers who have dependents who have reached 19 or 25 years old. If you have a group contact or address that needs to be updated, please contact your Blues sales representative or contracted agent.

Clear your browser to improve system performance

It's best to periodically clear your browsing history cookies and temporary files. Often, error messages indicate a need to do this.

Follow these steps:

1. Open Internet Explorer
2. Go to *Tools*.
3. Click on *Internet Options*.
4. Under the *General* tab, go to *Browsing history*.
5. Click on *Delete*.

6. Go to *Temporary Internet Files* and click on *Delete files*.
7. When prompted, click *Yes*.
8. Repeat steps six and seven for *Cookies* and *History*.
9. Click *Close*.
10. Click *OK*.
11. Hit *Refresh* (shortcut is F5 key).

If clearing your browser does not resolve your problem, call our eMCS help line.

Reminder: Add Social Security numbers for CMS compliance

As previously reported, a new federal law requires Blue Cross Blue Shield of Michigan and Blue Care Network to report Social Security numbers to the Centers for Medicare and Medicaid Services. We are asking for your help in obtaining Social Security numbers from your members and submitting them to us through eMCS or HCBO by the deadlines listed below. New members who are impacted by the mandate will not be added without a valid SSN.

- Immediately, we need numbers for **all actively employed subscribers age 55 and older** and **members (covered spouses and dependents age 55 and older)** with effective dates of coverage on or after Jan. 1, 2009. Failure to provide requested Social Security numbers for members age 55 and older will result in cancellation of coverage.
- Beginning Jan. 1, 2011, we must report Social Security numbers for all **members 45 and older (including covered spouses and dependents)**.

On a quarterly basis, we will provide you with a list of subscribers and their dependents who must meet these mandates, but are missing Social Security numbers in our data base.



If you use eMCS, follow the instructions below to add Social Security numbers.

1. For a subscriber, go to the *Add Contract* screen. Enter the valid SSN in the *Contract/SSN* field.
2. For a spouse, go to the *Modify Contract* screen. Enter the valid SSN in the *Spouse SSN* field.
3. For a dependent, click on the *Modify Member* screen. Enter the valid SSN in the *Member SSN* field.

Call the eMCS hot line at 877-676-4858 if you need assistance, or refer to the June 2009 issue of *Automated Solutions*.

If you use HCBO:

- Go to the *Add Subscriber* screen.
- To add a subscriber, enter a valid SSN in the *Social Security Number* field for the subscriber.
- To update subscriber information, fax a completed *Enrollment Change of Status* form to 866-394-8200 to change the subscriber's Social Security number.
- To add a dependent (spouse and dependents), go to the *Add Dependents* screen. Enter a valid SSN in the *Social Security Number* field for the dependent.
- To update dependent information, enter a valid SSN in the *Social Security Number* field for the dependent.

Call the HCBO hot line at 313-983-0924 if you need assistance, or refer to the June 2009 issue of *Automated Solutions*.

CMS mandate requires Health Insurance Claim numbers

CMS requires Health Insurance Claim numbers when you add or change a member's status to End Stage Renal Disease or disabled, regardless of age. Please do not change the relationship to a member with ESRD or disabled member unless you have the HICN. Federal law assesses a \$1,000 penalty if the HICN is not submitted.

Add HICN for dependents in the Modify Member screen:

Modify Member Form

Modify STUART

Contract: **123123123** Group: **00862000** Date of Hire:

Managing Agent: Agent: Agent Effective Date:

Subscriber: **MOUSE MICKEY**

Member SSN: HICN (1):

First Name: HICN (2):

Add dependent's HICN in *Modify Member* screen.

Add HICN for spouse or subscriber in the Modify Contract screen:

Home Phone: Day Phone: Ext.

Subscriber HIC: Spouse HIC:

Spouse SSN: New Hire Classification Code:

ID Card:

Add spouse or subscriber HICN in *Modify Contract* screen.

For HCBO users, it is important to change a member's information to reflect COBRA or retired status, when appropriate.

Add COBRA, retired or Medicare information in the Update Subscriber screen:

Update Subscriber - Microsoft Internet Explorer provided by Blue Cross Blue Shield of MI

https://hcb.com/hcbo/ds/contractMaint/updateContract?changeSubscriberMedicareButton.x=0

File Edit View Favorites Tools Help

RSD Business Services Update Subscriber

Leverage information

Benefit Status:

Employment Status:

Medicare:

Medicare A Effective Date:

Medicare A End Date:

Medicare HIB #:

One or all of these text fields may be modified to reflect the member's status.

Guidelines outlined for medical child support orders (NMSN and QMCSO)

A National Medical Support Notice is a standardized medical child support order that is used to enforce medical child support obligations. When a group's plan administrator receives a NMSN they are required to determine whether it is a Qualified Medical Child Support Order.

