



BlueCross BlueShield of Texas

Countdown to Coverage

Producer Reminders for Open Enrollment 2014

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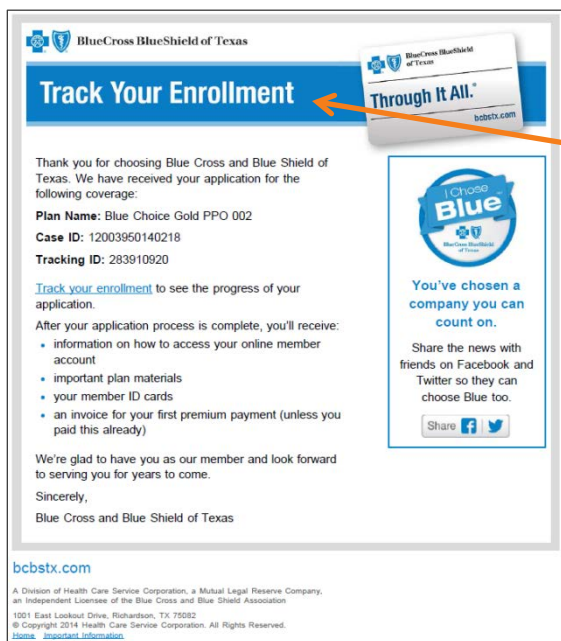
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Application Tracker Launches for New Individual Applicants

Blue Cross and Blue Shield of Texas (BCBSTX) today launched a new email and web-based application tracker that will allow applicants to track their application through each step of the process from when they apply to when their coverage becomes active.

The new tracker tool will be used through the end of this spring's Open Enrollment period and during the ongoing special enrollment period. During this period, results can be analyzed and enhancements made to prepare for its use throughout the 2015 Open Enrollment period that begins Nov. 15, 2014.

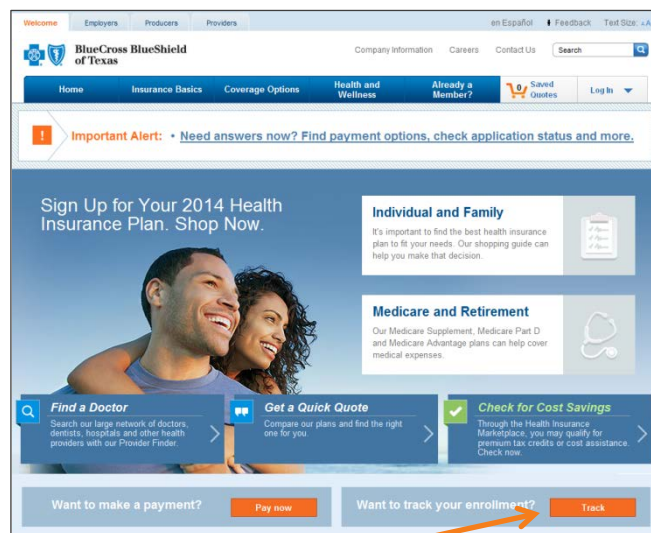
Only applicants that provide an email address will be able to use the tracker. It is important that producers include the client's email address when submitting an application.



When an application is received, the following new steps will occur:

Automated Email: Received Application

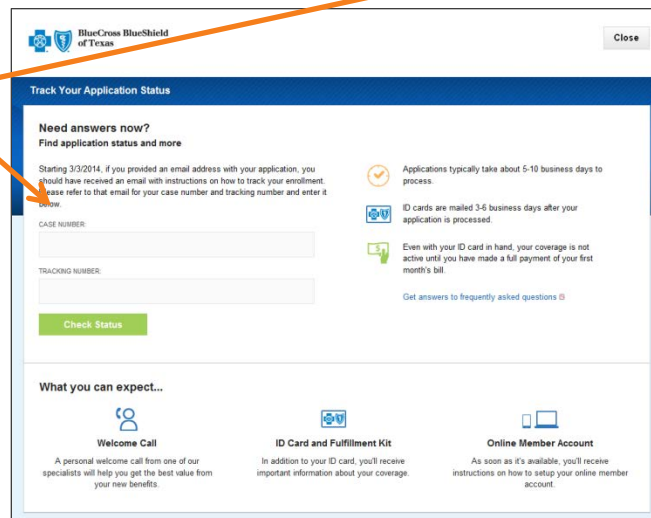
An automated email will be generated that sends the person an application case number and a tracking number that are required to use on the web-based



tool. The link to the tracker will also be provided, or they can log into the tracker from the home page of our website using the information they receive in the email message.

