



August 2009

Dear Broker:

Blue Cross and Blue Shield of Nebraska will soon begin to transition our members to a new claims system. The new system will allow us to be more efficient in claims administration, more flexible with benefit designs and better prepared to meet the needs of our employer groups, members and health care provider partners.

**The transition to the new system will occur gradually over the next four years, with BluePride and ChamberBlue renewals and new sales beginning October 1, 2009.** This gradual migration schedule will help us maintain the same high level of service and support to you and your clients throughout the migration period.

This document provides you with information regarding changes that will occur when a group/individual customer moves to the new claims system. As appropriate, we will also be offering additional training opportunities for you (e.g. webinars) on specific topics. If you have any questions about this information, please contact a member of your Blue Cross and Blue Shield of Nebraska account service or sales team, or call the Broker and Group Leader Line at (888) 232-0942.

*This document provides you with important information regarding our transition to a new claims system and how it will impact your clients, including changes to:*

- *I.D. cards*
- *Provider network*
- *Explanation of Benefits (EOBs)*
- *Small group product design*
- *Group billings*
- *Member services portal*
- *Prescription drug claims processing*

## **Upcoming Migrations**

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- BluePride/ChamberBlue groups (2-50 eligible employees) will begin to migrate to the new claims system on renewal starting **October 1, 2009**.
- Individual under age 65 business, which includes the Depositor Program and Farm Bureau, will migrate to the new claims system effective **January 1, 2010**. (Please note that existing TempCare and Farm Bureau Short-Term Medical products will remain on the current system. New sales of the TempCare and Short-Term Medical plans with effective dates of January 1, 2010 and afterward will be set up under the new system.)
- BlueFreedom groups (51-99 eligible employees) will begin to migrate to the new claims system on renewal starting **January 1, 2010**.

**IMPORTANT NOTE:** Groups that offer dental coverage, Medicare Supplemental coverage or have anything other than a first of the month effective date will **not** migrate to the new claims system on their upcoming renewal date. Instead, they will be moved to the new system on their renewal later in the migration schedule. For example, if a group with BluePride coverage renewing November 1, 2009 also has dental coverage for its employees, the group will not migrate to the new claims system at this time. They will remain on the current system for the time being.

## New I.D. Cards

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As customers migrate to the new claims system, they will be issued new Blue Cross and Blue Shield of Nebraska I.D. cards with new alpha prefixes and I.D. numbers. The member's old I.D. number will be terminated as of the migration date, so it is very important that this new I.D. card must be used going forward or claims will be returned to the provider for resubmission.

The I.D. cards will look different than the current cards, and will display some different information. We have attached a sample I.D. card for your reference. A few notable differences are:

- The new I.D. card no longer lists the names of covered dependents. **Please note that eligible dependents are still covered under the subscriber's I.D. number;** their names just won't be displayed on the card itself.
- No hyphens or other special characters may be used in the subscriber name displayed on the I.D. card.
- Some information that was previously displayed on the old I.D. card may not appear on the new I.D. card. For example, the current BluePride I.D. card displays the plan's ambulance copay amount. This will not appear on the I.D. cards generated under the new system. The copay still applies; it merely isn't displayed on the card.
- I.D. cards will be mailed to members attached to a new, shortened Schedule of Benefits. This shortened Schedule will contain a very brief overview of the member's deductible, coinsurance and copay responsibilities under the plan. The member will receive a document called a *Schedule of Benefits Summary* in a separate mailing, which contains more detailed coverage information. Waiting period information, if applicable, will also be mailed to subscribers separately.

Under the new system, I.D. cards will be automatically generated one week prior to the renewal date. Please note that if Blue Cross and Blue Shield of Nebraska does not receive benefit design changes prior to the 15<sup>th</sup> of the month before renewal, members may receive a new set of cards if the group subsequently decides to make changes. For a group moving to the new system effective October 1, for example, we will process the assumed renewal on September 15, and I.D. cards for the group will be generated based on the group's existing plan design. If the group subsequently decides to change their benefit design, the system will automatically generate new I.D. cards to reflect the revised coverage.