If it is determined to be a QMCSO, the group must indicate so in the Plan Administrator Response section (located on Part B of the NMSN). The notice is then forwarded to Blue Cross along with the Enrollment Change of Status form for processing.

Children subject to a QMCSO must be allowed to enroll at any time regardless of the open enrollment period. Blue Cross will enroll the children (and employee, if necessary) as of the earliest possible date after receiving the group's notice that it has determined that the court order meets the requirements of a QMCSO.

When a child is the subject of a QMCSO, Michigan law requires Blue Cross and the group health plan to:

- Allow the child to be enrolled by the state agency or the custodial parent through the state agency if the noncustodial parent is enrolled but fails to apply for dependent coverage.
- Continue the child's coverage unless:
 1. Required premiums have not been paid.
 2. There is written evidence that the court or administrative order is no longer in effect.
 3. The child is or will be enrolled in comparable health coverage that will take effect no later than the effective date of the cancellation of the existing coverage.
 4. The employer eliminates dependent health care for all its employees.

Rights of Custodial Parents

Regarding custodial parents whose children are the subject of a QMCSO, Blue Cross and the group health plan are legally required by Michigan law to:

- Provide the custodial parent with information necessary for the child to obtain benefits through that coverage.
- Accept claims submitted by the custodial parent or provider — even without the noncustodial parent's permission.

If applicable, reimburse or make payment on claims submitted by the custodial parent or medical provider for services obtained pursuant to the QMCSO.



Key HCBO portal contacts

Issue	Solution
Online registration for HCBO Self-Serve Scheduling Tool training	<ol style="list-style-type: none"> 1. Go to bcbsm.com. 2. Click on <i>I Am A Group</i>. 3. Click on <i>More</i>. 4. In left-hand navigation, go to <i>Group Services</i>. 5. Click on <i>Training</i>. 6. Scroll to second section titled <i>Learn how to use the HCBO Membership Tool</i>. 7. Click on <i>HCBO Training</i>. 8. Complete registration form.
Request or remove user's Secured Services access.	<p>Performed by group's company administrator. (See above article: <i>Cancel former employee's access to Secured Services</i>.)</p> <p>Please note: It is imperative to remove access for any former Human Resources personnel.</p>
Problems with Blue Cross user ID or password	<ol style="list-style-type: none"> 1. Go to bcbsm.com. 2. Click on <i>I Am A Group</i>. 3. Click on <i>Login Help</i> listed under <i>Group Secured Services</i>. <p>If your problem cannot be resolved using the online help tools, contact our Blue Web Help Desk at 877-BLUE-WEB (877-258-3932).</p>
Auto/National and Corporate Coordination of Benefits membership.	<p>Call Auto/National and Corporate COB Membership Department at 800-331-3646.</p> <p>Business hours: Monday through Friday, 8:30 a.m. to 4:30 p.m. EST</p> <p>Fax number: 866-394-8200</p> <p>Note: Refer to the <i>Miscellaneous Information</i> tab to address additional concerns, such as:</p> <ul style="list-style-type: none"> • Retroactivity or updates more than 60 days old • Emergency prescription drug updates • QMCSO ID card requests
Human Resources Portal Customer Support and Information	<p>Call Customer Support at 313-983-0924.</p> <p>Business hours: Monday through Friday, 8 a.m. to 4 p.m. EST</p>
Submission of COB information to update COB Comment File	<ul style="list-style-type: none"> • Select <i>Coordination of Benefits</i> from the HR Tools Menu (Access the Coordination of Benefits section in the HCBO manual to complete the update). • Click on <i>Forms and Information</i> and download the COB form. • Print the form. • Mail completed form to: Auto/National and Corporate COB Membership Department MC B340 Blue Cross Blue Shield of Michigan 600 E. Lafayette Blvd. Detroit, MI 48226 • Or • Fax form to: 866-581-3946

Let us support you

HCBO specialists are available to assist national groups at 313-983-0924. You can fax membership documentation to an HCBO specialist at 313-225-0115. Indicate "HCBO" on the cover page.

Our local eMCS customers should continue calling 866-676-4858 for assistance with membership updates or other account-related issues.



The Blues make a healthier Michigan its mission

Because we believe in a healthier, stronger Michigan, making access to health care easy and affordable has been our mission for more than 70 years. We support community-based initiatives and partner with doctors and hospitals to improve health outcomes and reduce costs.

Visit bcbsm.com/home/commitment to learn more about our social mission initiatives.

Other important telephone numbers

Blue Choice®

For claim inquiries, call Blue Choice Customer Service toll-free at 800-645-2583. In area code 616, call Blue Choice Customer Service toll-free 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 800-970-6684. 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.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association