Drives User to Application Tracker

The online application tracker shows applicants when their application is received, when it is processed and they are enrolled, when ID cards are sent, and when their first payment is applied and they can start using their benefits.



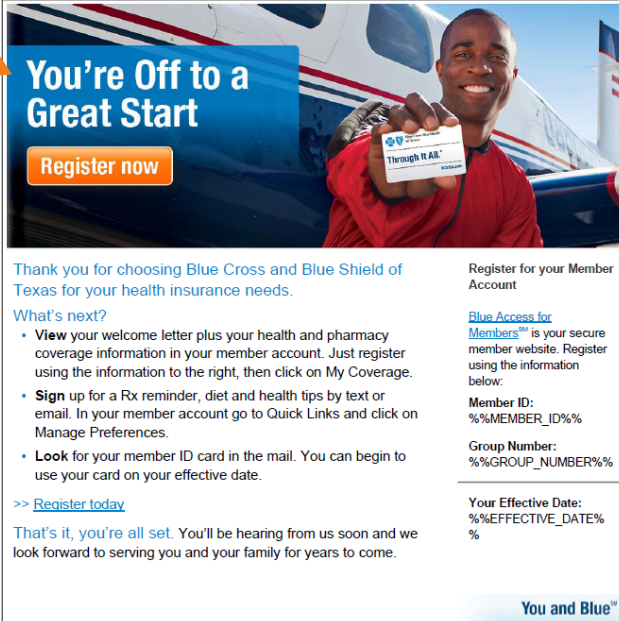
(continued) Application Tracker Launches for New Individual Applicants

Automated Email: Your Next Steps

They will receive an email when their enrollment is completed, telling them what the next steps will be and directing them to their new [Blue Access for Members](#)SM online account.

The tracker tool is used for all on- and off-marketplace products, including dental plans. The data behind the tool is updated every two hours, so the information in the application tracker is kept current.

A producer version of the tracker is not currently available, and producers will not be receiving a copy of the emails for their clients at this time. Producer integration is part of a later phase of development and is targeted to be available within the next year.



You're Off to a Great Start

[Register now](#)

Thank you for choosing Blue Cross and Blue Shield of Texas for your health insurance needs.

What's next?

- **View** your welcome letter plus your health and pharmacy coverage information in your member account. Just register using the information to the right, then click on My Coverage.
- **Sign** up for a Rx reminder, diet and health tips by text or email. In your member account go to Quick Links and click on Manage Preferences.
- **Look** for your member ID card in the mail. You can begin to use your card on your effective date.

[>> Register today](#)

That's it, you're all set. You'll be hearing from us soon and we look forward to serving you and your family for years to come.

Register for your Member Account

[Blue Access for Members](#)SM is your secure member website. Register using the information below:

Member ID:
%%MEMBER_ID%%

Group Number:
%%GROUP_NUMBER%%

Your Effective Date:
%%EFFECTIVE_DATE%%
%

You and BlueSM

Talk to Your Temp Plan Clients about Moving to Permanent Plans by March 31

If you have clients enrolled in temporary health care plans, talk to them about transferring to permanent plans to avoid paying penalties for tax year 2014.

Temporary plans – those with contracts that expire less than 12 months after the original contract effective date – are not subject to Affordable Care Act (ACA) market reforms and do not meet the Minimum Essential Coverage (MEC) requirements. Those with plans that don't meet MEC requirements are subject to a tax penalty.

For tax year 2014, the penalty for not having adequate coverage is \$95 per adult and \$47.50 per child (with the penalty for a family capping at \$285) **or** one percent of income, whichever is greater.

All of our permanent plans in the individual market comply with ACA and meet MEC requirements.

Any unused temporary premium generated when the policy is cancelled earlier than the scheduled cancel date will be transferred to the member's new permanent policy.

Talk to your clients about acting now before open enrollment ends March 31.

ACA Fees Included in Premiums are Excluded from Commissions

As a reminder, Affordable Care Act Health Insurer or Reinsurance fees included within premiums are excluded when determining commissions and service/renewal fees. This may cause your commission payment to seem to be different than what you expected if you are calculating strictly by the total premium amounts.