## New Provider Network

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We have established a new provider network, called NETwork BLUE, for members whose plans have migrated to the new claims system.

Once a group/individual has migrated to the new claims system, employees and covered dependents must use NETwork BLUE providers in order to obtain benefits at the in-network level. Health claims from Nebraska providers outside the NETwork BLUE network will be processed as out of network—even if those providers are in our BluePreferred or Participating networks—and benefit payment for covered services will go directly to the member.

**IMPORTANT NOTE: The NETwork BLUE network is almost identical to the BluePreferred network statewide. It includes all nongovernmental acute care hospitals in Nebraska and approximately 93 percent of doctors.** A searchable online directory of NETwork BLUE providers will be available by mid-September at [www.bcbsne.com](http://www.bcbsne.com).

**The BlueCard Program will be unaffected by migration to the new system.** Members can continue to obtain in-network benefits outside Nebraska by using the local Blue Cross and Blue Shield Plan's BlueCard PPO providers.

## ***New Explanation of Benefits (EOBs)***

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Once a member has moved to the new claims system, the EOBs he/she receives will have a different format. We have developed a guide for members to help familiarize them with the new format of the EOB. A copy of this guide is attached to this e-mail for your reference.

Under the new claims system, EOBs will be processed and mailed every 7 to 13 days. Members will no longer receive a separate EOB for each claim; instead, they will receive one EOB reflecting action taken on all claims during that 7-13 day time period. Claims will be processed daily and providers will be issued benefit payment once a week.

**PLEASE NOTE:** For a period of time after a member migrates to the new claims system, he or she may receive EOBs processed under both the old claims system and the new one, depending on the dates of service.

## ***Small Group Product Design Changes***

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BluePride and ChamberBlue options will be experiencing some benefit design changes for new sales and renewals beginning October 1, 2009. You will receive information regarding BlueFreedom benefit design changes at a later date.

### **Routine and Preventive Care Services**

BluePride and ChamberBlue plans will now cover 100% of the allowable charges for in-network routine and preventive care services, regardless of the place of service.\* Routine in-network services that will be covered at 100% include (but are not limited to) the following:

- Office visits and periodic exams to determine physical development
- Routine mammograms, Pap smears and immunizations
- Cardiac stress tests
- Colorectal cancer screenings, including all tests and related services
- Pathology/laboratory/radiology/x-ray
- Hearing and vision exams (including refractions)

**\*PLEASE NOTE:** Out-of-network benefits for routine and preventive care services are subject to the plan's applicable deductible and coinsurance. BluePride Option 12 pays benefits for covered routine and preventive care subject to applicable deductible and coinsurance, in or out of network.

### **Emergency Room (ER) and Urgent Care Services**

ER and urgent care copays will now apply to both facility and professional (physician) charges. Previously, the copay applied only to the facility charge, and professional charges were subject to applicable deductible and coinsurance. Now the member will pay one copay for both facility and professional charges. Also, if the ER/urgent care facility is in either NETwork BLUE in Nebraska or the BlueCard network in another state, the treating physician will be considered in network.

### **Chiropractic Benefits**

Coverage for spinal manipulations has been enhanced to allow the physician to treat the covered member as they deem necessary up to the total session maximum of 20 visits per calendar year. The attending physician will monitor the treatment and determine the appropriate number of visits for the treatment plan.

### **Marketing Materials Update**

New versions of BluePride and ChamberBlue marketing materials will be available online at [www.bcsne.com](http://www.bcsne.com) under the "Agents and Brokers" tab. The new versions of marketing materials are for new sales and renewals beginning with effective dates of October 1, 2009. Please note that the current versions of all BluePride and ChamberBlue materials will continue to be available online until all existing business has migrated to the new system.