Changing Policies Based on Provider Network Needs

Members who purchased a Qualified Health Plan through the Health Insurance Marketplace or directly through Blue Cross and Blue Shield of Texas (BCBSTX) now have the ability to change policies through March 31, 2014 (the end of Open Enrollment). Policy changes are allowed only if:

1. The member feels that their current provider network creates a barrier to service and/or
2. The current provider network does not allow the member to access the provider he/she wants

Changes to Policies Purchased On and Off Exchange

Individuals who have purchased policies either through the Health Insurance Marketplace or directly through BCBSTX can now make changes to their provider networks by changing policies. Members have the opportunity to change their health care policies through March 31, 2014 – the end of this year's Open Enrollment. In order to make a change, members **MUST** meet the following requirements:

- Have submitted their first premium payment or have their original policy already in effect
- **UPDATE:** Retain their current metallic level and cost sharing reduction levels. (Previous information stated that members must retain their current deductible level. This is NOT the case; members must remain in their current metallic level in order to make policy changes.)
- Remain with their existing carrier
- Move to a more inclusive or broader network
- If the request is retroactive, any difference in premium is required

Changes are only accepted by calling the BCBSTX customer service number.

Reminder: Other Off Exchange Policy Change Requests

In addition to provider network changes, an individual member may also request changes to a policy purchased directly from BCBSTX (off-exchange) for any other reason, as long as the change occurs on or before March 31, 2014 – the end of this year's Open Enrollment. These members must adhere to the effective date guidelines and must make changes by the fifteenth of the month to ensure the new policy is effective on the first day of the next month. If policy changes are made after the fifteenth, then the new policy will not be effective on the first of the next month and instead will become effective on the first of the month after. (For example, if changes are submitted on February 18, the new policy effective date will be April 1.)

Why Direct Enrollment is a Good Idea for Your Clients

For customers who know they want BCBSTX coverage, using the Retail Shopping Cart is the best path for shopping and submitting an application. Did you know:

- You can submit first payment with application through the Retail Shopping Cart? Payment with application is the easiest way to ensure the application is processed quickly and there is no delay in the coverage being activated on the effective date.
- Direct enrollment is processed faster? There is a 3-10 day delay in receiving applications from the Health Insurance Marketplace. Direct enrollment applications are received immediately and processed quickly. Unless there is a problem with the application, direct applications can be processed and the member enrolled within days of submission.
- Applicants can still apply for the subsidy when enrolling direct? Once the applicant is approved to receive a subsidy, the information can be applied to their quote within Retail Shopping Cart. At check out, they will be able to pay their reduced premium amount.

Allowable Changes to Transitional and Grandfathered Policies

Individual BCBSTX non-grandfathered members were provided with the option to remain in their 2013 policy or move to a new policy effective in 2014. As previously reported, if a member elected to remain in his or her 2013 policy, the policy's deductible cannot be altered.

However, rollovers to the exact same policy and deductible may be permitted for dependents covered under these transitional (non-grandfathered) policies OR grandfathered policies based on the following situations:

- Divorce
- Death of the primary insured/policyholder
- The primary insured/policyholder turns 65 and is eligible for coverage through Medicare
- The dependent turns 26 and is no longer eligible for coverage as dependent

Special Enrollment Reasons for Changes/Applications after March 31

To enroll in Marketplace (on exchange) and non-Marketplace (off exchange) policies after March 31, applicants will need to meet the qualifications of the Special Enrollment Period. A special enrollment period is triggered by a qualifying event such as marriage, divorce or a move. If members qualify for one of the special events, they may have the opportunity to purchase a new policy directly from BCBSTX with the normal process, or through the Health Insurance Marketplace. Your clients can go directly to the Health Insurance Marketplace website and report a change in circumstances.

Some of the reasons for Special Enrollment include:

- Loss of minimum essential coverage, such as the loss of a job or through a divorce.
- Change in family size due to factors such as marriage, birth, adoption, divorce, or death.
- Change to citizenship or immigration status.
- Release from incarceration.
- Current plan substantially violated a material provision of its contract.
- Newly eligible or ineligible for premium tax credits or cost-sharing assistance.
- Newly pregnant or disabled (may result in eligibility for Medicaid and loss of premium tax credit eligibility).
- Permanent move to a new ZIP code and have access to new health plans.
- Member of an American Indian tribe (American Indians can enroll in a plan or change plans one time each month).
- Demonstrated other extenuating circumstances that qualify for special enrollment.

When any of these events happen, an individual will have 60 days to either enroll in a health insurance plan or change plans. For those who missed open enrollment and don't qualify for special enrollment, temporary coverage is another option for coverage until the next open enrollment period begins.

Attestation Required for Cancelling Pediatric Dental

As a reminder, if a member is requesting to cancel pediatric dental coverage, we need a **verbal attestation** that the member wants to cancel his or her coverage and that the member has pediatric dental coverage with another carrier. This applies to all non-Marketplace members and to Marketplace members who have not yet paid for their new policy and have not passed the effective date of their new policy. (Group plans require written attestation.)