## Group and Individual Premium Billings

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Once a group has migrated to the new system, the premium billing they receive from us each month will look different. (See attached sample.) The monthly billing will change from a two-part form to a one-part form. The new group billing is divided into three sections:

1. **Adjustment Detail**—displays any adjustments that were made since the previous month's billing.
2. **Current Premium**—displays the current billing for all covered employees. Please note that Social Security Numbers will no longer be indicated on the group billing; only the employee's Blue Cross and Blue Shield of Nebraska contract (I.D.) number will be referenced.
3. **Premium Billing Change Worksheet**—If the group does not utilize BluesEnroll, this section provides space for the group leader to indicate any changes that need to be made for the next month's billing. The payment stub at the bottom of this section should be included with the month's premium payment.

The billing schedule will also change when a group migrates to the new system. Group billings will be produced the third Monday of every month.

**IMPORTANT NOTE: Once a group migrates to the new system, it is very important that the group pay the invoice as billed—no re-billing will be allowed. Therefore, it is very important that the group communicates their changes in a timely fashion.** Changes may be made via BluesEnroll, or they may be indicated on the Premium Billing Change Worksheet if the group doesn't use BluesEnroll. Changes will show up as adjustments on the following month's invoice.

**Changes to the format of the individual (nongroup) billing will be minimal.** The schedule for automatic bank debits will remain the same. Direct bill customers who are currently being billed either annually or semi-annually will be moved to a quarterly billing schedule upon migration.

Commissions will continue to be paid monthly under the new system.

## AccessBluePlus

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Members who have migrated to the new system will continue to have access to an online member services portal. The new portal is called *AccessBluePlus*.

*AccessBluePlus* offers the same functionality as the current *AccessBlue* portal, plus some new features. With *AccessBluePlus*, members will be able to obtain information about deductible status and amounts applied toward plan coinsurance maximums. *AccessBluePlus* also offers the E-Rep feature, which enables members to e-mail our Member Services Department with their questions.

Individual (nongroup) members can also make address changes via *AccessBluePlus*. (This feature is not available to group members, who should continue to follow existing procedures to make an address change.)

In order to use *AccessBluePlus*, members will need to register, even if they were previously registered to use *AccessBlue*. To register, members should go to [members.bcbsne.com](http://members.bcbsne.com) and select Member Registration. They will need their NEW I.D. card number and provide the requested information on the registration screen. Once they have submitted this information, they will receive an immediate confirmation e-mail that their *AccessBluePlus* registration was successful. Approximately three to five business days after they register online, they will receive a letter containing a user name reminder and a system-generated password they will need to use the first time they log into *AccessBluePlus*. Once they have received the letter, they will have 60 days to log in to *AccessBluePlus* with the system-generated password.

**IMPORTANT NOTE:** AccessBluePlus will only display claims information from the member's migration date forward. To view previous claims, members will need to log onto AccessBlue, using their old login I.D. number and password. Please note that if they do log into AccessBlue to view prior claims, it will display that the I.D. number has been terminated. This is not cause for concern. Once members migrate to the new system and are assigned their new I.D. number, their old I.D. number is terminated. Their coverage is now under a new, valid I.D. number on the new system.

## Prescription Drug Claims

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Eligibility information for prescription drug claims will be transitioned to the new system at the same time the member's health coverage moves over. No changes will occur in a group's prescription drug coverage as a result of migration to the new system. All prescription drug claims will continue to be adjudicated on the Prime Therapeutics system.