Retail Marketplace Policies Should Be Linked to Individual Producers

BCBSTX is receiving Federally Facilitated Marketplace (FFM) applications with agency information only. The writing producer for a retail Marketplace policy should be an individual producer or subproducer with a Centers for Medicare & Medicaid Services (CMS) FFM user ID.

For those agencies affected, we will contact you directly about making Producer of Record (POR) updates. If you have subproducers that are not in our system, we will contact you about subproducer onboarding. **For new business, be sure that each retail Marketplace policy is attributed to a producer or subproducer (not an entity) to avoid commission delays.**

Federal and BCBSTX requirements must be met before issuing commission payments for retail Marketplace policies. If an agency is currently listed as the POR for a retail Marketplace policy, commissions will accumulate and will be released when the policy can be linked to an individual in our system with a CMS FFM user ID.

We appreciate your patience as we work to follow all requirements and to document the necessary certifications for auditing purposes.

Agent Assignment Confirmations Now Available as a Spreadsheet

In January, BCBSTX began communicating to our producers that if you were concerned that your producer information was not captured during your client's enrollment process for a Marketplace plan, you can send a completed [Agent Assignment Form](#) to AgentAssign@hcsc.net to ensure that you're identified as the producer of record.

That form was designed for recording only one policy at a time. While that form is still accepted, it may save you time to send us a list. We have designed a [Microsoft Excel spreadsheet](#) so that you can list all of your retail Marketplace policies for producer-of-record confirmation purposes. The spreadsheet should be emailed to AgentAssign@hcsc.net.

To ensure that applicable commissions are included on the March commission payment -- usually delivered in mid April -- producers and subproducers must complete and return the spreadsheet by March 20. Updated spreadsheets submitted after March 20 will be reflected on the April commission statement.

If you have submitted the Agent Assignment Form, that information has been or is being processed. Please do not send duplicate information.

We greatly appreciate your patience as we work to ensure that all retail Marketplace policies are attributed to the correct writing producer or subproducer.

Quick Reference Product Guides Now On Blue Access for Producers

BCBSTX has created quick reference guides on product group numbers, deductibles and other relevant product information. Together with the member's subscriber ID number, these guides now allow producers to provide clients with the necessary information to log on to [Blue Access for Members](#)SM and begin accessing self-service tools, including printing a temporary member ID card.

To locate the guides, simply log on to [Blue Access for Producers](#)SM and click on the Individual tab, located under the Marketing and Sales section. The guides are listed as "Group Numbers for 2014 Products/Plans".

New Payment Options for our Customers

Premium payments continue to be a source of confusion for our new enrollees. There is lag time between when an applicant applies for a Marketplace plan and we receive the records from CMS, process and application and apply the payment. For those wanting to set up automatic recurring payments, this can cause double billing for the first premium payment if they set up recurring draft before their first premium paid with their application is applied.

Here are some tips for avoiding confusion and errors:

- To have the application process quickly, we encourage applicants to continue submitting their first premium payment with their application, either through the Marketplace or for non-Marketplace (off-exchange) applications.
- If the applicant is signing up for automatic electronic funds transfer (EFT), they should wait until after their first payment has cleared their bank before requesting EFT. After their policy is active, they should contact Customer Service or use the [EZBlue Payment Option form](#) posted in [Blue Access for Producers](#)SM to request recurring draft. At this time, recurring payments cannot be set up through Blue Access for MembersSM.
- We offer options for paying by phone, mail, online and in person, using cash, bank draft, credit or debit. [Visit the Payment Options webpage](#) to learn more.
- The initial premium must be paid before benefits can be used. We have deadline extensions in place to give people more time to pay during this hectic time, but they still must activate their coverage with their initial premium payment.

Don't Forget! Applicants Must Sign HMO Applications to be Processed

HMO applicants must sign their application to be in compliance.* (**HMO BA Gold – 008** is excluded from this requirement.) Be sure you and your associates understand the responsibility of explaining to clients that we cannot process the application without their signature. Please see Section I on page 6 of the application for the signature line.

To access information about all of our HMO plan options, [please click here](#) and then on the Gold, Silver or Bronze link.

[Get the Supporting Application to help you sell HMO policies.](#)

If you have additional questions about this change, please call toll-free 800-531-4457; Monday through Thursday, 9 a.m. to 5 p.m. CT, and Friday, 9 a.m. to 4:30 p.m. CT. Email your questions anytime to cmproducerservices@bcbstx.com and receive a response no later than the next business day.

**Insurer Notice on Application - §1507.005(a), TIC and 28 TAC §21.3525*