**IMPORTANT NOTE: Please note the following short-term claims processing change that only will impact members whose prescription drug benefits are subject to the health plan's deductible and coinsurance amounts (e.g. HSA-eligible high deductible health plans):**

Currently, when a member has a prescription filled at a participating retail pharmacy, benefits are adjudicated in real time at the time of purchase. So, for example, if the member has met his/her calendar year deductible, he/she will only be required to pay the plan's applicable coinsurance amount for the drug. **Between October 1, 2009 and January 1, 2010**, however, this real time adjudication functionality will not be available for members whose plans have migrated to the new system. During this time period, members may be required to pay the full cost of the drug at the pharmacy. Members who pay the full amount after satisfying their deductible will receive a refund check in the mail approximately 5 to 11 calendar days later. **Again, this temporary change will only impact members whose prescription drug benefits are subject to the health plan's deductible and coinsurance.**

Finally, please note that under the new system, benefit amounts paid by the health plan for all prescription drug claims will now go toward the member's overall contract benefit maximum. (Currently, this is the case only when prescription drug benefits are subject to the health plan's calendar year deductible and coinsurance.) For example, the member's copay for a prescription drug is \$5. The drug's allowable charge is \$30, which means the health plan paid \$25. That \$25 benefit payment will now go toward the member's overall contract maximum.

## Other Important Information

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### Deductible Carry-over

Some Blue Cross and Blue Shield of Nebraska group and individual (nongroup) health plans include a deductible carry-over provision. This provision stipulates that if a member does not meet the plan's deductible in a given year, covered charges incurred during October, November and December of that year may be carried over and applied toward the following year's deductible. The group deductible carry-over provision is being eliminated upon migration to the new system. Individual (nongroup) plans will continue to feature the deductible carry-over provision.

### Newborn Deductible

Under the current system, covered professional (physician) charges related to the birth are applied toward satisfaction of the newborn's calendar year deductible. The newborn's deductible is waived for covered facility charges. Under the new system, all covered charges incurred by a newborn at birth, both professional and facility, will be subject to the baby's calendar year deductible.

## Benefit Accumulators

“Benefit accumulators” are the amounts applied toward a member’s deductible and coinsurance maximum, calendar year dollar and/or day limits and overall contract benefit maximums. Benefit accumulators accrued under the current system will be transferred to the new system at migration.

Currently, if an employee leaves one Blue Cross and Blue Shield of Nebraska group health plan and becomes covered under another Blue Cross and Blue Shield of Nebraska health plan, that employee’s benefit accumulators follow that individual. This will not be the case under the new system. If an employee moves from one group Blue Cross and Blue Shield of Nebraska health plan to another plan with a different primary group number, his/her benefit accumulators will start over.

## Membership

- *New group numbers*—as groups migrate to the new system, they will be assigned new group numbers.
- *Certificates of Creditable Coverage*—once a group migrates, we will no longer send Certificate of Creditable Coverage (COCC) letters in advance of a termination date. Under the new system, COCC letters will be sent after the member’s coverage termination has been processed.
- *Verification of student and/or handicapped status*—under the new system, we will not load membership information for new dependent students until we have received requested student status information from the member. (Information regarding current dependent students will be automatically moved over to the new system at migration.) Verification of temporary handicapped dependent status will be verified annually.

**IMPORTANT NOTE ABOUT GROUP ADMINISTRATION MANUALS:** The migration to a new claims system will require that we maintain two separate group administration manuals—one for groups that remain on our current claims system and a second for those groups administered on our new claims system. In order for you to select the appropriate manual, it will be important that you know which of your groups are administered on either the current or new system. We will notify you when the new versions of the group administration manual are available.

## BluesEnroll

Blues Enroll will be minimally impacted by migration to the new system. We will provide you with additional information about any changes to BluesEnroll at a later date.

## Questions?

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You will be notified in advance of all migrations as we proceed through the schedule, and we will keep you updated with additional changes that may impact your clients. If you have any questions, please contact a member of your Blue Cross and Blue Shield of Nebraska account service or sales team, or call our Broker and Group Leader Line at (888) 232-0942.

### **Upcoming Webinars**

*Watch your e-mail for information about upcoming webinars on many of the topics discussed here, including group billing changes, EOB and I.D. card changes, AccessBluePlus and more.*